



Statement of Contributions Received

Form 31-A
ORC 3517.10

Full Name of Committee Friends of Bhuwan Pyakurel				
Full Name of Contributor Chuda Niroula			Registration Number, if PAC	
Street Address		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) PayPal
City	State	Zip Code	Date (MM/DD/YYYY)	Amount 21.00
Full Name of Contributor Govinda Gautam			Registration Number, if PAC	
Street Address		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) PayPal
City	State	Zip Code	Date (MM/DD/YYYY)	Amount 121.00
Full Name of Contributor Krishna Dhakal			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 Tika Dhungana			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 Nandu Subedi			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

*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)]