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Statement of Other Income

Prescribed by Secretary of State 2/01

Name of Committee in Full			
CITIZENS FOR PRISCILLA TYSON			D. C. C. N. J. COAG
Full Name			Registration Number, if PAC
PRISCILLA R. TYSON			
Address	Type*		M D Y Amount
268 S HARDING ROAD			0 5 1 1 0 7 2,500.00
City	State	Zip Code	Form(Cash,Check,etc)
COLUMBUS	_ T.T	43209	CHECK
	ОП	10207	Registration Number, if PAC
Full Name			10gistration Transport, in 1110
Address	Type*		M D Y Amount
City	State	Zip Code	Form(Cash,Check,etc)
·	1		
Full Name	<u></u>	,	Registration Number, if PAC
I dir I vario			
111	True*		M D Y Amount
Address	Type*		
City	State	Zip Code	Form(Cash,Check,etc)
Full Name			Registration Number, if PAC
•		-	
Address	Type*	100	M D Y Amount
Addiess	1900		
, A			Farm(Cash Chails ata)
City	State	Zip Code	Form(Cash,Check,etc)
Full Name			Registration Number, if PAC
			,
Address	· Type*		M D Y Amount
	1		
O'.	State	Zip Code	Form(Cash,Check,etc)
City	State	Zip code	
			Designation Number (CDAC)
Full Name			Registration Number, if PAC
Address	Type*		M D Y Amount
City	State	Zip Code	Form(Cash,Check,etc)
city	1		
			Registration Number, if PAC
Full Name			Troping transcor, warre
			<u> </u>
Address	Type*		M D Y Amount
City	State	Zip Code	Form(Cash,Check,etc)
·		1	
E.ill Nama	<u> </u>		Registration Number, if PAC
Full Name			
			M D Y Amount
Address	Type*		M D Y Amount
City	State	Zip Code	Form(Cash,Check,etc)
	i		
•			

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

^{*} 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,