31-A-2
R.C. 3517.10(B)

## Statement of Other Income Prescribed by Secretary of State 2/01

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1	Page	1

Name of Committee in Full		
Laborers' International Union of North	n America, Local 423	
Full Name		Registration Number, if PAC
Chase Bank		
Address	Type*	M D Y Amount
Lockbourne Branch	IN IN	0 4 3 0 1 2 \$1.87
Columbus	State Zip Code	Form (Cash, Check, etc.)
Columbus,	OH 43206	interest Registration Number, if PAC
Full Name Chase Bank		registration Number, it PAC
Address	Type*	M D Y Amount
Lockbourne Branch	IN	0 5 3 1 1 2 \$2.19
City	Stare Zip Code	Form (Cash, Check, etc.)
Columbus,	OH 43206	interest
Full Name		Registration Number, if PAC
Addana		W 18 18
Address	Type*	M D Y Amount
City	RE Zip Code	Form (Cash, Check, etc.)
· ·	OH Zip Code	(3
Full Name	1 [ ]	Registration Number, if PAC
Address	Type*	M D Y Amount
<u> </u>	RE	
City	State Zip Code	Form (Cash, Check, etc.)
Full Name	OH	Registration Number, if PAC
· · · · · · · · · · · · · · · · · · ·		Toposaudi Aurion, A FFO
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
, rem 639	RE.	
City	State Zip Code	Form (Cash, Check, etc.)
	ОН	
Full Name		Registration Number, if PAC
Address	Туре•	M D Y Amount
City	RE Zip Code	Form (Cash, Check, etc.)
	OH Zipcode	
Full Name		Registration Number, if PAC
Address	Type*	M D Y Amount
	RE	
City	State Zip Code	Form (Cash, Check, etc.)
	OH	

4.06

Page Total \$

<sup>\*</sup> 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.