



Statement of Contributions Received

Form 31-A

ORC 3517.10

Full Name of Committee Friends of Bhuwan Pyakurel				
Full Name of Contributor Hari Subeoh			Registration Number, if PAC	
Street Address 2455 Mock Rd		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) Cash
City Columbus	State OH	Zip Code 43219	Date (MM/DD/YYYY)	Amount \$41.00
Full Name of Contributor Mon P Phuyel			Registration Number, if PAC	
Street Address 8217 Forest Pointe		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) Cash
City Blacklick	State OH	Zip Code 43219	Date (MM/DD/YYYY)	Amount \$200
Full Name of Contributor Bhim L Bastola			Registration Number, if PAC	
Street Address 3551 Blendon Bend		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) Cash
City Columbus	State OH	Zip Code 43231	Date (MM/DD/YYYY)	Amount \$400.00
Full Name of Contributor Olen E Howell Jr			Registration Number, if PAC	
Street Address 163 Sierra Dr		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) Cash
City Gahanna	State OH	Zip Code 43230	Date (MM/DD/YYYY)	Amount \$40.00
Full Name of Contributor Bryan Bird			Registration Number, if PAC	
Street Address 326 W. Maple St		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) Check
City Granville	State OH	Zip Code 43023	Date (MM/DD/YYYY)	Amount 35.00

*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)]