



Statement of Contributions Received

Form 31-A

ORC 3517.10

Full Name of Committee Friends of Bhuwan Pyakurel				
Full Name of Contributor Laxny Sangseula			Registration Number, if PAC	
Street Address 1001 Taylor Glen Blvd		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) Cash
City Pataskala	State OH	Zip Code 43062	Date (MM/DD/YYYY) 12/17/2018	Amount \$100.00
Full Name of Contributor Surya Dulal			Registration Number, if PAC	
Street Address 1142 Insko loop		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.)
City Blacklick	State OH	Zip Code 43004	Date (MM/DD/YYYY) 12/17/2018	Amount \$100.00
Full Name of Contributor Ram Bhetaia			Registration Number, if PAC	
Street Address 807 Millstream Dr		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) Cash
City Reynoldsburg	State OH	Zip Code 43068	Date (MM/DD/YYYY) 12/17/2018	Amount \$101
Full Name of Contributor Yadgalb Ohital			Registration Number, if PAC	
Street Address 6980 Onyxbluff Ln		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) Cash
City Blacklick	State OH	Zip Code 43004	Date (MM/DD/YYYY) 12/17/2018	Amount \$100.00
Full Name of Contributor Moni Roi			Registration Number, if PAC	
Street Address 1244 Payne Loop		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) Cash
City Blacklick	State OH	Zip Code 43004	Date (MM/DD/YYYY) 12/17/2018	Amount \$100.00

*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)]