



Statement of Contributions Received

Form 31-A

ORC 3517.10

Full Name of Committee Friends of Bhuwan Pyakurel				
Full Name of Contributor Ved Pyakurel			Registration Number, if PAC	
Street Address		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) PayPal
City	State	Zip Code	Date (MM/DD/YYYY) 12/17/2018	Amount \$1.00
Full Name of Contributor Khum Khatinade			Registration Number, if PAC	
Street Address 715 Woodington Dr		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) Cash
City Pataskla	State OH	Zip Code	Date (MM/DD/YYYY)	Amount \$16.00
Full Name of Contributor Alil Adhikavi			Registration Number, if PAC	
Street Address 802 Bernese Court		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) Cash
City Reynoldsburg	State OH	Zip Code 43068	Date (MM/DD/YYYY) 12/17/2018	Amount \$100
Full Name of Contributor Crown Cricket Club			Registration Number, if PAC	
Street Address 327 Regency Avenue		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) Cash
City Pataskala	State OH	Zip Code 43062	Date (MM/DD/YYYY) 12/17/2018	Amount \$150.00
Full Name of Contributor Shyam Gautam			Registration Number, if PAC	
Street Address 7889 Cheriton Circle		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) Cash
City Reynoldsburg	State OH	Zip Code 43068	Date (MM/DD/YYYY) 12/17/2018	Amount \$100.00

*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)]

Page Total \$367.00