

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 0	D 8	Y 3
City Dublin		State OH	Zip Code 43016	Form (Cash, Check, etc.) Cash		Amount \$0.13
Full Name BMI Federal Credit Union				Registration Number, if PAC		
Address 6165 Emerald Parkway		Type* IN		M 0	D 9	Y 3
City Dublin		State OH	Zip Code 43016	Form (Cash, Check, etc.) Cash		Amount \$0.20
Full Name				Registration Number, if PAC		
Address		Type* RE		M	D	Y
City		State OH	Zip Code	Form (Cash, Check, etc.)		Amount
Full Name				Registration Number, if PAC		
Address		Type* RE		M	D	Y
City		State OH	Zip Code	Form (Cash, Check, etc.)		Amount
Full Name				Registration Number, if PAC		
Address		Type* RE		M	D	Y
City		State OH	Zip Code	Form (Cash, Check, etc.)		Amount
Full Name				Registration Number, if PAC		
Address		Type* RE		M	D	Y
City		State OH	Zip Code	Form (Cash, Check, etc.)		Amount
Full Name				Registration Number, if PAC		
Address		Type* RE		M	D	Y
City		State OH	Zip Code	Form (Cash, Check, etc.)		Amount
Full Name				Registration Number, if PAC		
Address		Type* RE		M	D	Y
City		State OH	Zip Code	Form (Cash, Check, etc.)		Amount

* 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.