

Statement of Other Income

Prescribed by Secretary of State 2/01

Name of Committee in Full Wood for School Board				Registration Number, if PAC			
Full Name Katherine B Wood				Registration Number, if PAC			
Address 385 Cumberland Dr		Type* LN		M 11	D 0	Y 09	Amount 789⁸⁰
City Whitehall		State OH	Zip Code 43213	Form (Cash, Check, etc) VISA			
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)			
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)			
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)			
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, 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 \$ ~~1101~~

789⁸⁰