

Statement of Other Income

Prescribed by Secretary of State 2/01

Page _____

Name of Committee in Full CITIZENS FOR JOE DAVIS					
Full Name JOSEPH DAVIS			Registration Number, if PAC		
Address 127 E WILSON BRIDGE RD.		Type*	M	D	Y
City WORTHINGTON		State OH	Zip Code 43085		Amount 11087.58
Form (Cash, Check, etc.) CASH					
Full Name					
Address			Type*	M	D
City		State	Zip Code	Y	Amount
		OH			
Form (Cash, Check, etc.)					
Full Name					
Address			Type*	M	D
City		State	Zip Code	Y	Amount
		OH			
Form (Cash, Check, etc.)					
Full Name					
Address			Type*	M	D
City		State	Zip Code	Y	Amount
		OH			
Form (Cash, Check, etc.)					
Full Name					
Address			Type*	M	D
City		State	Zip Code	Y	Amount
		OH			
Form (Cash, Check, etc.)					
Full Name					
Address			Type*	M	D
City		State	Zip Code	Y	Amount
		OH			
Form (Cash, Check, etc.)					
Full Name					
Address			Type*	M	D
City		State	Zip Code	Y	Amount
		OH			
Form (Cash, Check, etc.)					
Full Name					
Address			Type*	M	D
City		State	Zip Code	Y	Amount
		OH			
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 \$ **0.00**