

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, PCE FUND							
Full Name		Type*		M	D	Y	Amount
Chase Bank		OFF		1	2	3	\$.70
Address		State	Zip Code	Form (Cash, Check, etc.)			
Lockbourne Branch		OH	43207				
City							
Cals							
Full Name		Type*		M	D	Y	Amount
Chase Bank		OFF		0	1	3	\$.72
Address		State	Zip Code	Form (Cash, Check, etc.)			
Lockbourne Branch		OH	43207				
City							
Cals							
Full Name		Type*		M	D	Y	Amount
Chase Bank		OFF		0	2	2	\$.70
Address		State	Zip Code	Form (Cash, Check, etc.)			
Lockbourne Branch		OH	43207				
City							
Cals							
Full Name		Type*		M	D	Y	Amount
Chase Bank		OFF		0	3	3	\$.78
Address		State	Zip Code	Form (Cash, Check, etc.)			
Lockbourne Branch		OH	43207				
City							
Cals							
Full Name		Type*		M	D	Y	Amount
Address		State	Zip Code	Form (Cash, Check, etc.)			
City							
Full Name		Type*		M	D	Y	Amount
Address		State	Zip Code	Form (Cash, Check, etc.)			
City							
Full Name		Type*		M	D	Y	Amount
Address		State	Zip Code	Form (Cash, Check, etc.)			
City							
Full Name		Type*		M	D	Y	Amount
Address		State	Zip Code	Form (Cash, Check, etc.)			
City							

* 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.