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R	LC.	35	17.	10(	B)

## **Statement of Other Income**

Page	1	

Prescribed by Secretary of State 2/01

Name of Committee in Full		<del></del>	
Carpenters Local Union 200 PCE			·
Full Name BMI Federal Credit Union			Registration Number, if PAC
Address 6165 Emerald Parkway	Type*		M D Y Amount 0 8 3 1 1 3 \$0.13
City	State	Zip Code	Form (Cash, Check, etc.)
Dublin	ОН	43016	Cash
Full Name			Registration Number, if PAC
BMI Federal Credit Union			
Address	Type*		M D Y Amount
6165 Emerald Parkway	IN	13: 0.1	0 9 3 0 1 3 \$0.20
City Dublin	Stație OH	Zip Code	Form (Cash, Check, etc.)
Full Name	I On	43016	Cash Registration Number, if PAC
Tall Name			registration Number, it FAC
Address	Type*		M D Y Amount
	RE		
City	State	Zip Code	Form (Cash, Check, etc.)
Full Name	OH	<u> </u>	Projection Number (CDAC)
rui Naine			Registration Number, if PAC
Address	Tyjpe*		M D Y Amount
	_ _RE		
City	Stake OH	Zip Code	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		
Full Name	Registration Number, if PAC		
Address	Type*		M D Y Amount
	RE		
City	State	Zip Code	Form (Cash, Check, etc.)
	OH		
Full Name	•		Registration Number, if PAC
Address	Tyipe*		M D Y Amount
	RE		
City	Stage	Zip Code	Form (Cash, Check, etc.)
	он`	1	
Full Name			Registration Number, if PAC
Address	Tyipe*		M D Y Amount
	RE		
City	Staite	Zip Code	Form (Cash, Check, etc.)
	ОН		

0.33

Page Total \$

<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.