31-A-2
R.C. 3517.10(B)

Page _____

Statement of Other Income

Prescribed by Secretary of State 2/01

Name of Committee in Full: SERROTI FOR JUDGE						
Full Name: MARK SERROTI					Registration Number, if PAC	
Address: - 789(A) NW Blvd	Type* Loan			M 03 D 21 Y 12	Amount 200 CN	
City: Cols	State OH	Zip Code 43212		Form (Cash, Check, etc.) TRANSFER Funds		
Full Name: "					Registration Number, if PAC	
Address: "	Type* Loan			M 04 D 17 Y 12	Amount 20 CN	
City: "	State	Zip Code		Form (Cash, Check, etc.) TRANSFER		
Full Name: "					Registration Number, if PAC	
Address: "	Type* Loan			M 06 D 07 Y 12	Amount 10 CN	
City: "	State	Zip Code		Form (Cash, Check, etc.) TRANSFER		
Full Name: "					Registration Number, if PAC	
Address: "	Type* Loan			M 08 D 09 Y 12	Amount 200 CN	
City: "	State	Zip Code		Form (Cash, Check, etc.) TRANSFER		
Full Name: "					Registration Number, if PAC	
Address: "	Type* Loan			M 08 D 16 Y 12	Amount 75 CN	
City: "	State	Zip Code		Form (Cash, Check, etc.) TRANSFER		
Full Name: "					Registration Number, if PAC	
Address: "	Type* Loan			M 10 D 17 Y 12	Amount 100 CN	
City: "	State	Zip Code		Form (Cash, Check, etc.) TRANSFER		
Full Name: "					Registration Number, if PAC	
Address: "	Type* Loan			M 11 D 20 Y 12	Amount 10 CN	
City: "	State	Zip Code		Form (Cash, Check, etc.) TRANSFER		
Full Name: "					Registration Number, if PAC	
Address: "	Type* Loan			M 11 D 28 Y 12	Amount 250 CN	
City: "	State	Zip Code		Form (Cash, Check, etc.) TRANSFER		

* 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.

Page Total $ 865.00