OFFICE OF THE
Ohio Secretary of State

Statement of Other Income

Form 31-A-2

R.C. 3517.10(B)

Full Name of Committee
Citizens for Bonnie Michael

Full Name of Contributor			Registration Number, if PAC
First Financial Bank			
Street Address	**Type***	**Date (MM/DD/YYYY)**	**Form (Cash, Check, etc.)**
300 High St	Investment/Income		Direct Deposit
City	**State**	**Zip Code**	**Amount**
Hamilton	OH	45012	.02
Full Name of Contributor			**Registration Number, if PAC**
Street Address	**Type***	**Date (MM/DD/YYYY)**	**Form (Cash, Check, etc.)**
	Refund		
City	**State**	**Zip Code**	**Amount**
	OH		
Full Name of Contributor			**Registration Number, if PAC**
Street Address	**Type***	**Date (MM/DD/YYYY)**	**Form (Cash, Check, etc.)**
	Refund		
City	**State**	**Zip Code**	**Amount**
	OH		
Full Name of Contributor			**Registration Number, if PAC**
Street Address	**Type***	**Date (MM/DD/YYYY)**	**Form (Cash, Check, etc.)**
	Refund		
City	**State**	**Zip Code**	**Amount**
	OH		
Full Name of Contributor			**Registration Number, if PAC**
Street Address	**Type***	**Date (MM/DD/YYYY)**	**Form (Cash, Check, etc.)**
	Refund		
City	**State**	**Zip Code**	**Amount**
	OH		

* 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.

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