

Statement of Other Income

Form 31-A-2

R.C. 3517.10(B)

Full Name of Committee				
SERROTT	FOR J	UD6	-	
Full Name of Contributor	Name of Contributor Registration Number, if PAC			er, if PAC
MARK A. SENI	ROTT			
	Type*	Date (MM/D	D/YYY)	Form (Cash) Check, etc.)
1893 W. FIRST AVE Columbus	Refund	2/22/20	17 10 12/21/24	TRANSFER FUNDS SEE SULP
City	State	Zip Code		Amount
COLUMBUS	ОН	43	212	\$ 132 th
Full Name of Contributor Registration Number, if PAC				
Street Address	Type*	Date (MM/D	D/YYYY)	Form (Casb, Check, etc.)
//	Refund	04/20	0/2017	TA ANSKER ZINNA
City	State	Zip Code	, , , , ,	Amount
1/	он	11		TMANSEL FUNDS Amount # 1500
Full Name of Contributor			Registration Numb	er, if PAC
Street Address	Type*	Date (MM/D	DYYYY)	Form (Cash, Check, etc.)
	Refund	05/1	0/3017	TA ANISFEL FUNDS
City	State	Zip Code		Amount
11	ОН			112500
Full Name of Contributor			Registration Numb	er, if PAC
Street Address	Type*	Date (MM/DD/YYYY)		Form (Cash, Check, etc.)
	Refund			
City	State	Zip Code		Amount
	ОН			
Full Name of Contributor			Registration Numb	er, if PAC
Street Address	Type*	Date (MM/D	D/YYYY)	Form (Cash, Check, etc.)
	Refund]		
City	State	Zip Code Amount		Amount
	ОН			

Page Total \$_	40700
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^{*} 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.