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Statement of Loans Received

Prescribed by Secretary of State3/05

n n v													
Full Name of Committee Friends of Dr. Anahi (Deti z												
From Whom Received						Prior	Prior Amount			Amt. Incurred this Period			
William T. Conard								10,000.00			0.00		
Address								· · ·			10,0	00100	Outstanding Balance
7727 Sudbrook Square	,					_							10,000.00
City		Zip Code		Loans Received This Period					Paym			ents This Period	
New Albany		43054			Date Amount				Date				Amount
Date Loan was originally	М	D	Y	М	D _.	Y	S		М		D	Y	s
Incurred	0 6	1 8	1 5			$oxed{oxed}$	↓		0				. 0
Registration Number, if PAC				М	D 	Y 			M		D 	Y	
Employer/Occupation/Labor Organization*				М	D	Y			М		D	Y	
							<u> </u>				_		
From Whom Received							Prior	Prior Amount			Amt. Incurred this Period		
Address											Outstanding Balance		
City	State	Zip Code	:	Los	ns Receiv	ed This	Period	.	Payments This			ents This Period	
					Date			Amount			Dat	c .	Amount
Date Loan was originally	М	D	Y	М	D	Y	2		М		D	Y	5
Incurred							L		1				
Registration Number, if PAC				M	D 	Y 			M		D 	Y	
Employer/Occupation/Labor Organization*				M	D	Y			M		D 	Y	
From Whom Received				<u> </u>	•				Prior	Ашос	mi		Amt. Incurred this Period
Address	-												Outstanding Balance
City	State	Zip Code	;	l.oa	Loans Received This Period Date Amount				Payments This P Date			ents This Period Amount	
Date Loan was originally	М	D	Y	M	D	Y	S	•	М	T	D	Y	5
Incurred						1 1	l]	
Registration Number, if PAC				М	D	Y			M		D 	Y	
Employer/Occupation/Labor Organization*				М	D	Ý			M		D 	Y	
				<u> </u>	1 1	<u> </u>	Ь		<u> </u>		<u>'</u>	 !	

If a loan is forgiven, write "Forgiven" in the "Outstanding Balance" space. Transfer total of all loa	ns received 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 Expenditures (Form No. 31-	B). Transfer Total Outstanding Balance to the cover page (Form No. 30-A)

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

^{*} Required for contributions over \$100 to statewide and general assembly candidates. If contributor is self-employed, occupation and the name of the individual's business, 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)