

CONT

CONTRIB UTING ENTITY	ADDRESS	CITY	STATE	ZIP	FORM OF CONTRIB UTION	DATE OF CONTRIB UTION	AMOUNT	OTHER INCOME TYPE	SCHEDUL E CODE
First Financial Bank	300 High St., PO Box 476	Hamilton	OH	45012	Electronic transfer	08/14/18	\$3.00	Refund of service fee	31-A-2