Statement of Other Income

Page 2

Prescribed by Secretary of State 2/01

Name of Committee in Full			
Citizens for Bonnie Michael			
Full Name	•	<u> </u>	Registration Number, if PAC
First Financial Bank, NA			
Address	Type*		M D Y Amount
Circ	RE	37. 0.1	1 0 3 0 1 5 \$0.06
City Hamilton	State OH	Zip Code 45012	Form (Cash, Check, etc.) Bank Act Interest
Full Name	Ori	43012	Registration Number, if PAC
First Financial Bank, NA			Registration Number, if FAC
Address	Type*		M D Y Amount
	RE		1 1 3 0 1 5 \$0.08
City	State	Zip Code	Form (Cash, Check, etc.)
Hamilton	OH.	45012	Bank Act Interst
Full Name			Registration Number, if PAC
Address	Type*		M D Y Amount
	RE		
City	State	Zip Code	Form (Cash, Check, etc.)
	OH		
Full Name	•	<u> </u>	Registration Number, if PAC
Address	Type*		M D Y Amount
	RE		
City	Stair	Zip Code	Form (Cash, Check, etc.)
Full Name	OH_		(Declaration No. 1) (Declaration of the Control of
Full Native			Registration Number, if PAC
Address	Type*		M D Y Amount
	RE	•	
City	State	Zip Code	Form (Cash, Check, etc.)
•	ОН		
Full Name	,	<u>-</u>	Registration Number, if PAC
Address	Type*		M D Y Amount
	RE	,	
City	State	Zip Code	Form (Cash, Check, etc.)
	OH		
Full Name		· · · · · · · · · · · · · · · · · · ·	Registration Number, if PAC
Address	Type*		M D Y Amount
	RE		
City	State	Zip Code	Form (Cash, Check, etc.)
Eat No.	<u> </u>	<u> </u>	S. November 1990
Full Name			Registration Number, if PAC
Address	Tyipe*		M D Y Amount
	RE		
City	State	Zip Code	Form (Cash, Check, etc.)
	OH.	,	

0.14

Page Total \$

^{*} 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, lN 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.