



Statement of Contributions Received

Form 31-A

ORC 3517.10

Full Name of Committee Bell For Schools					
Full Name of Contributor Stephanie Henderson				Registration Number, if PAC	
Street Address 536 Chestnut Ave.		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) Check	
City Westerville	State OH	Zip Code 43082	Date (MM/DD/YYYY) 06/24/2019	Amount 50.00	
Full Name of Contributor Rick Vilardo				Registration Number, if PAC	
Street Address 33 W. Broadway Ave		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) Cash	
City Westerville	State OH	Zip Code 43081	Date (MM/DD/YYYY) 06/24/2019	Amount 75.00	
Full Name of Contributor Elliott Snow				Registration Number, if PAC	
Street Address 10414 Edgewater Rd.		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) Credit Card	
City Louisville	State KY	Zip Code 40223	Date (MM/DD/YYYY) 08/08/2019	Amount 237.50	
Full Name of Contributor Tyrome Alexander				Registration Number, if PAC	
Street Address 3145 Cumberland Woods Dr.		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) Credit Card	
City Columbus	State OH	Zip Code 43219	Date (MM/DD/YYYY) 08/27/2019	Amount 94.85	
Full Name of Contributor A Smile by Dr. DeVese - Dr. Larry Devese				Registration Number, if PAC	
Street Address 105B Commerce Park Dr.		Employer/Occupation/Labor Organization* Dental Practice		Form (Cash, Check, etc.) Check	
City Westerville	State OH	Zip Code 43081	Date (MM/DD/YYYY) 09/05/2019	Amount 250.00	

*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)]