## **Statement of Other Income**

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Page	

Prescribed by Secretary of State 2/01

Name of Committee in Full	orth America Legal 422		
Laborers' International Union of N	orni America, Lucai 423		
Full Name			Registration Number, if PAC
Chase Bank			
Address	Type*		M D Y Amount
Lockbourne Road	RE		1  0  3  1  1  2   \$1.04
City		Code	Form (Cash, Check, etc.)
Columbus	OH 4	3206	
Full Name			Registration Number, if PAC
Address	Type*	ar ar	M D Y Amount
	RE		-
City		Code	Form (Cash, Check, etc.)
	OH		
Full Name	<u> </u>		Registration Number, if PAC
Address	Type*		M D Y Amount
	RE		
City		Code	Form (Cash, Check, etc.)
City	OH I	Code	Torri (Casii, Circux, Cic.)
Full Name	OH	,	Registration Number, if PAC
run Name			Registration Number, if PAC
Address	Type*		M D Y Amount
	RE		
City	1 ' 1	Code	Form (Cash, Check, etc.)
	OH		
Full Name			Registration Number, if PAC
Address	Type*		M D Y Amount
	RE	·	
City	State Zir	Code	Form (Cash, Check, etc.)
	OH		
Full Name			Registration Number, if PAC
Address	Type*		M D Y Amount
	RE		
City		Code	Form (Cash, Check, etc.)
	OH		
Full Name			Registration Number, if PAC
Address	Type*		M D Y Amount
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City		Code	Form (Cash, Check, etc.)
City	1	Couc	Tom (cash, check, etc.)
Full Name	OH		Registration Number, if PAC
2 to 1 to 100			registration reditivet, if the
Addmes	T#	<u> </u>	M D W America
Address	Type*		M D Y Amount
0.4	RE	-C'	
City		Code	Form (Cash, Check, etc.)
	OH		

1.04

Page Total \$

<sup>\*</sup> 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.