31-A-2
R.C. 3517.10(B)

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Statement of Other Income

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**
16165 Emerald Pkwy	IN			07 31 16	0.59
City	**State**	**Zip Code**		**Form (Cash, Check, etc.)**	
Dublin	OH	43016		EFT	
Full Name				**Registration Number, if PAC**	
BMI Federal Credit Union					
Address	**Type***			**M D Y**	**Amount**
16165 Emerald Pkwy	IN			08 31 16	0.72
City	**State**	**Zip Code**		**Form (Cash, Check, etc.)**	
Dublin	OH	43016		EFT	
Full Name				**Registration Number, if PAC**	
BMI Federal Credit Union					
Address	**Type***			**M D Y**	**Amount**
16165 Emerald Pkwy	IN			09 30 16	0.61
City	**State**	**Zip Code**		**Form (Cash, Check, etc.)**	
Dublin	OH	43016		EFT	
Full Name				**Registration Number, if PAC**	
BMI Federal Credit Union					
Address	**Type***			**M D Y**	**Amount**
16165 Emerald Pkwy	IN			10 31 16	0.55
City	**State**	**Zip Code**		**Form (Cash, Check, etc.)**	
Dublin	OH	43016		EFT	
Full Name				**Registration Number, if PAC**	
BMI Federal Credit Union					
Address	**Type***			**M D Y**	**Amount**
16165 Emerald Pkwy	IN			11 30 16	0.56
City	**State**	**Zip Code**		**Form (Cash, Check, etc.)**	
Dublin	OH	43016		EFT	
Full Name				**Registration Number, if PAC**	
BMI Federal Credit Union					
Address	**Type***			**M D Y**	**Amount**
16165 Emerald Pkwy	IN			12 31 16	0.58
City	**State**	**Zip Code**		**Form (Cash, Check, etc.)**	
Dublin	OH	43016		EFT	
Full Name				**Registration Number, if PAC**	
Address	**Type***			**M D Y**	**Amount**
City	**State**	**Zip Code**		**Form (Cash, Check, etc.)**	
Full Name				**Registration Number, if PAC**	
Address	**Type***			**M D Y**	**Amount**
City	**State**	**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.

Page Total $ 3.61