

Statement of Other Income

Form 31-A-2

R.C. 3517.10(B)

| Full Name of Committee SERROTT FOR JUDGE | ge | | | |
|--|---|-------------------------------|--------------------------|--|
| Full Name of Contributor |) . | | Registration Nur | mber, if PAC |
| MARK A, SERROTT | ę | | | |
| Street Address | Type* | Date (MM/D | D/YYYY) | Form (Cash, Check, etc.) FOR |
| Street Address 1893 W. FIRST AVE | Refund | Date (MM/D 01/01/1 13/3 | 1/18 | SEE FORM BANK 31(C) Pees |
| City | State | Zip Code | | Amount of See |
| Co15. | OH OH | 432 | 12 | 14/32 state |
| Full Name of Contributor | | | Registration Nur | mber, if PAC |
| MARK A. SERROTT Street Address 1893 W. FIRST AVE Columbus | | | | |
| Street Address | Type* | Date (MM/D | | Form (Cash, Check, etc.) |
| 1893 W. FIRST AVE | Refund | 10/05 | 5/2018 | Form (Cash, Check, etc.) THANSFEL FLOW PE CANDIDATE ACCT |
| City | State | Zip Code | = | Amount Sec OCTS |
| COLUMBUS | OH OH | 432 | 12 | #31000 (0015) |
| Full Name of Contributor | | | Registration Nur | / pages p |
| | | | | report. |
| Street Address | Type* | Date (MM/D | D/YYYY) | Form (Cash, Check, etc.) |
| | Refund | | |] |
| City | State | Zip Code | Zip Code Amount | |
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| Full Name of Contributor | | | Registration Nur | mber, if PAC |
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| Street Address Type* Date (MM/DD | | D/YYYY) | Form (Cash, Check, etc.) | |
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| Full Name of Contributor | | | Registration Nu | mber, if PAC |
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| Street Address | Type* | Date (MM/I | DD/YYYY) | Form (Cash, Check, etc.) |
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| 1 ago Total w | Page Total \$_ | 44200 |
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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.