

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 PCF FUND							
Full Name Chase Bank				M D Y Amount			
Address Lockbourne Branch				1 0 3 1 1 1 \$.88			
City Cul		State OH		Zip Code 43207		Form (Cash, Check, etc.)	
Full Name Chase Bank				Registration Number, if PAC			
Address Lockbourne Branch				M D Y Amount			
City Cul				1 1 3 0 1 1 \$.91			
City Cul		State OH		Zip Code 43207		Form (Cash, Check, etc.)	
Full Name				Registration Number, if PAC			
Address				M D Y Amount			
City		State		Zip Code		Form (Cash, Check, etc.)	
Full Name				Registration Number, if PAC			
Address				M D Y Amount			
City		State		Zip Code		Form (Cash, Check, etc.)	
Full Name				Registration Number, if PAC			
Address				M D Y Amount			
City		State		Zip Code		Form (Cash, Check, etc.)	
Full Name				Registration Number, if PAC			
Address				M D Y Amount			
City		State		Zip Code		Form (Cash, Check, etc.)	
Full Name				Registration Number, if PAC			
Address				M D Y Amount			
City		State		Zip Code		Form (Cash, Check, etc.)	
Full Name				Registration Number, if PAC			
Address				M D Y Amount			
City		State		Zip Code		Form (Cash, Check, etc.)	
Full Name				Registration Number, if PAC			
Address				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, 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.