Statement of Other Income

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Prescribed by Secretary of State 2/01

Name of Committee in Full			
Laborers' Local 423			
Full Name			Registration Number, if PAC
Chase Bank			
Address	Type*		M D Y Amount
2660 E. Main St.	∐ IN		0 7 3 1 1 4 \$0.28
City Columbus	State OH	Zip Code 43209	Form (Cash, Check, etc.)
Full Name	1 011	10200	Registration Number, if PAC
Chase Bank			Registration Number, 11 PAC
Address	Type*		M D Yi Amount
2660 E. Main St.	IN	•	0 8 0 7 1 4 \$0.05
City	State	Zip Code	Form (Cash, Check, etc.)
Columbus	OH	43209	
Full Name			Registration Number, if PAC
Address	Type*		M D Yi Amount
	RE		M D Y Amount
City	State	Zip Code	Form (Cash, Check, etc.)
•	OH		Form (CLLL)
Full Name	1	 	Registration Number, if PAC
Address	Type*		M D Y Amount
	<u></u> LRE ∶		
City	Stair OH	Zip Code	Form (Cash, Check, etc.)
Full Name	ГОП		Registration Number, if PAC
, d			registration Number, it FAC
Address	Type*		M D Y Amount
	RE		
City	State	Zip Code	Form (Cash, Check, etc.)
	OH	<u> </u>	
Full Name			Registration Number, if PAC
Address	Type*		M D Y Amount
	RE		
City	State	Zip Code	Form (Cash, Check, etc.)
	OH		
Full Name	ſ	'	Registration Number, if PAC
Address	Type*		M D Y Amount
City	L RE	Zip Code	Form (Cash Charle etc.)
City	Stage OH	Zip Code	Form (Cash, Check, etc.)
Full Name		<u>- </u>	Registration Number, if PAC
Address	Time		M D V A
Address	Type*		M D Y Amount
City	State	Zip Code	Form (Cash, Check, etc.)
	ОН		8

0.33

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.