Statement of Other Income

Page 1

Prescribed by Secretary of State 2/01

Name of Comments of F. II		 -	
Name of Committee in Full Carpenters Local Union 200 PCE			
Full Name	-		Registration Number, if PAC
BMI Federal Credit Union			
Address	Type*		M D Y Amount
6165 Emerald Parkway	IN		0 6 3 0 1 4 \$0.73
City Dublin	Stație	Zip Code 43016	Form (Cash, Check, etc.)
Full Name	OH	43016	EFT IS NOT THE RESERVE OF THE PERSON OF THE
BMI Federal Credit Union			Registration Number, if PAC
Address	Type*		M D Y Amount
6165 Emerald Parkway	IN		0 7 3 1 1 4 \$0.72
City	State	Zip Code	Form (Cash, Check, etc.)
Dublin	ОН	43016	EFT
Full Name	- .		Registration Number, if PAC
BMI Federal Credit Union	1 = 1		
Address 6165 Emorald Parlayay	Type*		M D Y Amount
6165 Emerald Parkway City	IN State	Zip Code	0 8 3 0 1 4 \$0.73
Dublin	OH	43016	EFT
Full Name	1 011	1 10010	Registration Number, if PAC
BMI Federal Credit Union			
Address	Type*		M D Y Amount
6165 Emerald Parkway	IN		0 9 3 0 1 4 \$0.68
City	State	Zip Code	Form (Cash, Check, etc.)
Dublin	OH	43016	EFT
Full Name			Registration Number, if PAC
Address	Type*		M D Y Amount
	RE		
City	State	Zip Code	Form (Cash, Check, etc.)
	OH		
Full Name			Registration Number, if PAC
Address	Type*		M, D, Y, Amount
	RE		
City	State	Zip Code	Form (Cash, Check, etc.)
	OH		
Full Name			Registration Number, if PAC
Address	Type*	_	M D Y Amount
	RE		
City	State	Zip Code	Form (Cash, Check, etc.)
	он'		
Full Name			Registration Number, if PAC
Address	Type*		M D Y Amount
	RE		
City	State	Zip Code	Form (Cash, Check, etc.)
	OH		

2.86

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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.