Statement of Expenditures

1 Page _____

Prescribed by Secretary of State 2/01

Name of Committee in Full Preisse Campaign Committee						
To Whom Paid			M	l D	T Vi	Amount
Franklin County Republican Party			0 1	1 9	0 9	
Address 14 East Gay St , 2nd Floor	Purpose Contribution					
City Columbus	State OH	Zip Code 43215	Check 152	Number		
To Whom Paid			M	D	Y	Amount
Address	Purpose				. 	
City	State OH	Zip Code	Check	Number		
To Whom Paud			M	D	Y	Amount
Address	Purpose					
City	State OH	Zap Code	Check Number			
To Whom Paud			М	D	Y	Amount
Address	Purpose			., .		•
Crty	State OH	Zsp Code	Check Number			
To Whom Paid			M	D	Y	Amount
Address	Purpose		•			
City	OH,	Zip Code	Check 1	Number		
To Whom Paid			M	D	Y	Amount
Address	Purpose					
City	State OH,	Zap Code	Check 1	Number		
To Whom Paud			M	D	Y	Amount
Address	Purpose		-			
City	State OH	Zip Code	Check Number			
To Whom Paid			М	D	Y	Amount
Address	Purpose					
City	State OH	Zsp Code	Check l	Number		