31-A-2

R.C. 3517.10(B)

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Statement of Other Income

Prescribed by Secretary of State 2/01

Name of Committee in Full	SERROTT FOR JUDGE				
Full Name	MARK A. SERROTT Loan			Registration Number, if PAC	
Address	789 (A) NW Blvd	Type*		M D Y: 06 25 14	Amount: 50.00
City	COLS	State: OH	Zip Code: 43212	Form (Cash, Check, etc.)	
Full Name	"	"	"	Registration Number, if PAC	
Address		Type*		M D Y: 07 25 14	Amount: 10.00
City		State	Zip Code	Form (Cash, Check, etc.)	
Full Name	"	"	"	Registration Number, if PAC	
Address		Type*		M D Y: 07 25 14	Amount: 140.00
City		State	Zip Code	Form (Cash, Check, etc.)	
Full Name	"	"	"	Registration Number, if PAC	
Address		Type*		M D Y: 08 28 14	Amount: 60.00
City		State	Zip Code	Form (Cash, Check, etc.)	
Full Name	"	"	"	Registration Number, if PAC	
Address		Type*		M D Y: 09 29 14	Amount: 10.00
City		State	Zip Code	Form (Cash, Check, etc.)	
Full Name	"	"	"	Registration Number, if PAC	
Address		Type*		M D Y: 10 22 14	Amount: 10.00
City		State	Zip Code	Form (Cash, Check, etc.)	
Full Name	"	"	"	Registration Number, if PAC	
Address		Type*		M D Y: 11 21 14	Amount: 15.00
City		State	Zip Code	Form (Cash, Check, etc.)	
Full Name	"	"	"	Registration Number, if PAC	
Address		Type*		M D Y: 12 23 14	Amount: 10.00
City		State	Zip Code	Form (Cash, Check, etc.)	

* 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.

2 PAGE TOTAL $749.00

Page Total $ 305.00