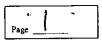
Statement of Other Income



Prescribed by Secretary of State 2/01

Name of Committee in Full			
Laborers' International Uni	on of No	orth America, I	PCE FUND
Chase Bark			Registration Number, if PAC
Lickboure Branch.	enterest		M 2 3 Y Amount 9
Cals	271	Zip Gode 3 207	Form (Casa, Check, etc.)
Full Name			Registration Number, if PAC
Address	Type*	;	M D Y Amount
City	State	Zip Code	Form (Cash, Check, etc.)
Full Name	<u> </u>		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	Туре*		M D Y Amount
City	State	Zip Code	Form (Cash, Check, etc.)
Full Name	. <u>.</u>	<u> </u>	Registration Number, if PAC
Address	Type*		M D Y Amount
City	State	Zip Code	Form (Cash, Check, etc.)
Full Name	1		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*	1	M D Y Amount
City	State	Zip Code	Form (Cash, Check, etc.)
Full Name	<u></u>	<u></u>	Registration Number, if PAC
Address	Type*		M D Y Amount
City	State	Zip Code	Form (Cash, Check, etc.)

Page Total \$ 91

^{*} 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.