

Statement of Other Income

Prescribed by Secretary of State 2/98

Name of Committee in Full LABORERS' INTERNATIONAL UNION OF NORTH AMERICA, LOCAL 423									
PCE FUND									
Full Name <i>Chase Bank</i>						Registration Number, if PAC			
Address <i>Lockbourne Branch</i>		Type* <i>I N</i>			M D Y <i>0 5 2 8 1 0</i>		Amount <i>2.91</i>		
City <i>Columbus</i>		State <i>OH</i>	Zip Code <i>43207</i>		Form (Cash, Check, etc.)				
Full Name <i>Chase Bank</i>						Registration Number, if PAC			
Address <i>Lockbourne Branch</i>		Type* <i>I N</i>			M D Y <i>0 4 3 0 1 0</i>		Amount <i>2.47</i>		
City <i>Columbus</i>		State <i>OH</i>	Zip Code <i>43207</i>		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.)				
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.)				

¹ 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.