



Statement of Contributions Received

Form 31-A

ORC 3517.10

Full Name of Committee Friends of Bhuwan Pyakurel				
Full Name of Contributor Abi Odari			Registration Number, if PAC	
Street Address 787 Twin Acorn Ct		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.)
City Blacklick	State OH	Zip Code 43004	Date (MM/DD/YYYY) 12/17/2018	Amount \$100.00
Full Name of Contributor Ghana Bhandari			Registration Number, if PAC	
Street Address 2132 Wagontrail Dr		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) Cash
City Reynoldsburg	State OH	Zip Code 43068	Date (MM/DD/YYYY) 12/17/2018	Amount \$20
Full Name of Contributor Madhaw Khanal			Registration Number, if PAC	
Street Address 2741 Northwold Rd, Columbus, OH 43231		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) Cash
City Columbus	State OH	Zip Code 43231	Date (MM/DD/YYYY) 12/17/2018	Amount \$50.00
Full Name of Contributor			Registration Number, if PAC	
Street Address		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.)
City	State	Zip Code	Date (MM/DD/YYYY)	Amount
Full Name of Contributor			Registration Number, if PAC	
Street Address		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.)
City	State	Zip Code	Date (MM/DD/YYYY)	Amount

*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)]

Page Total \$170.00