

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 (Meeting Travel Charges Reimbursement)					Registration Number, if PAC		
Address 1301 Pennsylvania Ave NW, Ste 550		Type* R E		M D Y 0 3 1 3 1 3		Amount 1,372.52	
City Washington		State D C		Zip Code 20004		Form(Cash,Check,etc) Check	
Full Name PayPal, Inc. (Bank Account Verification Deposit)					Registration Number, if PAC		
Address 12312 Port Grace Boulevard		Type* R E		M D Y 0 3 2 8 1 3		Amount 0.17	
City La Vista		State N E		Zip Code 68128		Form(Cash,Check,etc) Online	
Full Name PayPal, Inc. (Bank Account Verification Deposit)					Registration Number, if PAC		
Address 12312 Port Grace Boulevard		Type* R E		M D Y 0 3 2 8 1 3		Amount 0.16	
City La Vista		State N E		Zip Code 68128		Form(Cash,Check,etc) Online	
Full Name					Registration Number, if PAC		
Address		Type*		M D Y		Amount	
City		State		Zip Code		Form(Cash,Check,etc)	
Full Name					Registration Number, if PAC		
Address		Type*		M D Y		Amount	
City		State		Zip Code		Form(Cash,Check,etc)	
Full Name					Registration Number, if PAC		
Address		Type*		M D Y		Amount	
City		State		Zip Code		Form(Cash,Check,etc)	
Full Name					Registration Number, if PAC		
Address		Type*		M D Y		Amount	
City		State		Zip Code		Form(Cash,Check,etc)	
Full Name					Registration Number, if PAC		
Address		Type*		M D Y		Amount	
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.