



Statement of Other Income

Form 31-A-2

R.C. 3517.10(B)

Full Name of Committee SERROTT FOR JUDGE			
Full Name of Contributor MARK SERROTT		Registration Number, if PAC	
Street Address 1893 W. FIRST AVE	Type* Refund	Date (MM/DD/YYYY) 01/01/2019 TO 12/30/2019	Form (Cash, Check, etc.) SEE FORM 31(C) FOR BANK FEES
City COLUMBUS	State OH OH	Zip Code 43212	Amount 132⁰⁰
Full Name of Contributor MARK SERROTT		Registration Number, if PAC	
Street Address 1893 W. FIRST AVE	Type* Refund	Date (MM/DD/YYYY) 01/31/2019	Form (Cash, Check, etc.) TRANSFER FROM CANDIDATE'S ACCT
City COLUMBUS	State OH OH	Zip Code 43212	Amount 750⁰⁰
Full Name of Contributor		Registration Number, if PAC	
Street Address	Type* Refund	Date (MM/DD/YYYY)	Form (Cash, Check, etc.)
City	State OH	Zip Code	Amount
Full Name of Contributor		Registration Number, if PAC	
Street Address	Type* Refund	Date (MM/DD/YYYY)	Form (Cash, Check, etc.)
City	State OH	Zip Code	Amount
Full Name of Contributor		Registration Number, if PAC	
Street Address	Type* Refund	Date (MM/DD/YYYY)	Form (Cash, Check, etc.)
City	State OH	Zip Code	Amount

* 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.