

**STATEMENT OF ECONOMIC INTERESTS
COVER PAGE**

Date Received
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AUG 06 2010

MARIN COUNTY
ELECTIONS

A Public Document

Please type or print in ink.

NAME (LAST)	(FIRST)	(MIDDLE)	DAYTIME TELEPHONE NUMBER			
Wood	Lori	S.				
MAILING ADDRESS (Business Address Acceptable)		STREET	CITY	STATE	ZIP CODE	OPTIONAL: E-MAIL ADDRESS
			Mill Valley	CA	94941	

1. Office, Agency, or Court

Name of Office, Agency, or Court: Marin Director Healthcare District Board
 Division, Board, District, if applicable: Marin Healthcare Board
 Your Position: Director
 ▶ If filing for multiple positions, list additional agency(ies)/ position(s): (Attach a separate sheet if necessary.)
 Agency: _____
 Position: _____

2. Jurisdiction of Office (Check at least one box)

- State
- County of _____
- City of _____
- Multi-County _____
- Other Marin Healthcare District

3. Type of Statement (Check at least one box)

- Assuming Office/Initial Date: ____/____/____
- Annual: The period covered is January 1, 2009, through December 31, 2009.
-or-
 The period covered is ____/____/____, through December 31, 2009.
- Leaving Office Date Left: ____/____/____ (Check one)
 The period covered is January 1, 2009, through the date of leaving office.
-or-
 The period covered is ____/____/____, through the date of leaving office.
- Candidate Election Year: 2010

4. Schedule Summary

- ▶ Total number of pages including this cover page: 1
- ▶ Check applicable schedules or "No reportable interests."
I have disclosed interests on one or more of the attached schedules:
- Schedule A-1 Yes - schedule attached
Investments (Less than 10% Ownership)
- Schedule A-2 Yes - schedule attached
Investments (10% or Greater Ownership)
- Schedule B Yes - schedule attached
Real Property
- Schedule C Yes - schedule attached
Income, Loans, & Business Positions (Income Other than Gifts and Travel Payments)
- Schedule D Yes - schedule attached
Income - Gifts
- Schedule E Yes - schedule attached
Income - Gifts - Travel Payments
- or-
- No reportable interests on any schedule

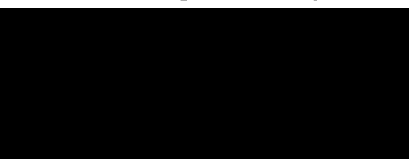
5. Verification

I have used all reasonable diligence in preparing this statement. I have reviewed this statement and to the best of my knowledge the information contained herein and in any attached schedules is true and complete.

I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Date Signed _____

Signature _____



(File the originally signed statement with your filing official.)

Candidate Intention Statement

Type or Print in Ink.

CANDIDATE INTENTION STATEMENT

CALIFORNIA FORM 501

For Official Use Only

Date Stamp

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MARIN COUNTY ELECTIONS

Check One: Initial Amendment (Explain) _____

1. Candidate Information:

NAME OF CANDIDATE (Last, First, Middle Initial)

DAYTIME TELEPHONE NUMBER

FAX NUMBER (optional)

E-MAIL (optional)

Lori S. Wood

STREET ADDRESS

CITY

STATE

ZIP CODE

[Redacted]

Mill Valley

CA

94941

OFFICE SOUGHT (POSITION TITLE)

AGENCY NAME

DISTRICT NUMBER, if applicable.

NON-PARTISAN

Director, Marin Healthcare District Board

OFFICE JURISDICTION

PARTY:

State (Complete Part 2.)

City County Multi-County: _____

N/A

2010

(Name of Multi-County Jurisdiction)

(Year of Election)

2. State Candidate Expenditure Limit Statement:

(CalPERS candidates, judges, judicial candidates, and candidates for local offices are not required to complete Part 2.)

Primary/general election

Special/runoff election

(Check one box)

I accept the voluntary expenditure ceiling for the election stated above.

I do not accept the voluntary expenditure ceiling for the election stated above.

Amendment:

I did not exceed the expenditure ceiling in the primary or special election held on: _____ and I accept the voluntary expenditure ceiling for the general or special run-off election.

(Mark if applicable)

On _____, I contributed personal funds in excess of the expenditure ceiling for the election stated above.

3. Verification:

I certify _____ rect.

Executed _____

**Officeholder and Candidate
Campaign Statement –
Short Form**

(Government Code Section 84206)

Type or print in ink.

SHORT FORM

Date Stamp
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MARIN COUNTY
ELECTIONS

**CALIFORNIA
FORM 470**

For Official Use Only

Date of election if applicable:
(Month, Day, Year)

Amendment (Explain Below)

1. Statement Covers Calendar Year 20 10 .

2. Officeholder or Candidate Information

NAME OF OFFICEHOLDER OR CANDIDATE

Lori Wood

STREET ADDRESS

[REDACTED]

CITY

Mill Valley CA

STATE

ZIP CODE

94941

AREA CODE/DAYTIME PHONE NUMBER

OPTIONAL: FAX / E-MAIL ADDRESS

3. Office Sought or Held

OFFICE SOUGHT OR HELD

Marin Healthcare District Board

JURISDICTION (LOCATION)

DISTRICT NUMBER
(IF APPLICABLE)

4. Committee Information

List all committees of which you have knowledge that are primarily formed to receive contributions or to make expenditures on behalf of your candidacy.

COMMITTEE NAME AND I.D. NUMBER	COMMITTEE ADDRESS	NAME OF TREASURER

5. Verification

I declare under penalty of perjury that to the best of my knowledge I anticipate that I will receive less than \$1,000 and that I will spend less than \$1,000 during the calendar year and that I have used all reasonable diligence in preparing this statement. I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Executed on

DATE

10/4/10

By

SIGNATURE OF OFFICEHOLDER OR CANDIDATE

[REDACTED SIGNATURE]