



Statement of Contributions Received

Form 31-A

ORC 3517.10

Full Name of Committee Friends of Bhuwan Pyakurel				
Full Name of Contributor Madhav Pyakurel			Registration Number, if PAC	
Street Address 5134 SE 27th St		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) PayPal
City Des Moines	State IA	Zip Code 50320	Date (MM/DD/YYYY)	Amount \$51.00
Full Name of Contributor Lok Pyakurel			Registration Number, if PAC	
Street Address 6216 Horton Circle, Apt C		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) PayPal
City Fortworth	State TX	Zip Code 76133	Date (MM/DD/YYYY)	Amount \$150.00
Full Name of Contributor Beda Luitel			Registration Number, if PAC	
Street Address 4608 Willow wood Ct		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) PayPal
City Daven	State IA	Zip Code 52280	Date (MM/DD/YYYY)	Amount \$50.00
Full Name of Contributor Deo Dhungel			Registration Number, if PAC	
Street Address 19061 E Linvale Pl		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) PayPal
City Aurora	State CO	Zip Code 80013	Date (MM/DD/YYYY)	Amount \$100.00
Full Name of Contributor Gopal Baskota			Registration Number, if PAC	
Street Address 6365 Timbermill Way		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) PayPal
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)]