

## **Statement of Other Income**

Form 31-A-2

Full Name of Committee			R.C. 3517.10(B	
Corpenters Local	union 200	PCE		
Full Name of Contributor		Registration N	Number, if PAC	
Street Address	Type*	Date (MM/DD/YYYY)	Form (Cash, Check, etc.)	
City	State OH	Zip Code	Amount	
Full Name of Contributor	. <u> </u>	Registration N	lumber, if PAC	
Street Address	Type*	Date (MM/DD/YYYY)	Form (Cash, Check, etc.)	
City	State OH	Zip Code	Amount	
Full Name of Contributor		Registration N	lumber, if PAC	
Street Address	Type*	Date (MM/DD/YYYY)	Form (Cash, Check, etc.)	
City	State OH	Zip Code	Amount	
Full Name of Contributor		Registration Number, if PAC		
Street Address	Type*	Date (MM/DD/YYYY)	Form (Cash, Check, etc.)	
City	State OH	Zip Code	Amount .	
Full Name of Contributor	Registration		on Number, if PAC	
Street Address	Type*	Date (MM/DD/YYYY)	Form (Cash, Check, etc.)	
City	State OH	Zip Code	Amount	

Page Total \$	0	
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<sup>\*</sup> 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.