



Statement of Contributions Received

Form 31-A

ORC 3517.10

Full Name of Committee Friends of Bhuwan Pyakurel				
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 43004	Date (MM/DD/YYYY)	Amount \$50.00
Full Name of Contributor Ved Pyakurel			Registration Number, if PAC	
Street Address 8465 Reynoldswood Dr	Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) Paypal	
City Reynoldsburg	State OH	Zip Code 43088	Date (MM/DD/YYYY)	Amount \$100.00
Full Name of Contributor Nirmal Kattel			Registration Number, if PAC	
Street Address 796 Arbors Circle	Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) Cash	
City Gahanna	State OH	Zip Code 43230	Date (MM/DD/YYYY)	Amount \$20.00
Full Name of Contributor Kofi Nsia-Pepira			Registration Number, if PAC	
Street Address 4417 Calderwood Dr	Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) Cash	
City Columbus	State OH	Zip Code 43213	Date (MM/DD/YYYY)	Amount \$20.00
Full Name of Contributor Abi Odan			Registration Number, if PAC	
Street Address 787 Train Acorn Ct	Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) Cash	
City Blacklick	State OH	Zip Code 43004	Date (MM/DD/YYYY)	Amount \$101.00

*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)]