



Statement of Contributions Received

Form 31-A
ORC 3517.10

Full Name of Committee Friends of Bhuwan Pyakurel				
Full Name of Contributor Hema Adhikari			Registration Number, if PAC	
Street Address		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) PayPal
City	State	Zip Code	Date (MM/DD/YYYY)	Amount \$101.00
Full Name of Contributor Keshab Acharya			Registration Number, if PAC	
Street Address		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) PayPal
City	State	Zip Code	Date (MM/DD/YYYY)	Amount \$101.00
Full Name of Contributor Atul Saini			Registration Number, if PAC	
Street Address		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) PayPal
City	State	Zip Code	Date (MM/DD/YYYY)	Amount \$51.00
Full Name of Contributor Govinda Dhimal			Registration Number, if PAC	
Street Address		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) PayPal
City	State	Zip Code	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)]

Page Total \$413.00