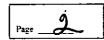
## **Statement of Other Income**



Prescribed by Secretary of State 2/01

Name of Committee in Full	2/5		- <del></del>
SERROTT FOR JUST	NP 6		Registration Number, if PAC
MARK SerroTT		_	
789 (A) N.W. BIVD	Type*	Zip Code	M D N Amount 9 00 Form (Gest) Check, etc.)
Cols.	1 oH	43212	TRANSFERS
Full Name	<u> </u>	<del></del>	Registration Number, if PAC
Address	Type*		082313 20 W
City	State	Zip Code	Form (Cash Check, etc.)
Full Name			Registration Number, if PAC
Address	Туре*		093013 Amount 20 UZ
City	State	Zip Code	Form (Cash, Check, etc.)
Full Name			Registration Number, if PAC
Address	Type*		101613 210 cg
City	State	Zip Code	Form (Xash, Check, etc.)
Full Name //			Registration Number, if PAC
Address	Type*		11 2713 Amount
City	State	Zip Code	Form (Cash, Check, etc.)
Full Name			Registration Number, if PAC
Address //	Type*		122313 Amount 200
City	State	Zip Code	Form (Cash, Check, etc.)
Full Name			Registration Number, if PAC
Address	Type*		M D Y Amount
City	State	Zip Code	Form (Cash, Check, etc.)
Full Name			Registration Number, if PAC
Address	Type*		M D Y Amount
City	State	Zip Code	Form (Cash, Check, etc.)

Page Total's 289°CD

2 PAGE TOTAL = 464°CD

<sup>\*</sup> 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.