

# Statement of Other Income

Prescribed by Secretary of State 2/01

Name of Committee in Full Carpenters Local Union 200 pCE							
Full Name BMI Federal Credit Union				Registration Number, if PAC			
Address 6165 Emerald Parkway		Type* IN		M 0	D 4	Y 3	Amount \$0.59
City Dublin		State OH	Zip Code 43016	Form (Cash, Check, etc.) EFT			
Full Name BMI Federal Credit Union				Registration Number, if PAC			
Address 6165 Emerald Parkway		Type* IN		M 0	D 5	Y 3	Amount \$0.64
City Dubline		State OH	Zip Code 43016	Form (Cash, Check, etc.) EFT			
Full Name				Registration Number, if PAC			
Address		Type* RE		M	D	Y	Amount
City		State OH	Zip Code	Form (Cash, Check, etc.)			
Full Name				Registration Number, if PAC			
Address		Type* RE		M	D	Y	Amount
City		State OH	Zip Code	Form (Cash, Check, etc.)			
Full Name				Registration Number, if PAC			
Address		Type* RE		M	D	Y	Amount
City		State OH	Zip Code	Form (Cash, Check, etc.)			
Full Name				Registration Number, if PAC			
Address		Type* RE		M	D	Y	Amount
City		State OH	Zip Code	Form (Cash, Check, etc.)			
Full Name				Registration Number, if PAC			
Address		Type* RE		M	D	Y	Amount
City		State OH	Zip Code	Form (Cash, Check, etc.)			
Full Name				Registration Number, if PAC			
Address		Type* RE		M	D	Y	Amount
City		State OH	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, 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.