

Statement of Expenditures

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Prescribed by Secretary of State 2/01

Name of Committee in Full SERROTT FOR JUDGE									
To Whom Paid 5TH THIRD BANK						M	D	Y	Amount
Address						08	17	14	37 ⁰⁰
Purpose BANK FEE									
City						State		Zip Code	Check Number
To Whom Paid FRANKLIN County DEMOCRATIC Party						M	D	Y	Amount
Address						08	13	14	100 ⁰⁰
Purpose DONATION / EVENT PUBLIC									
City						State		Zip Code	Check Number
To Whom Paid // // //						M	D	Y	Amount
Address						08	28	14	50 ⁰⁰
Purpose DONATION / EVENT									
City						State		Zip Code	Check Number
To Whom Paid 5TH THIRD BANK						M	D	Y	Amount
Address						08	20	14	11 ⁰⁰
Purpose MONTHLY FEE									
City						State		Zip Code	Check Number
To Whom Paid // // //						M	D	Y	Amount
Address						09	22	14	11 ⁰⁰
Purpose //									
City						State		Zip Code	Check Number
To Whom Paid // // //						M	D	Y	Amount
Address						10	30	14	11 ⁰⁰
Purpose //									
City						State		Zip Code	Check Number
To Whom Paid // // //						M	D	Y	Amount
Address						11	20	14	11 ⁰⁰
Purpose //									
City						State		Zip Code	Check Number
To Whom Paid // // //						M	D	Y	Amount
Address						12	22	14	11 ⁰⁰
Purpose									
City						State		Zip Code	Check Number

3 PAGE TOTAL
\$ 750.99

Page Total \$ **242⁰⁰**