

Statement of Other Income

Prescribed by Secretary of State 2/01

			\$2000000000000000000000000000000000000					
Name of Committee in Full								
Wood for School Board					L '^~			
Full Name			Registration Number, if PAC					
Katherine Wood	· · · · · · · · · · · · · · · · · · ·		<u> </u>	r.	- 	I A		
Address	Type*		M	D	1	Amount	00.00	
385 Cumberland Dr.	LN			1 3			20.00	
City	State	Zip Code	Form(Ca					
Whitehall	IOIH	43213	Cash					
Full Name				Registration Number, if PAC				
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City.	State	Zip Code	Form(Ca	sh.Check	.etc)			
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Full Name				Registration Number, if PAC				
City	State	Zip Code	Form(Ca	sh,Checl	c,etc)			
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Full Name			Registra	Registration Number, if PAC				
Address	Type*		M	D	Y	Amount		
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City	State	Zip Code	Form(Ca	sh,Checl	c,etc)			
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Full Name			Registra	tion Num	ber, if PA	AC.		
Address	Type*		M	D	Y	Amount		
City	State	Zip Code	Form(Ca	ash,Checl	k,etc)	100		
Full Name				Registration Number, if PAC				
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Full Name			Registra	tion Nun	ber, if P	AC		
Address	Type*		M	D	Y	Amount		
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City	State	Zip Code	Form(Ca	ash,Chec	k,etc)			
Full Name			Registra	Registration Number, if PAC				
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Address	Type*		M	D	Y	Amount		
Manager State								
City	State	Zip Code	Form(C	ash,Chec	k,etc)			
	100							

Page Total \$ ______20.00_

^{*} 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.