

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 300 High Street PO Box 476	Type* IN		M 1	D 2	Y 3
City Hamilton	State OH	Zip Code 45012	Form (Cash, Check, etc.)		Amount \$0.08
Full Name				Registration Number, if PAC	
Address				M	D
Type* RE				Y	Amount
City				Form (Cash, Check, etc.)	
State OH				Zip Code	
Full Name				Registration Number, if PAC	
Address				M	D
Type* RE				Y	Amount
City				Form (Cash, Check, etc.)	
State OH				Zip Code	
Full Name				Registration Number, if PAC	
Address				M	D
Type* RE				Y	Amount
City				Form (Cash, Check, etc.)	
State OH				Zip Code	
Full Name				Registration Number, if PAC	
Address				M	D
Type* RE				Y	Amount
City				Form (Cash, Check, etc.)	
State OH				Zip Code	
Full Name				Registration Number, if PAC	
Address				M	D
Type* RE				Y	Amount
City				Form (Cash, Check, etc.)	
State OH				Zip Code	
Full Name				Registration Number, if PAC	
Address				M	D
Type* RE				Y	Amount
City				Form (Cash, Check, etc.)	
State OH				Zip Code	
Full Name				Registration Number, if PAC	
Address				M	D
Type* RE				Y	Amount
City				Form (Cash, Check, etc.)	
State OH				Zip Code	

* 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.