



# Statement of Contributions Received

Form 31-A

ORC 3517.10

<b>Full Name of Committee</b> Friends of Bhuwan Pyakurel				
Full Name of Contributor Hema Adhikari			Registration Number, if PAC	
Street Address 183 Steiger Ct	Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) PayPal	
City Pickerington	State OH	Zip Code 43147	Date (MM/DD/YYYY)	Amount \$101.00
Full Name of Contributor Keshab Acharya			Registration Number, if PAC	
Street Address 3478 Raflin Dr	Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) PayPal	
City Columbus	State OH	Zip Code 43231	Date (MM/DD/YYYY)	Amount \$101.00
Full Name of Contributor Atul Saini			Registration Number, if PAC	
Street Address 1529 Sicily Dr	Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) PayPal	
City Longmont	State CO	Zip Code 80503	Date (MM/DD/YYYY)	Amount \$51.00
Full Name of Contributor Govinda Dhimal			Registration Number, if PAC	
Street Address 2782 Patrick Ave	Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) PayPal	
City Columbus	State OH	Zip Code 43231	Date (MM/DD/YYYY)	Amount \$100.00
Full Name of Contributor Ghanshyam Luitel			Registration Number, if PAC	
Street Address 4878 Nobility dr	Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) Cash	
City Columbus	State OH	Zip Code 43231	Date (MM/DD/YYYY)	Amount \$60

\*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)]