31	-A	۱-2	2	
R.O	C: 3	517	.10(B)

Statement of Other Income

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Prescribed by Secretary of State 2/01

Name of Committee in Full			
Name of Committee in Full Laborers' Local 423			
Full Name			Registration Number, if PAC
Chase Bank			regissation framed, it inc
Address	Type*		M D Y Amount
2660 E. Main St.	l IN		0 6 3 0 1 4 \$0.43
City	State	Zip Code	Form (Cash, Check, etc.)
Columbus	OH	43209	
Full Name	·		Registration Number, if PAC
Address	Type*		M D Y Amount
			M D Y Amount
City	RE -	7in Code	F- (C-t Ct-t)
	Sızire OH	Zip Code	Form (Cash, Check, etc.)
Full Name	UII	<u> </u>	Projection Virginia (CD) C
		Registration Number, if PAC	
Address	Type*		M D Y Amount
	RE		
City	State	Zip Code	Form (Cash, Check, etc.)
	ОН		
Full Name	1		Registration Number, if PAC
	1 -: .		
Address	Type*		M D Y Amount
	RE _		
City	State	Zip Code	Form (Cash, Check, etc.)
	ОН		
Full Name			Registration Number, if PAC
Address	Type*		M D Y Amount
	RE		
City	State	Zip Code	Form (Cash, Check, etc.)
	ОН		
Full Name	1		Registration Number, if PAC
Address	Type*		M D Y Amount
	RE		
City	State	Zip Code	Form (Cash, Check, etc.)
	OH		
Full Name			Registration Number, if PAC
Address	Type*		M D Y Amount
	RE		
City	State	Zip Code	Form (Cash, Check, etc.)
	_он'		
Full Name	<u> </u>		Registration Number, if PAC
Address	Type*	<u> </u>	M D Yi Amount
·	RE		
City	Stante	Zip Code	Form (Cash, Check, etc.)
	ОН		

0.43

^{*} 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.