

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 1	D 2	Y 3	Amount \$0.32
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 1	Y 3	Amount \$0.36
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 2	Y 2	Amount \$0.43
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 3	Y 3	Amount \$0.57
City Dublin		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.)			

* 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.