

# Statement of Expenditures for Social or Fund-Raising Event

Prescribed by Secretary of State 2/01

Name of Committee in Full <b>Preisse Campaign Committee</b>							
To Whom Paid <b>Capitol Square Printing</b>				M	D	Y	Amount
				1	1	0 5 0 7	\$588.84
Address <b>59 East Gay St.</b>		Purpose <b>Invitations &amp; response cards</b>					
City <b>Columbus</b>		State <b>OH</b>	Zip Code <b>43215</b>	Check Number <b>116</b>			
To Whom Paid <b>Athletic Club of Columbus</b>				M	D	Y	Amount
				1	1	2 3 0 7	\$1,350.52
Address <b>136 East Broad St.</b>		Purpose <b>Food &amp; Beverage</b>					
City <b>Columbus</b>		State <b>OH</b>	Zip Code <b>43215</b>	Check Number <b>117</b>			
To Whom Paid <b>Brandi Rovito</b>				M	D	Y	Amount
				1	0	2 2 0 7	\$260.00
Address <b>503 South Front St., Ste. 200</b>		Purpose <b>Reimburse Postage</b>					
City <b>Columbus</b>		State <b>OH</b>	Zip Code <b>43215</b>	Check Number <b>115</b>			
To Whom Paid				M	D	Y	Amount
Address		Purpose					
City		State <b>OH</b>	Zip Code	Check Number			
To Whom Paid				M	D	Y	Amount
Address		Purpose					
City		State <b>OH</b>	Zip Code	Check Number			
To Whom Paid				M	D	Y	Amount
Address		Purpose					
City		State <b>OH</b>	Zip Code	Check Number			
To Whom Paid				M	D	Y	Amount
Address		Purpose					
City		State <b>OH</b>	Zip Code	Check Number			

Transfer total expenditures for this event to Form No. 31-B. Under the "To Whom Paid" state "Expenditures from Form 31-F" and list the date of the event in the date column.

**\$2,199.36**  
Page Total \$ \_\_\_\_\_