



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 First Financial Bank		Registration Number, if PAC	
Street Address 300 HighStreet	Type* Investment/Income	Date (MM/DD/YYYY) 01/31/2019	Form (Cash, Check, etc.) Direct Deposit
City Hamilton	State OH	Zip Code 45012	Amount .03
Full Name of Contributor First Financial Bank		Registration Number, if PAC	
Street Address	Type* Investment/Income	Date (MM/DD/YYYY) 02/28/2019	Form (Cash, Check, etc.) Direct Deposit
City Hamilton	State OH	Zip Code 45012	Amount .02
Full Name of Contributor First Financial Bank		Registration Number, if PAC	
Street Address	Type* Investment/Income	Date (MM/DD/YYYY) 03/29/2019	Form (Cash, Check, etc.) Direct Desposit
City Hamilton	State OH	Zip Code 45012	Amount .02
Full Name of Contributor First Financial Bank		Registration Number, if PAC	
Street Address	Type* Investment/Income	Date (MM/DD/YYYY) 04/30/2019	Form (Cash, Check, etc.) Direct Deposit
City Hamilton	State OH	Zip Code 45012	Amount .04
Full Name of Contributor First Financial Bank		Registration Number, if PAC	
Street Address	Type* Investment/Income	Date (MM/DD/YYYY) 05/308/2019	Form (Cash, Check, etc.) Direct Deposit
City Hamilton	State OH	Zip Code 45012	Amount .10

* 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 \$ 0.21