

Statement of Other Income

Prescribed by Secretary of State 2/01

Name of Committee in Full Serrott For JUDGE Form			
Full Name MARK Serrott		Registration Number, if PAC Loans See 31 AND ADDENDUM DETAIL	
Address 789(A) Northwest Blvd	Type* [REDACTED]	M 12/31/14	Y 12/31/15
City Colis	State OH	Zip Code 43212	Amount 3,187⁰⁰
Full Name		Registration Number, if PAC	
Address	Type*	M	Y
City	State	Zip Code	Form (Cash, Check, etc.)
Full Name		Registration Number, if PAC	
Address	Type*	M	Y
City	State	Zip Code	Form (Cash, Check, etc.)
Full Name		Registration Number, if PAC	
Address	Type*	M	Y
City	State	Zip Code	Form (Cash, Check, etc.)
Full Name		Registration Number, if PAC	
Address	Type*	M	Y
City	State	Zip Code	Form (Cash, Check, etc.)
Full Name		Registration Number, if PAC	
Address	Type*	M	Y
City	State	Zip Code	Form (Cash, Check, etc.)
Full Name		Registration Number, if PAC	
Address	Type*	M	Y
City	State	Zip Code	Form (Cash, Check, etc.)
Full Name		Registration Number, if PAC	
Address	Type*	M	Y
City	State	Zip Code	Form (Cash, Check, etc.)
Full Name		Registration Number, if PAC	
Address	Type*	M	Y
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.