

Statement of Other Income

Prescribed by Secretary of State 2/01

Name of Committee in Full					
Laborers' International Union of North America, PCE FUND					
Full Name			Registration Number, if PAC		
Chase Bank					
Address		Type*	M	D	Y
Lockbourne Branch		Interest	1	2	3
City		State	Amount		
Cal		OH	91		
		Zip Code	Form (Cash, Check, etc.)		
		43207			
Full Name			Registration Number, if PAC		
Address		Type*	M	D	Y
City		State	Amount		
		Zip Code	Form (Cash, Check, etc.)		
Full Name			Registration Number, if PAC		
Address		Type*	M	D	Y
City		State	Amount		
		Zip Code	Form (Cash, Check, etc.)		
Full Name			Registration Number, if PAC		
Address		Type*	M	D	Y
City		State	Amount		
		Zip Code	Form (Cash, Check, etc.)		
Full Name			Registration Number, if PAC		
Address		Type*	M	D	Y
City		State	Amount		
		Zip Code	Form (Cash, Check, etc.)		
Full Name			Registration Number, if PAC		
Address		Type*	M	D	Y
City		State	Amount		
		Zip Code	Form (Cash, Check, etc.)		
Full Name			Registration Number, if PAC		
Address		Type*	M	D	Y
City		State	Amount		
		Zip Code	Form (Cash, Check, etc.)		
Full Name			Registration Number, if PAC		
Address		Type*	M	D	Y
City		State	Amount		
		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.