



Statement of Contributions Received

Form 31-A
ORC 3517.10

Full Name of Committee STEP FOR HILLARD				
Full Name of Contributor BOBBY JOE STEPP JR			Registration Number, if PAC NA	
Street Address 4609 HUNTWICK DR		Employer/Occupation/Labor Organization* RETIRED / MED SPEED PT		Form (Cash, Check, etc.) CASH
City HILLARD	State OH	Zip Code 43026	Date (MM/DD/YYYY) 10/21/2019	Amount 2600
Full Name of Contributor KENT MAYNARD			Registration Number, if PAC NA	
Street Address 4673 HUNTWICK DR		Employer/Occupation/Labor Organization* MERCK PHARM REP / NEIGHBOR		Form (Cash, Check, etc.) CHECK
City HILLARD	State OH	Zip Code 43026	Date (MM/DD/YYYY) 10/31/2019	Amount 75.00
Full Name of Contributor			Registration Number, if PAC	
Street Address		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.)
City	State OH	Zip Code	Date (MM/DD/YYYY)	Amount
Full Name of Contributor			Registration Number, if PAC	
Street Address		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.)
City	State OH	Zip Code	Date (MM/DD/YYYY)	Amount
Full Name of Contributor			Registration Number, if PAC	
Street Address		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.)
City	State OH	Zip Code	Date (MM/DD/YYYY)	Amount

*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)]