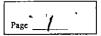
Statement of Other Income Prescribed by Secretary of State 2/01



Name of Committee in Full			
Laborers' International Uni	on of No	orth America,	
Full Name			Registration Number, if PAC
	Type*		M D Y Amount
Address	1966		
620 Alum Creek Dr.	State	Zip Code	Form (Cash, Check, etc.)
Columbus	ОН	43205	
Full Name	VII		Registration Number, if PAC
Chase Bank			
Address	Type*		M D Y Amount
Lockbourne Branch	OFF State	Zip Code	Form (Cash, Check, etc.)
City Columbus	OH	43207	. One (county outs)
Full Name	OII	43207	Registration Number, if PAC
Chase Bank			
Address	Type*	general History	M 1 D Y Amount
Lockbourne Branch	OFF_		1 2501 US 70
City	State	Zip Code	Form (Cash, Check, etc.)
Columbus	OH	43207	Registration Number, if PAC
Full Name James Hale			
Address	Type*		Ma AD N Y Amount
PO Box 4154	RE _		01/R111 0 \$1,000.00
City	State	Zip Code	Form (Cash, Check, etc.)
Nashville	TN	37166	ck1086
Full Name			Registration Number, if PAC
			M D Y Amount
Address	Type*		
75.	State	Zip Code	Form (Cash, Check, etc.)
City	0		
Full Name	<u> </u>		Registration Number, if PAC
Address	Type*		M D Y Amount
			For Cost Chalans
City	State	Zip Code	Form (Cash, Check, etc.)
	<u> </u>	<u> </u>	Registration Number, if PAC
Full Name			
Address	Type*		M D Y Amount
City	State	Zip Code	Form (Cash, Check, etc.)
·			
Full Name			Registration Number, if PAC
	T		M D Y Amount
Address	Type*		
City	State	Zip Code	Form (Cash, Check, etc.)
	_1		

Page Total \$ 1001.42

^{*} 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.