## **Statement of Other Income**

Page 2

Prescribed by Secretary of State 2/01

Name of Committee in Full	- <u></u>	<del> </del>	
Citiens for Bonnie Michael			
Full Name First Financial Bank, NA			Registration Number, if PAC
Address 300 High Street PO Box 476	Type* IN ▼		0 9 3 0 1 6 \$0.04
<sup>City</sup> Hamilton	State Zip Co		Form (Cash, Check, etc.) direct deposit
Full Name			Registration Number, if PAC
First Financial Bank, NA			
Address	Type* IN ▼		1 0 3 1 1 6 \$0.04
City	State Zip Co	ode	Form (Cash, Check, etc.) direct deposit
Full Name First Financial Bank, NA			Registration Number, if PAC
Address	Type* IN ▼		M D Y Amount 1 1 3 0 1 6 \$0.04
City	State Zip C	ode	Form (Cash, Check, etc.) direct deposit
Full Name	<u> </u>		Registration Number, if PAC
Fìrst Financial Bank, NA			
Address	Type* IN ▼		1 2 3 0 1 6 \$0.04
City	State Zip C	ode	Form (Cash, Check, etc.) direct deposit
Full Name			Registration Number, if PAC
Address	Type* IN ▼		M D Y Amount
City	State Zip C	ode	Form (Cash, Check, etc.)
Full Name			Registration Number, if PAC
Address	Type*		M D Y Amount
City	State Zip C	ode	Form (Cash, Check, etc.)
Full Name			Registration Number, if PAC
Address	Type*		M D Y Amount
City	State Zip C	ode	Form (Cash, Check, etc.)
Full Name		<u> </u>	Registration Number, if PAC
Address	Type* IN ▼		M D Y Amount
City	State Zip C	ode	Form (Cash, Check, etc.)

0.16

Page Total \$

<sup>\*</sup> 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.