



Statement of Contributions Received

Form 31-A

ORC 3517.10

Full Name of Committee Friends of Bhuwan Pyakurel				
Full Name of Contributor Bhanshyam Lutel			Registration Number, if PAC	
Street Address 2162 Fitzroy Dr, Apt C5		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) Check
City Columbus	State OH	Zip Code 43224	Date (MM/DD/YYYY) 12/17/2018	Amount \$150.00
Full Name of Contributor Priscilla A Roberge			Registration Number, if PAC	
Street Address 372 Cumberland Dr		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) Check
City Whitehall	State OH	Zip Code 43213	Date (MM/DD/YYYY) 12/17/2018	Amount \$25.00
Full Name of Contributor Eaxter LLC			Registration Number, if PAC	
Street Address 7148 Wind River Dr, Bldg 1		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) Check
City Reynoldsburg	State OH	Zip Code 43068	Date (MM/DD/YYYY) 11/15/2018	Amount \$200.00
Full Name of Contributor Kristin J. Bryant			Registration Number, if PAC	
Street Address 387 Cheyenne Way		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) Check
City Reynoldsburg	State OH	Zip Code 43068	Date (MM/DD/YYYY) 11/14/2018	Amount \$50.00
Full Name of Contributor Joseph & Irene Kennedy			Registration Number, if PAC	
Street Address 867 Shelbourne Pl		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) Check
City Newark	State OH	Zip Code 43055	Date (MM/DD/YYYY) 11/14/2018	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)]