R.C. 3517.10

Statement of Expenditures

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Prescribed by Secretary of State 2/01

Name of Committee in Full Preisse Campaign Committee				
To Whom Paid	· · · · · · · · · · · · · · · · · · ·		M D Y	Amount \$250.00
Citizens for Cain			0 2 0 1 0 6	ΨΣΟΟΙΟΟ
Address 69 West Weisheimer Rd.	Purpose Contribution			
City	State Zip Code			
Columbus	OH	43214	Check Number 113	
To Whom Paid	<u> </u>		M D Y	Amount
Address	Purpose		R	
City	State OH	Zip Code	Check Number	
To Whom Paid			M D Y	Amount
Address	Purpose		- · · · · · · · · · · · · · · · · · · ·	
City	State OH	Zip Code	Check Number	
To Whom Paid	I i		M D Y	Amount
Address	Purpose		4 . 1 i . 1	
City	State OH	Zip Code	Check Number	
To Whom Paid	<u></u>		M D Y	Amount
Address	Purpose			3 44.00 - 11.00 - 24 - 1 - 1 - 1 - 2
City	OH State	Zip Code	Check Number	
To Whom Paid			M D Y	Amount
Address	Purpose			
City	OH.	Zip Code	Check Number	
To Whom Paid			M D Y	Amount
Address	Purpose			
City	State OH	Zip Code	Check Number	
To Whom Paid			M D Y	Amount
Address	Purpose			
City	State OH	Zip Code	Check Number	