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Statement of Other Income

Prescribed by Secretary of State 2/98

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Name of Committee in Full LABORERS INTERNATION	ONAL U	NION OF NOR	TH AMERI	CA	٠,	LO	CAL	423	
PCE FUND					Registration Number, if PAC				
Full Name Maso. Bank				CEISO	ado b				
Address Lock bourne Branch	Type*	<u> </u>		M ()	56			Amount 2, G	
City Columbus	State	43207					k, etc.)	AC	
Full Name. Bark				xegist	ration	Nume	per, if P.	Amount	
Lockbourse Branch	Type*	N	((Cast	30	k, etc.)	2.47	
City Columbus	State	H Zip Code H H32C	7			ossostam zenintik ö	ber, if F		
Full Name			ľ	rrogio.	u au U		- OL, AA A	^==	
Address	Type*			М		D	Y	Amount	
City	State	Zip Code		Form (Cash, Check, etc.)					
Full Name					Registration Number, if PAC				
Address	Type*			М		D	Y	Amount	
City	Stat	e Zip Code		Form (Cash, Check, etc.)					
Full Name					Registration Number, if PAC				
Address	Type*			М		D	Y	Amount	
City	. Sta	e Zip Code		Form (Cash, Check, etc.)					
Full Name					Registration Number, if PAC				
Address	Type*			М		D	Y	Amount	
City	Sta	te Zip Code					eck, etc.		
Full Name					Registration Number, if PAC				
Address	Type*			М		D	Y	Amount	
City	Stz	te Zip Code		For	n (Ca	sh, Ch	eck, etc	.)	

Page Total \$ 5.38

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.