

Statement of Other Income

Prescribed by Secretary of State 2/01

Name of Committee in Full Laborers' International Union of North America, Local 423									
Full Name Chase Bank					Registration Number, if PAC				
Address Lockbourne Road			Type* RE		M D Y 1 0 3 1 1 2			Amount \$1.04	
City Columbus			State OH		Zip Code 43206			Form (Cash, Check, etc.)	
Full Name					Registration Number, if PAC				
Address			Type* RE		M D Y			Amount	
City			State OH		Zip Code			Form (Cash, Check, etc.)	
Full Name					Registration Number, if PAC				
Address			Type* RE		M D Y			Amount	
City			State OH		Zip Code			Form (Cash, Check, etc.)	
Full Name					Registration Number, if PAC				
Address			Type* RE		M D Y			Amount	
City			State OH		Zip Code			Form (Cash, Check, etc.)	
Full Name					Registration Number, if PAC				
Address			Type* RE		M D Y			Amount	
City			State OH		Zip Code			Form (Cash, Check, etc.)	
Full Name					Registration Number, if PAC				
Address			Type* RE		M D Y			Amount	
City			State OH		Zip Code			Form (Cash, Check, etc.)	
Full Name					Registration Number, if PAC				
Address			Type* RE		M D Y			Amount	
City			State OH		Zip Code			Form (Cash, Check, etc.)	
Full Name					Registration Number, if PAC				
Address			Type* RE		M D Y			Amount	
City			State OH		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.

Page Total \$ **1.04**