Page	1

## **Statement of Other Income**

Prescribed by Secretary of State 2/01

N. a. of Committee in Early	· · · · · · · · · · · · · · · · · · ·	<del></del>	_		-	<del></del>			
Name of Committee in Full									
Serrott for Judge Full Name			Daviete	tion No-	ber, if PA	С			
			Kegisua	HOII INEED	DCI, II FA				
Mark Serrott Address	Type*		М	D	Y	Amount			
739 (A) Northwest Blvd	I N	v	1 0	2 1	1 1	Altiount	50.00		
City Columbus	State H	Zip Code 43212	Form(Cash,Check,etc) Check						
Full Name	<u> </u>	10212			ber, if PA	.C.			
Tun Name			Trogasia.		, H 171				
Address	Type*	A STATE OF THE STA	М	D	Y	Amount			
City	State	Zip Code	Form(Cash,Check,etc)						
Full Name					Registration Number, if PAC				
Address	Type*		М	D	Y	Amount			
City	State	Zip Code	Form(Cash,Check,etc)						
Full Name			Registration Number, if PAC						
Address	Type*		. <b>м</b>	D	Y	Amount			
City	State	Zip Code	Form(Ca	ash,Checl	k,etc)				
Full Name				Registration Number, if PAC					
Address	Type*	P	М	D	Y 	Amount			
City	State	Zip Code	Form(Ca	ash,Checl	c,etc)				
Full Name				Registration Number, if PAC					
Address	Type*	6-14	М	D	Y	Amount			
City	State	Zip Code	Form(Ca	ash,Cheel	c,etc)	5			
Full Name			Registration Number, if PAC						
Address	Type*		М	D	Y	Amount			
City	State	Zip Code	Form(Ca	ash,Chec	k,etc)		ş		
Full Name			Registration Number, if PAC						
Address	Type*		М	D	Y	Amount			
City	State	Zip Code	Form(C	ash,Chec	k,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, 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_
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