



Statement of Contributions Received

Form 31-A

ORC 3517.10

Full Name of Committee STEP 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 SLOWALTER			Registration Number, if PAC N/A	
Street Address 4505 DIXHAM LANE		Employer/Occupation/Labor Organization* RETIRED		Form (Cash, Check, etc.) CHECK
City HILLIARD	State OH	Zip Code 43026	Date (MM/DD/YYYY) 07/15/2019	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 BOGANSWRIGHT			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
Full Name of Contributor BRENDA 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)]

TOTAL 31-A
\$ 8145.00
11/2/19 CER

Page Total \$370