

Statement of Other Income

Prescribed by Secretary of State 2/01

Name of Committee in Full SERROTT FOR JUDGE					
Full Name MARK SERROTT			Registration Number, if PAC		
Address 789(A) N.W. Blvd		Type*	M D Y 07 24 13		Amount 9⁰⁰
City COLS.	State OH	Zip Code 43212	Form (Cash, Check, etc.) TRANSFERS		
Full Name //			Registration Number, if PAC		
Address		Type*	M D Y 08 23 13		Amount 20⁰⁰
City	State	Zip Code	Form (Cash, Check, etc.) //		
Full Name //			Registration Number, if PAC		
Address		Type*	M D Y 09 30 13		Amount 20⁰⁰
City	State	Zip Code	Form (Cash, Check, etc.) //		
Full Name //			Registration Number, if PAC		
Address		Type*	M D Y 10 16 13		Amount 210⁰⁰
City	State	Zip Code	Form (Cash, Check, etc.) //		
Full Name //			Registration Number, if PAC		
Address		Type*	M D Y 11 27 13		Amount 10⁰⁰
City	State	Zip Code	Form (Cash, Check, etc.) //		
Full Name //			Registration Number, if PAC		
Address		Type*	M D Y 12 23 13		Amount 20⁰⁰
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.)		

* 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.