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Statement of Other Income

Page	2	

Prescribed by Secretary of State 2/01

Name of Committee in Full			
Laborers' International Union of North America, L	ocal 423		1
Full Name	Registration Number, if PAC		
Chase Bank		i i	
Address	Туре*		M D Y Amount
Lockbourne Branch	IN _		1 2 3 1 1 2 \$1.06
City Columbus	State OH	Zip Code 43206	Form (Cash, Check, etc.)
Full Name	011	1000	Registration Number, if PAC
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Address	Type*		M D Y Amount
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City	State	Zip Code	Form (Cash, Check, etc.)
	OH		
Full Name			Registration Number, if PAC
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Full Name	<u> </u>		Registration Number, if PAC
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Address	Type*	, r, r,	M D Y Amount
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Address	Type*		M, D, Y) Amount
	RE		
City	State	Zip Code	Form (Cash, Check, etc.)
	OH		

1.06

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.