

Statement of Other Income

Prescribed by Secretary of State 2/01

Name of Committee in Full Citizens for Priscilla Tyson									
Full Name National League of Cities						Registration Number, if PAC			
Address 660 North Capitol Street NW #450				Type* R E		M D Y M D Y		Amount 1,184.30	
City Washington				State D C		Zip Code 20001		Form (Cash, Check, etc) Check	
Full Name									
Address						Type*		Registration Number, if PAC	
City				State		Zip Code		Form (Cash, Check, etc)	
Full Name									
Address						Type*		Registration Number, if PAC	
City				State		Zip Code		Form (Cash, Check, etc)	
Full Name									
Address						Type*		Registration Number, if PAC	
City				State		Zip Code		Form (Cash, Check, etc)	
Full Name									
Address						Type*		Registration Number, if PAC	
City				State		Zip Code		Form (Cash, Check, etc)	
Full Name									
Address						Type*		Registration Number, if PAC	
City				State		Zip Code		Form (Cash, Check, etc)	
Full Name									
Address						Type*		Registration Number, if PAC	
City				State		Zip Code		Form (Cash, Check, etc)	
Full Name									
Address						Type*		Registration Number, if PAC	
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; place the letters 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 \$ 1,184.30