



Statement of Contributions Received

Form 31-A

ORC 3517.10

Full Name of Committee Friends of Bhuwan Pyakurel				
Full Name of Contributor Brandon			Registration Number, if PAC	
Street Address 218 Macdougall Ln		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) Check
City Blacklick	State OH	Zip Code 43004	Date (MM/DD/YYYY)	Amount \$290.00
Full Name of Contributor Robert & Deborah Dunlap			Registration Number, if PAC	
Street Address 9140 McMahon Ct		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) Check
City Reynoldsburg	State OH	Zip Code 43068	Date (MM/DD/YYYY)	Amount \$40.00
Full Name of Contributor Jeannie G Walker			Registration Number, if PAC	
Street Address 1878 Lake Shore Dr		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) Check
City Columbus	State OH	Zip Code 43204	Date (MM/DD/YYYY)	Amount \$100.00
Full Name of Contributor Christine A. & James H. Smith			Registration Number, if PAC	
Street Address 8334 Priestley Dr		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) Check
City Reynoldsburg	State OH	Zip Code 43068	Date (MM/DD/YYYY)	Amount \$50.00
Full Name of Contributor Dire P Abreha			Registration Number, if PAC	
Street Address 8318 Bedlington Dr		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) Check
City Reynoldsburg	State OH	Zip Code 43068	Date (MM/DD/YYYY)	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)]

Page Total \$580.00