31-	·A-2	
R.C	. 3517.	l0(B)

Statement of Other Income

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1	1	
Page		

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	Type*		M D Y Amount
6165 Emerald Parkway	_ IN _		1 0 3 1 1 3 \$0.23
City	State	Zip Code 43016	Form (Cash, Check, etc.)
Dublin Full Name	ОН	43016	Registration Number, if PAC
BMI Federal Credit Union			Registration Number, if PAC
Address	Type*		M, D, Y, Amount
6165 Emerald Parkway	iN		1 1 3 0 1 3 \$0.29
City	State	Zip Code	Form (Cash, Check, etc.)
Dublin	ОН	43016	EFT
Full Name			Registration Number, if PAC
Address	Type	1	M D Y Amount
	RE		
City	State	Zip Code	Form (Cash, Check, etc.)
	ОН		
Full Name			Registration Number, if PAC
Address	T. L 8		V 16 1 3 14
Address	Type*		M D Y Amount
City	RE	Zip Code	Form (Cash, Check, etc.)
City	Stake OH	zip code	Tom (cash, cace, etc.)
Full Name	011	<u> </u>	Registration Number, if PAC
			, and the second
Address	Type*		M D Y Amount
	RE		
City	Stake	Zip Code	Form (Cash, Check, etc.)
	ОН		
Full Name			Registration Number, if PAC
			W. I.S. I.W. IA
Address	Type*		M D Y Amount
ris.	RE 	Zip Code	Form (Cash, Check, etc.)
City	OH OH	Σip Codc	Total (casi, circi, ca.)
Fuli Name	011		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 _	7:- 0-1-	For (Cash Charles)
City	State	Zip Code	Form (Cash, Check, etc.)
	ОН		

0.52

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.