



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	er, if PAC	
First Financial Bank					
Street Address	Type*	Date (MM/D	DAYYY)	Form (Cash, Check, etc.)	
300 High St	Investment/Income		07/31/209	'	
City	State	Zip Code		Amount	
Hamilton	он	45012	!	0.14	
Full Name of Contributor			Registration Number	er, if PAC	
First Financial Bank		1		I	
Street Address	Type*	Date (MM/DI	JDYYYY)	Form (Cash, Check, etc.)	
300 High St	Investment/Income		08/31/2019		
City	State	Zip Code		Amount	
Hamilton	ОН	45012		0.13	
Full Name of Contributor			Registration Number	er, if PAC	
First Financial Bank		!			
Street Address	Type*	Date (MM/DI	D/YYYY)	Form (Cash, Check, etc.)	
300 High St	Investment/Income		· · · · · · · · · · · · · · · · · · ·	•	
City	State	Zip Code		Amount	
Hamilton	ОН	45012		0.11	
Full Name of Contributor Registration		Registration Numbe	er, if PAC		
Street Address	Type*	Date (MM/DD/YYYY)		Form (Cash, Check, etc.)	
	Refund			l	
City	State	Zip Code		Amount	
	ОН			I	
Full Name of Contributor	Il Name of Contributor Registrati		Registration Numbe	ation Number, if PAC	
Street Address	Type*	Date (MM/DD/YYYY)		Form (Cash, Check, etc.)	
	Refund			İ	
City	State	Zip Code		Amount	
	ОН			l	

Page Total \$ 0.38	

^{*} 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.