

Statement of Contributions Received at a Social or Fund-Raising Event

Prescribed by Secretary of State 03/05

Name of Committee in Full Preisse Campaign Committee					
Full Name of Contributor Charles C. Postlewaite				Registration Number, if PAC	
Street Address 3040 Riverside Dr., Ste. 122		Employer/Occupation/Labor Organization* Self/Charles C. Postlewaite		M 0	D 1
City Columbus		State OH	Zip Code 43221	Y 2	Amount \$200.00
				Form (Cash, Check, etc.) check	
Full Name of Contributor Patti L. Denney				Registration Number, if PAC	
Street Address 1387 Portage Dr.		Employer/Occupation/Labor Organization*		M 0	D 1
City Columbus		State OH	Zip Code 43235	Y 2	Amount \$100.00
				Form (Cash, Check, etc.) check	
Full Name of Contributor John H. Bates				Registration Number, if PAC	
Street Address 495 South High St., Ste. 400		Employer/Occupation/Labor Organization*		M 0	D 1
City Columbus		State OH	Zip Code 43215	Y 2	Amount \$50.00
				Form (Cash, Check, etc.) check	
Full Name of Contributor Vincent A. Dugan				Registration Number, if PAC	
Street Address 500 South Fourth Street		Employer/Occupation/Labor Organization* Self/Vincent A. Dugan Att		M 0	D 1
City Columbus		State OH	Zip Code 43206	Y 0	Amount \$500.00
				Form (Cash, Check, etc.) check	
Full Name of Contributor				Registration Number, if PAC	
Street Address		Employer/Occupation/Labor Organization*		M	D
City		State OH	Zip Code	Y	Amount
				Form (Cash, Check, etc.)	
Full Name of Contributor				Registration Number, if PAC	
Street Address		Employer/Occupation/Labor Organization*		M	D
City		State OH	Zip Code	Y	Amount
				Form (Cash, Check, etc.)	
Full Name of Contributor				Registration Number, if PAC	
Street Address		Employer/Occupation/Labor Organization*		M	D
City		State OH	Zip Code	Y	Amount
				Form (Cash, Check, etc.)	

* 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)]

Fill in the boxes below only on the last page for this event.
Transfer the Total contributions for this event to form No. 31-A. Under Full Name of Contributor state "Contributions from form No. 31-E" and list the date of the event in the date column

Total contributions this event
\$0.00

Total expenditures this event.
\$0.00

Page Total \$ **\$850.00**