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	Type*		M D Y Amount
6165 Emerald Parkway	IN		1 2 3 1 1 3 \$0.32
City Dublin	State	Zip Code	Form (Cash, Check, etc.)
	OH	43016	EFT
Full Name BMI Federal Credit Union			Registration Number, if PAC
Address	Type*		M I N I V
6165 Emerald Parkway	IN		M D Y Amount 0 1 3 1 1 4 \$0.36
City	State .	Zip Code	Form (Cash, Check, etc.)
Dublin	ОН	43016	EFT
Full Name			Registration Number, if PAC
BMI Federal Credit Union			
Address	Type*		M D Y Amount
6165 Emerald Parkway	IN		0 2 2 8 1 4 \$0.43
City	State	Zip Code	Form (Cash, Check, etc.)
Dublin Full Name	ОН	43016	EFT
BMI Federal Credit Union			Registration Number, if PAC
Address	'Iype*		M D Y Amount
6165 Emerald Parkway	IN		0 3 3 1 1 4 \$0.57
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	L RE	12: 0 1	
Chy	State OH	Zip Code	Form (Cash, Check, etc.)
Full Name	On		Registration Number, if PAC
			Registration (value), if 1780
Address	Type*		M D Y Amount
	RE		
City	State	Zip Code	Form (Cash, Check, etc.)
	OH		
Full Name	<u> </u>		Registration Number, if PAC
Address	1 70.5		
Addicts	Type*		M D Y Amount
City	RE State	Zip Code	Form (Cash, Check, etc.)
•	OH	Dip conc	Form (Cash, Check, etc.)
Full Name			Registration Number, if PAC
Address	Type*		M D Y Amount
	RE _		
City	State	Zip Code	Form (Cash, Check, etc.)
	ОН	1	

1.68

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.