

Statement of Other Income

Prescribed by Secretary of State 2/01

Name of Committee in Full Laborers' International Union of North America, PCE FUND					
Full Name			Registration Number, if PAC		
Address		Type*	M	D	Y
620 Alum Creek Dr.					
City		State	Zip Code		Form (Cash, Check, etc.)
Columbus		OH	43205		
Full Name			Registration Number, if PAC		
Chase Bank		Type*	M	D	Y
Lockbourne Branch		OFF	11	30	10
City		State	Zip Code		Form (Cash, Check, etc.)
Columbus		OH	43207		\$.72
Full Name			Registration Number, if PAC		
Chase Bank		Type*	M	D	Y
Lockbourne Branch		OFF	11	23	01
City		State	Zip Code		Form (Cash, Check, etc.)
Columbus		OH	43207		\$.70
Full Name			Registration Number, if PAC		
James Hale		Type*	M	D	Y
PO Box 4154		RE	07	27	11
City		State	Zip Code		Form (Cash, Check, etc.)
Nashville		TN	37166		\$1,000.00 uncashed check 1086
Full Name			Registration Number, if PAC		
Address		Type*	M	D	Y
City		State	Zip Code		Form (Cash, Check, etc.)
Full Name			Registration Number, if PAC		
Address		Type*	M	D	Y
City		State	Zip Code		Form (Cash, Check, etc.)
Full Name			Registration Number, if PAC		
Address		Type*	M	D	Y
City		State	Zip Code		Form (Cash, Check, etc.)
Full Name			Registration Number, if PAC		
Address		Type*	M	D	Y
City		State	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.