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Statement of Other Income

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Page	_ <u></u>

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	Ŭ IN .		1 0 3 1 1 4 \$0.81
City Dublin	State	Zip Code	Form (Cash, Check, etc.)
Full Name	OH	43016	EFT
BMI Federal Credit Union			Registration Number, if PAC
Address	Type*		M. D. Y. Amount
6165 Emerald Parkway	IN		1 1 3 0 1 4 \$0.77
City	State	Zip Code	Form (Cash, Check, etc.)
Dublin	ОН	43016	EFT EFT
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 4 \$0.73
City	State	Zip Code	Form (Cash, Check, etc.)
Dublin	OH	43016	EFT
Full Name			Registration Number, if PAC
Address	T		
Addicss	Type*		M D Y Amount
City	RE State	Zip Code	Francisco Charles
	OH	Zip Code	Form (Cash, Check, etc.)
Full Name	1 011		Registration Number, if PAC
			regionation values, it is
Address	Type*		M D Y Amount
	RE		
City	State	Zip Code	Form (Cash, Check, etc.)
	ОН		
Full Name			Registration Number, if PAC
Address	Type*		M D Y Amount
City	L RE _		
City	State	Zip Code	Form (Cash, Check, etc.)
Full Name	OH		The size of Number 15 PAC
. di . die			Registration Number, if PAC
Address	Type*		M D Y Amount
	RE		
City	State	Zip Code	Form (Cash, Check, etc.)
	ОН		
Full Name			Registration Number, if PAC
Address			V
Address	Type*		M D Y Amount
	RE		
City	1 '	Zip Code	Form (Cash, Check, etc.)

2.31

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.