

Ohio Campaign Finance Report

FILED

Prescribed by Secretary of State 3/05

08 FEB 21 PM 12:46

Full Name of Committee Preisse Campaign Committee						Registration Number, if PAC FRANKLIN COUNTY BOARD OF ELECTIONS								
Full Name of Candidate Dana S. Preisse														
Street Address 14 East Gay St., 2nd Floor				Office Sought Judge		District Franklin Co								
City Columbus				State OH		Zip Code 43215								
Type of Report (place X to the left of report type)	<input checked="" type="checkbox"/>	Pre-Primary	<input type="checkbox"/>	Post-Primary	<input type="checkbox"/>	Pre-General	<input type="checkbox"/>	Post-General	<input type="checkbox"/>	Annual Year				
	<input type="checkbox"/>	July Monthly	<input type="checkbox"/>	August Monthly	<input type="checkbox"/>	September Monthly	<input type="checkbox"/>	Termination	<input type="checkbox"/>	Semiannual				
Amended Report? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Report Electronically Filed? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Date of Election		0	M	3	0	D	4	0	Y	8

For candidates only, during an election year: if total contributions and expenditures each total \$500 or less during the combined pre- and post-periods at one election, check box No other forms are required for a post-primary or post-general period, if above statement applies. See R.C. 3517.10(H) for details.

1. Amount brought forward from last report	\$	\$23,187.36
2. Total monetary contributions (From Form No. 31-A)	\$	\$1,000.00
3. Total other income (From Form No. 31-A-2)	\$	\$0.00
4. Total funds available (sum of lines 1, 2, 3)	\$	\$24,187.36
5. Total monetary expenditures (From Form No. 31-B)	\$	\$2,606.72
6. Balance on hand (line 4 minus line 5)	\$	\$21,580.64
7. Value of in-kind contributions received (From Form No. 31-J-1)	\$	\$0.00
8. Value of in-kind contributions made (From Form No. 31-J-2)	\$	\$0.00
9. Outstanding loans owed by committee (From Form No. 31-C)	\$	\$0.00
10. Outstanding debts owed by committee (From Form No. 31-N)	\$	\$0.00
11. Outstanding loans owed to committee (From Form No. 31-K)	\$	\$0.00
12. Value of independent expenditures made (From Form No. 31-U)	\$	\$0.00
13. For Electronic Filing Entities only Sum of lines 2, 7, and amount of any new loans received this period.	\$	

THE INFORMATION CONTAINED IN THIS REPORT IS MADE UNDER THE PENALTY OF ELECTION FALSIFICATION. WHOEVER COMMITS ELECTION FALSIFICATION IS GUILTY OF A FELONY OF THE FIFTH DEGREE.

Bradley K. Sinnott, Treasurer

Bradley K. Sinnott

2/17/08

Print Name and Title (Treasurer and Deputy Treasurer only)

Signature

Date

Contribution pages 2

Expenditure pages 1

Other pages 4

Total pages 7

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						Registration Number, if PAC	
Full Name of Contributor Charles C. Postlewaite				Employer/Occupation/Labor Organization*		M D Y Amount	
Street Address 3040 Riverside Dr., Ste. 122		Self/Charles C. Postlewaite		0 1 2 2 0 8		\$200.00	
City Columbus		State OH	Zip Code 43221	Form (Cash, Check, etc.) check			
Full Name of Contributor Patti L. Denney				Employer/Occupation/Labor Organization*		M D Y Amount	
Street Address 1387 Portage Dr.				0 1 2 2 0 8		\$100.00	
City Columbus		State OH	Zip Code 43235	Form (Cash, Check, etc.) check			
Full Name of Contributor John H. Bates				Employer/Occupation/Labor Organization*		M D Y Amount	
Street Address 495 South High St., Ste. 400				0 1 2 2 0 8		\$50.00	
City Columbus		State OH	Zip Code 43215	Form (Cash, Check, etc.) check			
Full Name of Contributor Vincent A. Dugan				Employer/Occupation/Labor Organization*		M D Y Amount	
Street Address 500 South Fourth Street		Self/Vincent A. Dugan Att		0 1 0 8 0 8		\$500.00	
City Columbus		State OH	Zip Code 43206	Form (Cash, Check, etc.) check			
Full Name of Contributor				Employer/Occupation/Labor Organization*		M D Y Amount	
Street Address							
City		State OH	Zip Code	Form (Cash, Check, etc.)			
Full Name of Contributor				Employer/Occupation/Labor Organization*		M D Y Amount	
Street Address							
City		State OH	Zip Code	Form (Cash, Check, etc.)			
Full Name of Contributor				Employer/Occupation/Labor Organization*		M D Y Amount	
Street Address							
City		State OH	Zip Code	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**

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 Yvette McGee Brown				Registration Number, if PAC			
Street Address 643 Crossing Creek S.		Employer/Occupation/Labor Organization* Center for Child & Family		M	D	Y	Amount \$150.00
City Gahanna		State OH	Zip Code 43230	Form (Cash, Check, etc.) check			
Full Name of Contributor				Registration Number, if PAC			
Street Address		Employer/Occupation/Labor Organization*		M	D	Y	Amount
City		State	Zip Code	Form (Cash, Check, etc.)			
OH							
Full Name of Contributor				Registration Number, if PAC			
Street Address		Employer/Occupation/Labor Organization*		M	D	Y	Amount
City		State	Zip Code	Form (Cash, Check, etc.)			
OH							
Full Name of Contributor				Registration Number, if PAC			
Street Address		Employer/Occupation/Labor Organization*		M	D	Y	Amount
City		State	Zip Code	Form (Cash, Check, etc.)			
OH							
Full Name of Contributor				Registration Number, if PAC			
Street Address		Employer/Occupation/Labor Organization*		M	D	Y	Amount
City		State	Zip Code	Form (Cash, Check, etc.)			
OH							
Full Name of Contributor				Registration Number, if PAC			
Street Address		Employer/Occupation/Labor Organization*		M	D	Y	Amount
City		State	Zip Code	Form (Cash, Check, etc.)			
OH							
Full Name of Contributor				Registration Number, if PAC			
Street Address		Employer/Occupation/Labor Organization*		M	D	Y	Amount
City		State	Zip Code	Form (Cash, Check, etc.)			
OH							

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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 \$ **\$150.00**

Statement of Expenditures

Prescribed by Secretary of State 2/01

Name of Committee in Full							
Preisse Campaign Committee							
To Whom Paid				M	D	Y	Amount
Dana S. Preisse				0	1	0 5 0 8	\$669.22
Address		Purpose					
373 South High Street		reimburse postage, parking & dessert for camp. meeting					
City		State	Zip Code	Check Number			
Columbus		OH	43215	118			
To Whom Paid				M	D	Y	Amount
E-Roots Consulting				0	1	1 4 0 8	\$250.00
Address		Purpose					
172 East State St., Ste. 515		postcards					
City		State	Zip Code	Check Number			
Columbus		OH	43215	120			
To Whom Paid				M	D	Y	Amount
Franklin County Republican Party				0	1	1 6 0 8	\$1,250.00
Address		Purpose					
14 East Gay Street, 2nd Floor		Contribution					
City		State	Zip Code	Check Number			
Columbus		OH	43215	121			
To Whom Paid				M	D	Y	Amount
J. Kevin Cogan				0	1	1 6 0 8	\$80.00
Address		Purpose					
325 John H. McConnell Blvd.		reimburse BOE filing fee					
City		State	Zip Code	Check Number			
Columbus		OH	43216	122			
To Whom Paid				M	D	Y	Amount
Suzanne E. Marshall				0	1	3 1 0 8	\$357.50
Address		Purpose					
260 North Cassady Ave.		accounting services					
City		State	Zip Code	Check Number			
Columbus		OH	43209	123			
To Whom Paid				M	D	Y	Amount
Address		Purpose					
City		State	Zip Code	Check Number			
		OH					
To Whom Paid				M	D	Y	Amount
Address		Purpose					
City		State	Zip Code	Check Number			
		OH					
To Whom Paid				M	D	Y	Amount
Address		Purpose					
City		State	Zip Code	Check Number			
		OH					