

**Statement of Other Income**

Prescribed by Secretary of State 2/01

Name of Committee in Full <b>Citiens for Bonnie Michael</b>										
Full Name <b>First Financial Bank, NA</b>						Registration Number, if PAC				
Address <b>300 High Street PO Box 476</b>			Type* <b>IN</b> <input checked="" type="checkbox"/>				M	D	Y	Amount
							<b>0</b>	<b>1</b>	<b>3</b>	<b>\$0.06</b>
City <b>Hamilton</b>			State <b>OH</b>		Zip Code <b>45012</b>		Form (Cash, Check, etc.) <b>direct deposit</b>			
Full Name <b>First Financial Bank, NA</b>						Registration Number, if PAC				
Address			Type* <b>IN</b> <input checked="" type="checkbox"/>				M	D	Y	Amount
							<b>0</b>	<b>2</b>	<b>2</b>	<b>\$0.07</b>
City			State <b>OH</b>		Zip Code		Form (Cash, Check, etc.) <b>direct deposit</b>			
Full Name <b>First Financial Bank, NA</b>						Registration Number, if PAC				
Address			Type* <b>IN</b> <input checked="" type="checkbox"/>				M	D	Y	Amount
							<b>0</b>	<b>3</b>	<b>3</b>	<b>\$0.06</b>
City			State <b>OH</b>		Zip Code		Form (Cash, Check, etc.) <b>direct deposit</b>			
Full Name <b>First Financial Bank, NA</b>						Registration Number, if PAC				
Address			Type* <b>IN</b> <input checked="" type="checkbox"/>				M	D	Y	Amount
							<b>0</b>	<b>4</b>	<b>2</b>	<b>\$0.07</b>
City			State <b>OH</b>		Zip Code		Form (Cash, Check, etc.) <b>direct deposit</b>			
Full Name <b>First Financial Bank, NA</b>						Registration Number, if PAC				
Address			Type* <b>IN</b> <input checked="" type="checkbox"/>				M	D	Y	Amount
							<b>0</b>	<b>5</b>	<b>3</b>	<b>\$0.04</b>
City			State <b>OH</b>		Zip Code		Form (Cash, Check, etc.) <b>direct deposit</b>			
Full Name <b>First Financial Bank, NA</b>						Registration Number, if PAC				
Address			Type* <b>IN</b> <input checked="" type="checkbox"/>				M	D	Y	Amount
							<b>0</b>	<b>6</b>	<b>3</b>	<b>\$0.03</b>
City			State <b>OH</b>		Zip Code		Form (Cash, Check, etc.) <b>direct deposit</b>			
Full Name <b>First Financial Bank, NA</b>						Registration Number, if PAC				
Address			Type* <b>IN</b> <input checked="" type="checkbox"/>				M	D	Y	Amount
							<b>0</b>	<b>7</b>	<b>2</b>	<b>\$0.04</b>
City			State <b>OH</b>		Zip Code		Form (Cash, Check, etc.) <b>direct deposit</b>			
Full Name <b>First Financial Bank, NA</b>						Registration Number, if PAC				
Address			Type* <b>IN</b> <input checked="" type="checkbox"/>				M	D	Y	Amount
							<b>0</b>	<b>8</b>	<b>3</b>	<b>\$0.04</b>
City			State <b>OH</b>		Zip Code		Form (Cash, Check, etc.) <b>direct deposit</b>			

\* 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.