



Statement of Other Income

Form 31-A-2

R.C. 3517.10(B)

Full Name of Committee			
STEPD FOR HILLIARD			
Full Name of Contributor		Registration Number, if PAC	
BOBBY STEAP		NA	
Street Address	Type*	Date (MM/DD/YYYY)	Form (Cash, Check, etc.)
4609 HUNTWICK DR	Refund LN	7/12/05/2019	TRANSFER
City	State	Zip Code	Amount
HILLIARD	OH	43026	11234.40 2600
Full Name of Contributor		Registration Number, if PAC	
Street Address	Type*	Date (MM/DD/YYYY)	Form (Cash, Check, etc.)
	Refund		
City	State	Zip Code	Amount
	OH		
Full Name of Contributor		Registration Number, if PAC	
Street Address	Type*	Date (MM/DD/YYYY)	Form (Cash, Check, etc.)
	Refund		
City	State	Zip Code	Amount
	OH		
Full Name of Contributor		Registration Number, if PAC	
Street Address	Type*	Date (MM/DD/YYYY)	Form (Cash, Check, etc.)
	Refund		
City	State	Zip Code	Amount
	OH		
Full Name of Contributor		Registration Number, if PAC	
Street Address	Type*	Date (MM/DD/YYYY)	Form (Cash, Check, etc.)
	Refund		
City	State	Zip Code	Amount
	OH		

* Place the two letter code in the Type block (one letter per square) which indicates the nature of the Other Income Received; RE for a refund, uncashed check or the committee's own insufficient funds check received, IN for any investment or interest income earned by the committee, SA for the sale of committee assets, or LN for payments received on a loan made.