



Statement of Contributions Received

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Form 31-A

ORC 3517.10

Full Name of Committee STEPP FOR HILLIARD					
Full Name of Contributor DAVE WHITMER				Registration Number, if PAC N/A	
Street Address 74 BOBBY LANE		Employer/Occupation/Labor Organization* RETIRED		Form (Cash, Check, etc.) 20 CASH 100 CHECK	
City WESTERVILLE	State OH	Zip Code 43081	Date (MM/DD/YYYY) 06/26/2019	Amount \$120 \$20	
Full Name of Contributor MARK STEWALTER				Registration Number, if PAC N/A	
Street Address 4505 DIRHAM LANE		Employer/Occupation/Labor Organization* RETIRED		Form (Cash, Check, etc.) CHECK	
City HILLIARD	State OH	Zip Code 43026	Date (MM/DD/YYYY) 07/01/2019	Amount \$50	
Full Name of Contributor DAVE WHITMER				Registration Number, if PAC N/A	
Street Address 74 BOBBY LANE		Employer/Occupation/Labor Organization* RETIRED		Form (Cash, Check, etc.) CHECK	
City WESTERVILLE	State OH	Zip Code 43081	Date (MM/DD/YYYY) 07-01-2019	Amount \$100	
Full Name of Contributor JOHN BOGANWRIGHT				Registration Number, if PAC N/A	
Street Address 4431 ANCHORAGE CT		Employer/Occupation/Labor Organization* RETIRED		Form (Cash, Check, etc.) CHECK	
City HILLIARD OH	State OH	Zip Code 43026	Date (MM/DD/YYYY) 06-30-2019	Amount \$100 1000	
Full Name of Contributor BRINDA WORKMAN				Registration Number, if PAC N/A	
Street Address 3476 MARK TWAIN DR		Employer/Occupation/Labor Organization* RETIRED		Form (Cash, Check, etc.) CHECK	
City HILLIARD	State OH	Zip Code 43026	Date (MM/DD/YYYY) 06/28/2019	Amount \$100 -	

*Required for contributions from individuals over \$100 to statewide and general assembly candidates. If contributor is self-employed, the occupation and the name of the individual's business, if any, rather than employer should be listed. If two or more employees contribute via payroll deduction and exceed the aggregate of \$100, the labor organization of which the employees are members, if any, must also appear. [R.C. 3517.10(B)(4)]

Page Total \$370 -