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Statement of Other Income

Prescribed by Secretary of State 2/01

					nonpunction (and an		
Name of Committee in Full Laborers' Internation Union of North A	merica Lo	cal 423 PAC Fund					
			Registration Number, if PAC LA912				
	T.m.a.*		M	D	Y	Amount	
Address Lockbourne Branch	Type* [N					Amount	0.89
City Columbus	State OH	Zip Code 4 3 2 0 7	Form(Ca	ish,Check	(,etc)		
Full Name			Registration Number, if PAC				
Address	Type*		M	D	Y	Amount	
City	State	Zip Code	Form(Ca	ısh,Checl	(,etc)		
Full Name			Registration Number, if PAC				
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	State	Zip Code	Form(Ca	ash,Checl	k,etc)		
Full Name			Registra	tion Num	ber, if PA	VC .	
Address	Type*		М	D	Y :	Amount	
City	State	Zip Code		ash,Checl			
Full Name			Registration Number, if PAC				
Address	Type*		М	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	Fonn(Cash,Check,etc)				
Full Name			Registration Number, if PAC				
Address	Туре*		M	D	Y	Amount	2344774207417
City	State	Zip Code	Form(C	ash,Chec	k,etc)		

SA for the sale of committee assets, or LN for payments received on a loan made.

Page Total \$	0.89
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^{*} 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, place the letters IN for any investment or interest income earned by the committee,