31-A-2	
R.C. 3517,10(E)

Statement of Other Income

	4	
Page		_

Prescribed by Secretary of State 2/01

Name of Committee in Full Serrott for Judge Committee			
Full Name	-		Registration Number, if PAC
Mark Serrott			togas and tables, it is
Address	Type*	90 V 20	M D Y Amount
739 (A) Northwest Blvd	RE		0 9 2 0 1 0 \$1,000.00
City	State	Zip Code	Form (Cash, Check, etc.)
Columbus	OH	43212	Check
Full Name			Registration Number, if PAC
Address	Type*	a with	M D Y Amount
	RE		
City	State	Zip Code	Form (Cash, Check, etc.)
	OH		
Full Name			Registration Number, if PAC
Address	Type*		M D Y Amount
	RE	4	
City	State	Zip Code	Form (Cash, Check, etc.)
	OH OH		
Full Name			Registration Number, if PAC
Address	Type*	خس و رماست	M D Y Amount
	RE		
City	State	Zip Code	Form (Cash, Check, etc.)
	OH		
Full Name			Registration Number, if PAC
Address	Type*		M D Y Amount
	RE	والمستور والمسترانين المستراني	
City	State	Zip Code	Form (Cash, Check, etc.)
	ОН		
Full Name			Registration Number, if PAC
Address	Type*		M D Y Amount
	RE		
City	State	Zip Code	Form (Cash, Check, etc.)
	OH		The same was a same
Full Name			Registration Number, if PAC
Address	Type*		M D Y Amount
	RE	a E & Con	
City	State	Zip Code	Form (Cash, Check, etc.)
	OH		
Full Name			Registration Number, if PAC
Address	Type*	San Carlotte Company	M D Y Amount
	RE		
City	State	Zip Code	Form (Cash, Check, etc.)
	OH		

1,000.00
Page Total \$ ____

^{*} 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.