## **Statement of Loans Received**

				Prescribe	d by Sec	retary of	State 3/05					
Full Name of Committee Serrott For Judge Committ	tee					•	<u>.</u>			*:.		
From Whom Received Mark Serrott								Prior Amount \$0.00			Amt. Incurred this Period \$1,000.00	
Address 739 A. Northwest Blvd		·									Outstanding Balance \$0.00	
<sup>City</sup> <b>Columbus</b>	St ate OH	Zip Code 43212		Loans Received This Period Date Amount				Payments This Period Date Amount				
Date Loan was	0 9	2 0	1 0	м 0 9	<sup>D</sup> 2 0	1 0	\$ \$1,000.00	0 <sup>M</sup> 9	2 3	1 0	\$ \$204.00	
Registration Number, if PAC				М	D	Y		м 0 9	2 3	1 0	\$304.00	
Employer/Occupation/Labor Organization* Self - Employed				М	D	Y <sub>1</sub>		0 <sup>M</sup> 9	2 3	1 0	\$492.00	
From Whom Received					•			Prior An	ount	·	Amt. Incurred this Period	
Address						••		*			Outstanding Balance	
City	St ate OH	Zip Code		Loans Received This Period  Date Amount				Payments This Period Date Amount				
Date Loan was	M	D	Y	M	D	Y	S	M	D	Y	\$	
Registration Number, if PAC	1	l '	<del></del>	M	D	Y		M	D	Y		
Employer/Occupation/Labor Organization*				М	D	Y		М	D	Y		
From Whom Received	···	.;		<u> </u>	<u> </u>			Prior An	nount		Amt. Incurred this Period	
Address									*		Outstanding Balance	
City	St ate OH	Zip Code			Loans Received This Period Date Amount				Payments This Period Date Amount			
Date Loan was	M	D	Y	М	D	Y:	s	M	D	Y	S	
Registration Number, if PAC				M <sub>.</sub>	D	Y		M	D	Y		
Employer/Occupation/Labor Organization*				M ;	D	Y		M	D	Y.		
* Required for contributions from in the individual's business, if any, ra- labor organization of which the em	ther than er	nployer sh	ould be li	sted. If t	wo or m	ore emp	lloyees contribute via p	utor is self payroll dec	f-employe	ed, the oc nd exceed	cupation and the name of the aggregate of \$100, th	

If a loan is forgiven, write "Forgiven" in the "Outstanding Balance" space. Transfer total of all loans received this period to the Statement of Other Income (Form No. 31-A-2). Transfer total of all payments made in this period to the Statement of Expenditures (Form No. 31-B). Transfer Outstanding Balance to the Cover page (Form No. 30-A).

<sup>1</sup> Total prior amount \$\$0.					
<sup>2</sup> Total received this period \$	\$1,000.00	(To Form No. 31-A-2)			
<sup>3</sup> Total payments this period \$ _	\$1,000.00	(To Form No. 31-B)			
<sup>4</sup> Total Outstanding Balance \$	\$0.00	(To Form No. 30-A			