3	1-	A-2	
R.	C.	3517	.10(B)

Statement of Other Income

Prescribed by Secretary of State 2/01

Name of Committee in Full				
Preisse Campaign Committe	Δ			
Full Name	<u>e</u>		Registration Number, if PAC	
Fifth Third Bank			Registration Number, it FAC	
Address	Type*		M D Y Amount	
	l +			0.33
PO Box 630900 City	IN	7: 0.1	0 1 3 1 1 3	0.22
•	State	Zip Code	Form(Cash,Check,etc)	
Cincinnati	OH	45263	ACH	
Full Name			Registration Number, if PAC	
Fifth Third Bank				
Address	Type*		M D Y Amount	
PO Box 630900	RE		0 3 2 2 1 3	23.99
City	State	Zip Code	Form(Cash,Check,etc)	
Cincinnati	OH	45263	ACH	
Full Name			Registration Number, if PAC	
Geer for Judge				
Address	Type*		M D Y Amount	
865 Macon Alley	1 1		1 2 3 1 1 1 3	170.00
City	State	Zip Code	Form/Cash Chash ata)	*
Columbus	O H	43206	uncashed check	
Full Name	1 ()	10200	Registration Number, if PAC	
Address	Type*		M D Y Amount	
	', ~			
City	State	Zip Code	Form(Cash,Check,etc)	
l ^{c.i,y}	State	Zip Code	Point(Cash, Check, etc)	
Full Name			Paristantian Number of PAC	
rui Naue			Registration Number, if PAC	
4.1				
Address	Type*		M D Y Amount	
City	State	Zip Code	Form(Cash,Check,ctc)	
		<u> </u>		<u> </u>
Full Name			Registration Number, if PAC	
Address	Type*		M D Y Amount	
City	State	Zîp Code	Form(Cash,Check,etc)	
] [_	
Full Name			Registration Number, if PAC	
Address	Type*		M D Y Amount	
	1 1			
City	State	Zip Code	Form(Cash,Check,etc)	•
	l 1	'		
Full Name	·		Registration Number, if PAC	
			3	
Address	Type*		M D Y Amount	
	',,,,,,			
City	State	7 in Code	Form(Cash Charlests)	
Chy	i state	Zip Code	Form(Cash,Check,etc)	
		1		

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

Page Total \$ 194.21

^{*} 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,