JON HUSTED
Ohio Secretary of State

Page ____

Statement of Contributions Received

Form 31-A

ORC 3517.10

Full Name of Committee
STEPP FOR HILLIARD

Full Name of Contributor	Registration Number, if PAC	Street Address	Employer/Occupation/Labor Organization*	Form (Cash, Check, etc.)	City	State	Zip Code	Date (MM/DD/YYYY)	Amount
AL DAUM	N/A	4699	SELF EMPLOY	CHECK	HILLIARD	OH	43026	08/30/2019	$75-
STEVE STIVERS	N/A	4679 WINTERSET DR	US CONGRESS	CHECK #3607	COLUMBUS	OH	43220	09/09/2019	1,000-
VICKI BALLENGER	N/A	6256 COREYSWAY	~~REALTOR~~ BROKER CONCORD MORTGAGE	CHECK	HILLIARD	OH	43026	09/28/2019	100-
BOB STEPP	NA	4609 HUNTWICKE DR	RETIRED / MED SPEED PT	CHECK	HILLIARD	OH	43026	05/09/2019	500-
BOB STEPP	NA	4609 HUNTWICKE DR	RETIRED / MED SPEED PT	CHECK	HILLIARD	OH	43026	06/27/2019	2500

*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 4175