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R	ı.C.	35	17.	10(B)

Statement of Other Income

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Prescribed by Secretary of State 2/01

Name of Committee in Full			
Woods for Judge Committee			
Full Name Loan Transfer from Form No. 31-C			Registration Number, if PAC
Address	Type* LN		M D Y Amount \$10,000.00
City	State OH	Zip Code 43235	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	<u>, </u>	•	Registration Number, if PAC
Address	Type*		M D Y Amount
City	Stape	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	Туре*		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	Stație	Zip Code	Form (Cash, Check, etc.)

10,000.00

Page Total \$

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.