

## **Statement of Other Income**

Form 31-A-2

R.C. 3517.10(B)

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Full Name of Committee	-			
SERROTT FOR	JUDGE	<b>5</b>		
Full Name of Contributor			Registration Numb	er, if PAC
MARK SERROTT				_
Street Address	Type*	Date (MM/D	D/YYYY)	Form Cash Check, etc.)  SEE FORM 31(C)
1893 W. FIRST AVE	Refund	12/201	2019 10	FOR BANK FEEL
	State	<b>Zip Code</b>		Amount
COLUMB US	OH OH	43	3212	13200
Full Name of Contributor	\$ # \$ \$ \$ \$1.50 \$1		Registration Numb	er, if PAC
MARK SERROTT				
Street Address	Type*	Date (MM/D	D/YYYY)	Form (Cash Check, etc.)
1893 W. FIRST AVE	Refund	01/2	2/2019	Form (Cash Check, etc.)  Tham SFER From CANDIDATE'S Acc
City	State	Zip Code	7	Amount
Columbus	OH DH	432	212	75000
Full Name of Contributor			Registration Numb	er, if PAC
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Street Address	Type*	Date (MM/E	D/YYYY)	Form (Cash, Check, etc.)
	Refund			
City	State	Zip Code	· · · · · · · · · · · · · · · · · · ·	Amount
	ОН			
Full Name of Contributor			Registration Numb	er if PAC
		regionalion rumber, in AO		
Street Address	Type*	Date (MM/D		Form (Cash, Check, etc.)
	Refund	Date (WIND	<i>(</i>	Tom (Gadii, Gricok, Glo.)
City		77: 0: 1:		
City	State	Zip Code		Amount
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Full Name of Contributor			Registration Number, if PAC	
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Street Address	Type*	Date (MM/D	DD/YYYY)	Form (Cash, Check, etc.)
	Refund			
City	State	Zip Code	· · · · · · · · · · · · · · · · · · ·	Amount'
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<sup>\*</sup> 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.