

Statement of Contributions Received

Prescribed by Secretary of State 03/05

Name of Committee in Full Preisse Campaign Committee									
Full Name of Contributor Arthur Wallis Shantz, Jr.						Registration Number, if PAC			
Street Address 410 Belle Haven Pky			Employer/Occupation/Labor Organization* Self/Attorney				Form (Cash, Check, etc.) check		
City Westerville		State OH	Zip Code 43082		M 0	D 2	D 2	Y 5	Amount \$500.00
Full Name of Contributor Susan M. Lantz						Registration Number, if PAC			
Street Address 909 Schillingwood Drive			Employer/Occupation/Labor Organization* Self/Law Offices of Susan M. Lantz				Form (Cash, Check, etc.) check		
City Gahanna		State OH	Zip Code 43230		M 0	D 3	D 1	Y 0	Amount \$250.00
Full Name of Contributor						Registration Number, if PAC			
Street Address			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.)		
City		State	Zip Code		M	D	D	Y	Amount
		OH							
Full Name of Contributor						Registration Number, if PAC			
Street Address			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.)		
City		State	Zip Code		M	D	D	Y	Amount
		OH							
Full Name of Contributor						Registration Number, if PAC			
Street Address			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.)		
City		State	Zip Code		M	D	D	Y	Amount
		OH							
Full Name of Contributor						Registration Number, if PAC			
Street Address			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.)		
City		State	Zip Code		M	D	D	Y	Amount
		OH							
Full Name of Contributor						Registration Number, if PAC			
Street Address			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.)		
City		State	Zip Code		M	D	D	Y	Amount
		OH							
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Street Address			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.)		
City		State	Zip Code		M	D	D	Y	Amount
		OH							
Full Name of Contributor						Registration Number, if PAC			
Street Address			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.)		
City		State	Zip Code		M	D	D	Y	Amount
		OH							

* Required for contributions from individuals over \$100 to statewide and general assembly candidates. If contributor is self-employed, the occupation and the name of the individual's business, if any, rather than employer should be listed. If two or more employees contribute via payroll deduction and exceed the aggregate of \$100, the labor organization of which the employees are members, if any, must also appear. [R.C. 3517.10(B)(4)]

Page Total **\$750.00**