Ohio Campaign Finance Report

1.11

Prescribed by Secretary of State 3/05

2016 AUG -9 PM 4: 46

-									4.7					
Full Name of Committee Friends of Dr. Anahi Ortiz									Registration Number, if PAC 11 1					
Full Name of Candidate														
Anahi M. Ortiz														
Street Address Office Sought										Ī	District	t		
7727 Sudbrook S	Franklin	Franklin County C												
City							State			ſ				
New Albany							0	Η.		4	43054			
Type of Report (place X to the left of report type)	Pre-Primary	•	20/ Post-Prim	6 ary		Pre-General		ال	Post-Gener	al		Annual Ye	ăī	
	July Monthly		August Monthly			September Monthly			Termination	a		Semiannu		
Amended Report? E Yes	nended Report?									D		,		
For candidates only, during an election year: if total contributions and expenditures each total \$500 or less during the combined pre- and post-periods at one election, check box 🖸														
No other forms are required for a	No other forms are required for a post-primary or post-general period, if above statement applies. See R.C. 3517.10(H) for details.													
	1. Amount brought forward from last report					s	\$10,7	46	.08					
	2. Total monetary	s		\$0	.00									
	3. Total other inco	s		\$0	.00									
	4. Total funds avai	s	\$10,7	46	.08									
	5. Total monetary expenditures (From Form No. 31-B)					s		\$0	.00					
	6. Balance on hand	s	\$10,7	46	.08									
	7. Value of in-kind	s		\$0	.00									
	8. Value of in-kind	s	`	\$0	.00									
	9. Outstanding loa	s	\$10,0	00	.00									
	10. Outstanding d	s	_	\$0	.00									
•	11. Outstanding loans owed to committee (From Form No. 31-K) 12. Value of independent expenditures made (From Form No. 31-U)							\$0	.00					
•								\$0	.00					
13. For Electronic Filing Entities only Sum of lines 2, 7, and amount of any new loans received this period. S									,					
THE INFORMATION CONT.	AINED IN THIS RE	PORT IS MADE THE FIFTH D	UNDER TI	IE PENALTY O	F EL	econ Falsific	CATION, WI	10	VER COM	MMITS	SELEC	CTION		
William T. Conard, Treasurer									08		/2016	5 ——		
Print Name and Title (Treasurer	and Deputy Treasurer	only)	Signat	tire Z	Ì	,				Date				
					_					_				
Contribution 0		Expenditure ()			Other 1 pages	-				Total pages	1		