

## Page 3

## **Statement of Contributions Received**

Form 31-A

ORC 3517.10

| Full Name of Committee  |                    |                       | <del></del>              |                   |                          |  |
|---|--------------------|-----------------------|--------------------------|-------------------|--------------------------|--|
| Full Name of Committee  |                    |                       |                          |                   |                          |  |
| STEPP FOR HILLIADD  |                    |                       |                          |                   |                          |  |
| Full Name of Contributor Registration N   |                    |                       |                          |                   | er, if PAC               |  |
| STEYE HEDIZ   |                    |                       |                          | NA                |                          |  |
| Street Address  | Employer           | /Occupation/Labor Or  | Form (Cash, Check, etc.) |                   |                          |  |
| 9951 HICKORY BLUE CT  | REMAX REALTOR 5-26 |                       |                          |                   | 3-200 CHECK              |  |
| City  | State              | Zip Code              | Date (MM/DI              | D/YYYY)           | Amount                   |  |
| LEWIS CENTER  | ОН                 | 43035                 | 07/19/                   | 2019              | 200                      |  |
| Full Name of Contributor Registration Number, if PAC                            |                    |                       |                          |                   |                          |  |
| WEERS KEN FUDE  |                    |                       |                          | N/4               | +                        |  |
| Street Address  | Employer           | /Occupation/Labor Or  | ganization*              | <u> </u>          | Form (Cash, Check, etc.) |  |
|   | P2251              | DENT BIRCH            |                          |                   | CHECK CASH               |  |
| City  | State              | Zip Code              | Date (MM/DI              | DAYYY) 07/3/      | Amount C                 |  |
| DUBLIN  | ОН                 |                       | 07/19                    | 2019              | 550 \$100                |  |
| Full Name of Contributor Registration Number, if PAC                            |                    |                       |                          |                   |                          |  |
| DOROTHY KRUSE   |                    |                       |                          | NA                |                          |  |
| Street Address Employer/Occupation/Labor Organization* Form (Cash, Check, etc.) |                    |                       |                          |                   |                          |  |
| Street Address 4382 PARKWAY CUTE DE   | <u>}</u>           | RETIRED               | •                        |                   | CK* 8569                 |  |
| City  | State              | Zip Code<br>4312.3    | Date (MM/DI              | D/YYYY)           | Amount                   |  |
| GROVE CITY  | ОН                 | 43123                 | 07-3                     | 1-2019            | *100                     |  |
| Full Name of Contributor Registration Number, if PAC                            |                    |                       |                          |                   | er, if PAC               |  |
| FREDERICK KRUSE   |                    |                       |                          | NA                |                          |  |
| Street Address  | Employer           | /Occupation/Labor Org | ganization*              | Т                 | Form (Cash, Check, etc.) |  |
| 4382 PARKWAY GITE PR  | Y                  | 2571250,              | CONSULTI                 | NG STATE          | CHECK 1475               |  |
| City (  | State              |                       |                          | DAYYYAF OITIC     | Amount                   |  |
| GROVE CITY  | ОН                 | 43123                 | 07-3                     | 1-2019            | #200 -                   |  |
| Full Name of Contributor  |                    |                       |                          | Registration Numb | er, if PAC               |  |
| Run P. Cuffurd<br>Street Address<br>4380 HAUSENDR.                              |                    |                       |                          | N/A               |                          |  |
| Street Address  | Employer/          | Occupation/Labor Or   | ganization*              |                   | Form (Cash, Check, etc.) |  |
| 4380 HAUSENDR.  | 125                | TIRSD                 |                          |                   | CHECK                    |  |
| City  | State              | Zip Code              | Date (MM/DI              |                   | Amount                   |  |
| HILLIARD  | ОН                 | 43026                 | 08-0                     | 1-2019            | 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)]

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