



Statement of Contributions Received

Form 31-A

ORC 3517.10

Full Name of Committee Friends of Bhuwan Pyakurel				
Full Name of Contributor Som Baral			Registration Number, if PAC	
Street Address 12883 E Dickenson Ave		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) PayPal
City Aurora	State CO	Zip Code 8014	Date (MM/DD/YYYY)	Amount \$100.00
Full Name of Contributor Sara Ford			Registration Number, if PAC	
Street Address 12 Nome St Unit F		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) PayPal
City Aurora	State CO	Zip Code 80012	Date (MM/DD/YYYY)	Amount \$25.00
Full Name of Contributor Shanta Dhimai			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 \$50.00
Full Name of Contributor Narad Dahal			Registration Number, if PAC	
Street Address 629 Treston Trails Dr		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) PayPal
City Pickerington	State OH	Zip Code 43147	Date (MM/DD/YYYY)	Amount \$150.00
Full Name of Contributor Basu Phuyel			Registration Number, if PAC	
Street Address 3493 Craigmore Ct		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) PayPal
City Columbus	State OH	Zip Code 43231	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)]