



Statement of Contributions Received

Form 31-A

ORC 3517.10

Full Name of Committee Friends of Bhuwan Pyakurel				
Full Name of Contributor Mani Dahal			Registration Number, if PAC	
Street Address 19410 E Ithacal Pl		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) PayPal
City Aurora	State CO	Zip Code 80013	Date (MM/DD/YYYY)	Amount \$50.00
Full Name of Contributor Krishana Subedi			Registration Number, if PAC	
Street Address 6921 Woodland View Dr		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) PayPal
City Liberty Township	State OH	Zip Code 45044	Date (MM/DD/YYYY)	Amount \$55.00
Full Name of Contributor Tanka Dhital			Registration Number, if PAC	
Street Address 2513 E Porter Ave		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) PayPal
City Des Moines	State IA	Zip Code 50320	Date (MM/DD/YYYY)	Amount \$103.00
Full Name of Contributor Laxmi Dhakal			Registration Number, if PAC	
Street Address 5213 Bannon Crossings Dr		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) PayPal
City Louisville	State KY	Zip Code 40218	Date (MM/DD/YYYY)	Amount \$101.00
Full Name of Contributor Jill Fricker			Registration Number, if PAC	
Street Address 6785 Xenon Dr		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) PayPal
City Arvada	State CO	Zip Code 80004	Date (MM/DD/YYYY)	Amount \$50.00

*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)]