

Statement of Contributions Received

Form 31-A

ORC 3517.10

Full Name of Committee							
STEPP FOIZ HILLIARD							
Full Name of Contributor				Registration Numb	er, if PAC		
1303 STEPP	NA						
Street Address	Employe	r/Occupation/Labor 9r	ganization*		Form (Cash, Check, etc.)		
Street Address 4609 HUNTWICKE DE	1 B	ET 12ED/1	485 58	EED PT	CHECK		
City	State	Zip Code /	Date (MM/DI	DÅYYYY)	Amount 92500		
HULLED	ОН	43026	10/16	/2019	⁹ 2500		
Full Name of Contributor		Registration Number, if PAC			er, if PAC		
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Full Name of Contributor Registration Number, if PAC				er if PAC			
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Full Name of Contributor				Registration Numb	er, if PAC		
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City	State	Zip Code	Date (MM/DE	DYYYY)	Amount		
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	- 11						

Page Total	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)]