



Statement of Contributions Received

Form 31-A

ORC 3517.10

Full Name of Committee STEP FOR HILLIARD				
Full Name of Contributor JOSHUA GREENBERG			Registration Number, if PAC N/A	
Street Address 36 S. ARDMORE RD		Employer/Occupation/Labor Organization* BROAD STREET CAPITAL OWNER		Form (Cash, Check, etc.) CHECK
City COLUMBUS	State OH	Zip Code 43209	Date (MM/DD/YYYY) 07/01/2019	Amount \$50-
Full Name of Contributor JIM HAN			Registration Number, if PAC N/A	
Street Address 4952 BRITTON FARMS DR HILLIARD		Employer/Occupation/Labor Organization* RETIRED		Form (Cash, Check, etc.) CHECK
City HILLIARD	State OH	Zip Code 43026	Date (MM/DD/YYYY) 07/06/2019	Amount \$100-
Full Name of Contributor SAM CHICKERELLA			Registration Number, if PAC N/A	
Street Address 8440 CLARINGTON CT		Employer/Occupation/Labor Organization* BLUESTONE WEALTH PARTNERS BECKER		Form (Cash, Check, etc.) CHECK
City POWELL	State OH	Zip Code 43065	Date (MM/DD/YYYY) 07/03/2019	Amount \$100-
Full Name of Contributor BILL COTTRELL			Registration Number, if PAC N/A	
Street Address 3493 SCIOTO RUN BVD		Employer/Occupation/Labor Organization* RETIRED		Form (Cash, Check, etc.) CHECK
City HILLIARD	State OH	Zip Code 43026	Date (MM/DD/YYYY) 07/05/2019	Amount \$100-
Full Name of Contributor MIKE IRWIN			Registration Number, if PAC N/A	
Street Address PO BOX 368		Employer/Occupation/Labor Organization* IRWIN INVESTMENT PROPERTIES OWNER		Form (Cash, Check, etc.) CHECK
City MILLSBORO	State OH	Zip Code 43042	Date (MM/DD/YYYY) 07-10-2019	Amount 50-

*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)]