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

Page	

Statement of Other Income

Prescribed by Secretary of State 2/0

·	r reserroed by	secretary of	State 2/01						
Name of Committee in Full									
Preisse Campaign Committee									
Full Name		 :					·		
Fifth Third Bank		į		Registi	ation Nu	ımber, i	FPAC		
Address									
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<u>Columbus</u>	lon	_	43215	ŀ	ACI	H			
Full Name		i		Registr	ation Nu		PAC	s	-
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	1 ype			M,	Ð	Y	Amount		
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ny	State	Zip Code		Form(Ca	sh,Check	(,etc)	i,	F., 1	
Place the two letter code in the Type block (one letter per square) u	1 1 1 1 1 1						_		

SA for the sale of committee assets, or LN for payments received on a loan made.

Page Total \$	0.51
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^{*} 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,