



Statement of Contributions Received

Form 31-A

ORC 3517.10

Full Name of Committee Friends of Bhuwan Pyakurel				
Full Name of Contributor Dev Basne			Registration Number, if PAC	
Street Address 7174 Windriver Dr		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) PayPal
City Reynoldsburg	State OH	Zip Code 43068	Date (MM/DD/YYYY)	Amount \$60.00
Full Name of Contributor Robert Dean			Registration Number, if PAC	
Street Address 449 Allanby Ct		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) PayPal
City Gahanna	State OH	Zip Code 43230	Date (MM/DD/YYYY)	Amount \$50.00
Full Name of Contributor Ram Phuyal			Registration Number, if PAC	
Street Address 2440 Hartel Ave		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) PayPal
City Philadelphia	State PA	Zip Code 19182	Date (MM/DD/YYYY)	Amount \$100.00
Full Name of Contributor Kyle Parker			Registration Number, if PAC	
Street Address 686 Thurber Dr West, Apt B2		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) PayPal
City Columbus	State OH	Zip Code 43215	Date (MM/DD/YYYY)	Amount \$20.00
Full Name of Contributor Tridev Gurung			Registration Number, if PAC	
Street Address 239 Meeker Ave		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) PayPal
City Newark	State NJ	Zip Code 07112	Date (MM/DD/YYYY)	Amount \$51.00

*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)]