

Statement of Other Income

Prescribed by Secretary of State 2/01

Page 1

Name of Committee in Full Citizens for Bonnie Michael					
Full Name First Financial Bank, NA			Registration Number, if PAC		
Address 300 High St PO Box 478	Type* IN		M 0	D 6	Y 3
City Hamilton	State OH	Zip Code 45012	Amount \$0.36		
Form (Cash, Check, etc.) Bank Acct. Interest					
Full Name			Registration Number, if PAC		
Address	Type* RE		M	D	Y
City	State OH	Zip Code	Form (Cash, Check, etc.)		
Full Name			Registration Number, if PAC		
Address	Type* RE		M	D	Y
City	State OH	Zip Code	Form (Cash, Check, etc.)		
Full Name			Registration Number, if PAC		
Address	Type* RE		M	D	Y
City	State OH	Zip Code	Form (Cash, Check, etc.)		
Full Name			Registration Number, if PAC		
Address	Type* RE		M	D	Y
City	State OH	Zip Code	Form (Cash, Check, etc.)		
Full Name			Registration Number, if PAC		
Address	Type* RE		M	D	Y
City	State OH	Zip Code	Form (Cash, Check, etc.)		
Full Name			Registration Number, if PAC		
Address	Type* RE		M	D	Y
City	State OH	Zip Code	Form (Cash, Check, etc.)		
Full Name			Registration Number, if PAC		
Address	Type* RE		M	D	Y
City	State OH	Zip Code	Form (Cash, Check, etc.)		
Full Name			Registration Number, if PAC		
Address	Type* RE		M	D	Y
City	State OH	Zip Code	Form (Cash, Check, etc.)		

* 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.

Page Total \$ 0.36