Statement of Expenditures

Page	1	
€.		

Prescribed by Secretary of State 2/01

Name of Committee in Full Preisse Campaign Committee				
To Whom Paid			M D Y	Amount
Suzanne Marshall			0 1 2 1 1 1	\$140.00
Address 260 North Cassady	Purpose Clerical S	Support		
City Columbus	State OH	Zip Code 43209	Check Number 157	•
To Whom Paid Franklin County Republican Party			0 3 0 3 1 1	Amount \$1,250.00
Address 14 E. Gay Street	Purpose Contribut	ion		•
City Columbus	OH	Zip Code 43215	Check Number 158	
To Whom Paid			M D Y	Amount
Address	Purpose		• • • • • • • • • • • • • • • • • • • •	
City	State OH	Zip Code	Check Number	y'
To Whom Paid			M D Y	Amount
Address	Purpose			I
City	State OH	Zip Code	Check Number	
To Whom Paid			M D Y	Amount
Address	Purpose		I * 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
City	State OH	Zip Code	Check Number	
To Whom Paid	<u> </u>		M D Y	Amount
Address	Purpose			
City	State OH	Zip Code	Check Number	
To Whom Paid		· <u>· · · · · · · · · · · · · · · · · · </u>	M D Y	Amount
Address	Purpose		<u> </u>	.1
City	State OH	Zîp Code	Check Number	
To Whom Paid	· · · · · ·		M D Y	Amount
Address	Purpose			
City	State OH	Zip Code	Check Number	r.