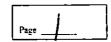
## **Statement of Other Income**



Prescribed by Secretary of State 2/01

| Name of Committee in Full SERROTT FOR JUDGE |       |                                       |                             |
|---|-------|---------------------------------------|-----------------------------|
| SERROTT FOR JU FULL NAME MARK SERROTT       |       |                                       | Registration Number, if PAC |
| 789(A) N.W.Blud                             | Loan  |                                       | M B Y Amount 05 05          |
| (n   5 0 '                                  | State | Zip Code 43212                        | Form (Cash, Check, etc.)    |
| Full Name                                   |       | •                                     | Registration Number, if PAC |
| Address                                     | Туре* |                                       | M D Y Amount 25-9           |
| City  | State | Zip Code                              | Form (Cash Check, etc.)     |
| Full Name                                   |       | · · · · · · · · · · · · · · · · · · · | Registration Number, if PAC |
| Address                                     | Type* |                                       | 0 4 2 3 1 3 Amount 8 00     |
| City  | State | Zip Code                              | Form (Cash, Check, etc.)    |
| Full Name                                   |       | <u></u>                               | Registration Number, if PAC |
| Address                                     | Type* |                                       | D 4 2 3 1 3 Amount          |
| City  | State | Zip Code                              | Form (Gash, Check, etc.)    |
| Full Name                                   |       | -Co.                                  | Registration Number, if PAC |
| Address                                     | Type* | ÷ .                                   | M D Y Amount 00             |
| City  | State | Zip Code                              | Form (Zash)Check, etc.)     |
| Full Name                                   |       |                                       | Registration Number, if PAC |
| Address                                     | Type* |                                       | 0606/3 Amount 500           |
| City  | State | Zip Code                              | Form (Cash, Check, etc.)    |
| Full Name                                   |       | •                                     | Registration Number, if PAC |
| Address                                     | Type* |                                       | 061313 2500                 |
| City  | State | Zip Code                              | Form (Cash) Check, etc.)    |
| Full Name                                   |       |                                       | Registration Number, if PAC |
| Address                                     | Type* |                                       | M D Amount 5 00             |
| City  | State | Zip Code                              | Form (Cash, Check, etc.)    |

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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.