31-A-2
R.C. 3517.10(B)

Statement of Other Income
Prescribed by Secretary of State 2/01

Page 1

Name of Committee in Full

LABORERS' INTERNATIONAL UNION OF NORTH AMERICA, LOCAL 423 PCE FUND

Full Name			Registration Number, if PAC				
620 Alum Creek Dr.							
Address	Type*		M 06	D 30	Y 11	Amount $.75	
Columbus	Interest						
City	State OH	Zip Code 43205	Form (Cash, Check, etc.)				

Full Name			Registration Number, if PAC				
CHASE BANK							
Address Lockbourne Branch	Type* Interest		M 07	D 31	Y 11	Amount $.72	
City Cols	State OH	Zip Code 43207	Form (Cash, Check, etc.)				

Full Name			Registration Number, if PAC				
CHASE BANK							
Address Lockbourne Branch	Type* Interest		M 08	D 31	Y 11	Amount $.83	
City Cols	State OH	Zip Code 43207	Form (Cash, Check, etc.)				

Full Name			Registration Number, if PAC				
CHASE BANK							
Address Lockbourne Branch	Type* Interest		M 09	D 30	Y 11	Amount $.82	
City Cols	State OH	Zip Code 43207	Form (Cash, Check, etc.)				

Full Name			Registration Number, if PAC				
CHASE BANK							
Address	Type*		M	D	Y	Amount	
City	State	Zip Code	Form (Cash, Check, etc.)				

Full Name			Registration Number, if PAC				
Address	Type*		M	D	Y	Amount	
City	State	Zip Code	Form (Cash, Check, etc.)				

Full Name			Registration Number, if PAC				
Address	Type*		M	D	Y	Amount	
City	State	Zip Code	Form (Cash, Check, etc.)				

Full Name			Registration Number, if PAC				
Address	Type*		M	D	Y	Amount	
City	State	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.

Page Total $ 3.10