31-	C	
R.C.	351	7.10

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Statement of Loans Received

				Pro	escribed b	y Secr	etar	y of St	ate3/05						
Full Name of Committee															
Friends of Dr. Anahi	Ortiz														
From Whom Received	OT CLE		· ·							Prior	Amo	unt		Amt. Incurred this Perio	×d
William T. Conard, II													0.00	1 .	00.00
Address														Outstanding Balance	
7727 Sudbrook Squar	e													10,00	00.00
City New Albany		Zip Cox 4305		Los	Loans Received This Period Date Amount			Paym Date			-	nents This Period Amount			
Date Loan was originally	M	D	Y	Μį	D	Y		\$		М		D	Y	S	
Incurred	0 6	1118	115	0 6	118	11	5		10000						0
Registration Number, if PAC				M	D	Y			. <u>.</u>	M		D	Y		
NA											!				
Employer/Occupation/Labor Organization				M	D	Y				М	Ì	D	Y		
From Whom Received				. !	!!	1				Prior	Amo	unt	<u> </u>	Amt. Incurred this Perio	xd
Address											•			Outstanding Balance	
City	State	Zip Co	le	Los	ns Recei Date	ved Th	nis P	eriod	4					ments This Period	
Date Loan was originally	M	D	Y	M	D	Y	_	s	Amount	М	_	Dat D	Y	Amount	
Incurred	'	1	1 1	"		ľ				101		١	1	ľ	
Registration Number, if PAC	<u> </u>	<u> </u>	1	M!	D	Y	-			M		D	Y	 	
,					Ĩ	1						ĺ			
Employer/Occupation/Labor Organization	,	-		Mi	D	Y			 ,	М		D	Y		•
T 10 2 1								L			ᆜ			 	
From Whom Received										Prior Amount A				Amt. Incurred this Perio	xd
Address														Outstanding Balance	_
														O DOMESTIC	
City	State	Zip Co	ie	Los	ıns Recei	ved Ti	nis P	eriod					Payo	nents This Period	
					Date				Amount			Dat	c	Amount	
Date Loan was originally	М	D	Y	М	D	Y		S		М		D	Y	S	
Incurred	上上.			1_1_	<u> </u>								<u> </u>		
Registration Number, if PAC				M!	D	Y				М		D 	Y		
Employer/Occupation/Labor Organization	•			Mi	D	Y				М	\dashv	D	Y		
}] [1						- 1			
* D 1 15 T		,	, ,,	111				10		1.1		c., .			
* Required for contributions over \$100 to		-		-										•	
if any, rather than employer should be listed. If two ormore employees donate via payroll deduction and exceed the aggregate of \$100, the labor organization of which the employees are members, if any, must appear. R.C. 3517.10(B)(4)															
the employees are members, it any, must a	ppear. R.C	,, JJI7,1°	- (Σ <u>)</u> (*)												
If a loan is forgiven, write "Forgiven" in th	• *^>	ding Det	.nos" -no	Teanefe	total of a	ıll ko	r	المدواء	thic naried to the Case	-	·r Cu	ar Ina-	me (Fa-	No. 21 5 7)	
Transferent of Branch and Frigites in the		_	•						•				•	•	

If a loan is forgiven, write "Forgiven" in the "Outstanding Balance" space.	Transfer total of all loans received t	this period to the Statement of Other	Income (Form No. 31-A-2)
Transfer total of all payments made in this period to the Statement of Expe	inditures (Form No. 31-B). Transfer	Total Outstanding Balance to the co	ver page (Form No. 30-A).

1	Total prior amount \$	<u> </u>	0.00	
2	Total received this period \$		10,000.00	(To Form No. 31-A-2)
3	Total Payments this Period \$		0.00	(also record on Form 31-
4	Total Outstanding Balance \$		10,000.00	(To Form No. 30-A)