

Statement of Other Income

Prescribed by Secretary of State 2/01

Name of Committee in Full Citizens for Bonnie Michael					
Full Name First Financial Bank, NA			Registration Number, if PAC		
Address	Type* RE		M 1	D 0	Y 3
City Hamilton	State OH	Zip Code 45012	Form (Cash, Check, etc.) Bank Act Interest		Amount \$0.06
Full Name First Financial Bank, NA			Registration Number, if PAC		
Address	Type* RE		M 1	D 1	Y 3
City Hamilton	State OH	Zip Code 45012	Form (Cash, Check, etc.) Bank Act Interst		Amount \$0.08
Full Name			Registration Number, if PAC		
Address	Type* RE		M	D	Y
City	State OH	Zip Code	Form (Cash, Check, etc.)		Amount
Full Name			Registration Number, if PAC		
Address	Type* RE		M	D	Y
City	State OH	Zip Code	Form (Cash, Check, etc.)		Amount
Full Name			Registration Number, if PAC		
Address	Type* RE		M	D	Y
City	State OH	Zip Code	Form (Cash, Check, etc.)		Amount
Full Name			Registration Number, if PAC		
Address	Type* RE		M	D	Y
City	State OH	Zip Code	Form (Cash, Check, etc.)		Amount
Full Name			Registration Number, if PAC		
Address	Type* RE		M	D	Y
City	State OH	Zip Code	Form (Cash, Check, etc.)		Amount
Full Name			Registration Number, if PAC		
Address	Type* RE		M	D	Y
City	State OH	Zip Code	Form (Cash, Check, etc.)		Amount
Full Name			Registration Number, if PAC		
Address	Type* RE		M	D	Y
City	State OH	Zip Code	Form (Cash, Check, etc.)		Amount

* 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.