Page	1

Statement of Other Income

Prescribed by Secretary of State 2/01

Name of Committee in Full								
Friends of Carmen Malone			1			_		
Full Name			Registra	Registration Number, if PAC				
Cap City Direct LLC								
Address	Type*		М	D	Y	Amount		
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City	State	Zip Code	Form(C:	sh,Chec	k.etc)			
City	l			,	,			

SA for the sale of committee assets, or LN for payments received on a loan made.

Page Total \$ 2.306.00

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, place the letters IN for any investment or interest income earned by the committee,