31-A-2.
R.C. 3517.10(B)

Page _____

Statement of Other Income

Name of Committee in Full
Preisse Campaign Committee

Full Name							
Fifth Third Bank			Registration Number, if PAC				
Address **PO BOX 630900**	Type* **IN**			M **1 1**	D **3 0**	Y **1 2**	Amount **0.25**
City **Columbus**	State **OH**	Zip Code **43215**		Form(Cash,Check,etc) **ACH**			

Full Name							
Fifth Third Bank			Registration Number, if PAC				
Address **PO BOX 630900**	Type* **IN**			M **1 2**	D **3 1**	Y **1 2**	Amount **0.26**
City **Columbus**	State **OH**	Zip Code **43215**		Form(Cash,Check,etc)			

Full Name							
			Registration Number, if PAC				
Address	Type*			M	D	Y	Amount
City	State	Zip Code		Form(Cash,Check,etc)			

Full Name							
			Registration Number, if PAC				
Address	Type*			M	D	Y	Amount
City	State	Zip Code		Form(Cash,Check,etc)			

Full Name							
			Registration Number, if PAC				
Address	Type*			M	D	Y	Amount
City	State	Zip Code		Form(Cash,Check,etc)			

Full Name							
			Registration Number, if PAC				
Address	Type*			M	D	Y	Amount
City	State	Zip Code		Form(Cash,Check,etc)			

Full Name							
			Registration Number, if PAC				
Address	Type*			M	D	Y	Amount
City	State	Zip Code		Form(Cash,Check,etc)			

Full Name							
			Registration Number, if PAC				
Address	Type*			M	D	Y	Amount
City	State	Zip Code		Form(Cash,Check,etc)			

* Place the two letter code in the Type block (one letter per square) which indicates the nature of the Other Income Received; RE for a refund, uncashed check or the committee's own insufficient funds check received, place the letters IN for any investment or interest income earned by the committee, SA for the sale of committee assets, or LN for payments received on a loan made.

Page Total $ _____ 0.51