Statement of Other Income

Page 1

Prescribed by Secretary of State 2/01

Name of Committee in Full		-	
Carpenters Local Union 200 pCE			
Full Name			Registration Number, if PAC
BMI Federal Credit Union			
Address Caronald Dadana	Type*		М D У Апюши
6165 Emerald Parkway	<u> </u> IN		0 4 3 0 1 4 \$0.59
City Dublin	State	Zip Code	Form (Cash, Check, etc.)
	ОН	43016	EFT
Full Name BMI Federal Credit Union			Registration Number, if PAC
Address	Type*		M. I D. I W. I answer
6165 Emerald Parkway	IN		M D Y Amount 0 5 3 1 1 4 \$0.64
City	State	Zip Code	Form (Cash, Check, etc.)
Dubline	ОН	43016	EFT
Full Name		40010	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.)
Fuli Name	OH		Basis North SERVE
Fun 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
	1	•	
Address	Type		M D Y Amount
Cim.	RE Sime	Zip Code	Form (Cash, Check, etc.)
City	State	Zip Code	Form (Casil, Check, etc.)
Full Name	<u>L</u> OH	<u> </u>	Registration Number, if PAC
Address	Type		M D Y Amount
	RE		
City	State	Zip Code	Form (Cash, Check, etc.)
	ОН		

1.23

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.