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Statement of Other Income Prescribed by Secretary of State 2/01

Page	

Name of Committee in Full Secret For J	idge		
Full Name MARK SORROTT	- 		Registration Number, if PAC
Name of Committee in Full Secrott For J Full Name MARK SERROTT Address 789 (A) NW BIVE City	Loan		M D Y Amount &
Ca /5.	OHID	Zip Code 43212	Form(Cash) Check, etc.)
Full Name			Registration Number, if PAC
Address //	Type*		D/ 15/3 Amount 150
City ()	State	Zip Code	Form (Cash, Check, etc.) MANSKON
Full Name	<u> </u>		Registration Number, if PAC
Address	Type⁴	i	M D Y Amount
City	State	Zip Code	Form (Cash, Check, etc.)
Full Name			Registration Number, if PAC
Address	Type*		M D Y Amount
City	State	Zip Code	Form (Cash, Check, etc.)
Full Name	 '		Registration Number, if PAC
Address	Type*		M D Y Amount
City	State	Zip Code	Form (Cash, Check, etc.)
Full Name			Registration Number, if PAC
Address	Type*		M D Y Amount
City	State	Zip Code	Form (Cash, Check, etc.)
Full Name			Registration Number, if PAC
Address	Туре*		M D Y Amount
City	State	Zip Code	Form (Cash, Check, etc.)
Full Name	'		Registration Number, if PAC
Address	Type*		M D Y Amount
City	State	Zip Code	Form (Cash, Check, etc.)

Page Total \$ 1600

^{*} 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. IN for any investment or interest income earned by the committee, SA for the sale of committee assets, or LN for payments received on a loan made.