

Statement of Other Income

Prescribed by Secretary of State 2/01

Name of Committee in Full				Registration Number, if PAC			
LABORERS' INTERNATIONAL UNION OF NORTH AMERICA, LOCAL 423				FUND			
Full Name Chase Bank				Registration Number, if PAC			
Address Lockbourne Branch		Type*		M	D	Y	Amount
City Columbus		State OH	Zip Code 43206	0	3	10	1129 1.10
Form(Cash,Check,etc) Interest							
Full Name Chase Bank				Registration Number, if PAC			
Address Lockbourne Branch		Type*		M	D	Y	Amount
City Columbus		State OH	Zip Code 43206	0	2	29	1129 .92
Form(Cash,Check,etc) Interest							
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)							
Full Name				Registration Number, if PAC			
Address		Type*		M	D	Y	Amount
City		State	Zip Code				
Form(Cash,Check,etc)							

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