

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 739 (A) Northwest Blvd		Type* L N			M 1 0	D 2 1	Y 1 1
City Columbus		State O H	Zip Code 43212		Form(Cash,Check,etc) Check		
				Amount 50.00			
Full Name							
Address				Type*			
City		State	Zip Code		M	D	Y
					Form(Cash,Check,etc)		
				Amount			
Full Name							
Address				Type*			
City		State	Zip Code		M	D	Y
					Form(Cash,Check,etc)		
				Amount			
Full Name							
Address				Type*			
City		State	Zip Code		M	D	Y
					Form(Cash,Check,etc)		
				Amount			
Full Name							
Address				Type*			
City		State	Zip Code		M	D	Y
					Form(Cash,Check,etc)		
				Amount			
Full Name							
Address				Type*			
City		State	Zip Code		M	D	Y
					Form(Cash,Check,etc)		
				Amount			
Full Name							
Address				Type*			
City		State	Zip Code		M	D	Y
					Form(Cash,Check,etc)		
				Amount			
Full Name							
Address				Type*			
City		State	Zip Code		M	D	Y
					Form(Cash,Check,etc)		
				Amount			

* 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, place the letters 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.

Page Total \$ 50.00