Statement of Other Income

Page ____

Prescribed by Secretary of State 2/01

Name of Committee in Full			
Laborer's International Union of North America, Lo	ocal 423		
Full Name			Registration Number, if PAC
Chase Bank			
Address	Type*	The second second	M D Y Amount
Lockbourne Branch	RE		0 6 3 0 1 2 \$2.05
City	State	Zip Code	Form (Cash, Check, etc.)
Columbus	OH	42306	R. C.
Full Name Chase Bank			Registration Number, if PAC
Address	T. in a		
Lockbourne Branch	Type*		M D Y Arraount 0 7 3 1 1 2 \$2.26
City	RE State -	Zip Code	Form (Cash, Check, etc.)
Columbus	OH	42306	of the (casi, check, etc.)
Full Name	011	72000	Registration Number, if PAC
Chase Bank			
Address	Type*		M D Y Amount
Lockbourne Branch	RE		0 8 3 1 1 2 \$2.13
City	State	Zip Code	Form (Cash, Check, etc.)
Columbus	ОН	43206	
Full Name			Registration Number, if PAC
Chase Bank	m !*		
Address Lockbourne Branch	Type*		M D Y Amount 0 9 2 8 1 2 \$1.40
City	RE _	Žip Cođe	0 9 2 8 1 2 \$1.40 Form (Cash, Check, etc.)
Columbus	OH	43206	total (casi, check, ce.)
Full Name	011	10200	Registration Number, if PAC
Address	Type*		M D Y Amount
	RE		
City	State	Zip Code	Form (Cash, Check, etc.)
	ОН		
Full Name			Registration Number, if PAC
Address	Type*		M D Y Amount
11000	RE		
City	State -	Zip Code	Form (Cash, Check, etc.)
	ОН		
Full Name		···· ·	Registration Number, if PAC
Address	Type*		M D Y Amount
	RE _		
City	State	Zip Code	Form (Cash, Check, etc.)
Kull Nama	_OH		Registration Number, if PAC
Full Name			registration number, if PAC
Address	Type*		M D Y Amount
	RE		
City	State	Zip Code	Form (Cash, Check, etc.)
	OH		

7.84

Page Total \$

^{*} 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 carned by the committee, SA for the sale of committee assets, or LN for payments received on a loan made.