



# Statement of Contributions Received

Form 31-A

ORC 3517.10

<b>Full Name of Committee</b> Friends of Bhuwan Pyakurel				
Full Name of Contributor Khagendra Ghimirey			Registration Number, if PAC	
Street Address 18034 E Atlantic Dr		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) PayPal
City Aurora	State CO	Zip Code 80013	Date (MM/DD/YYYY)	Amount \$51.00
Full Name of Contributor Kashi Adhikari			Registration Number, if PAC	
Street Address 2376 Vining Dr		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) PayPal
City Columbus	State OH	Zip Code 43229	Date (MM/DD/YYYY)	Amount \$50.00
Full Name of Contributor Yadu Bhattarai			Registration Number, if PAC	
Street Address 2595 Mablewood Dr		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) PayPal
City Columbus	State OH	Zip Code 43231	Date (MM/DD/YYYY)	Amount \$50.00
Full Name of Contributor Ganga Dhital			Registration Number, if PAC	
Street Address 4783 Wake Robins Edge St		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) PayPal
City Columbus	State OH	Zip Code 43229	Date (MM/DD/YYYY)	Amount \$100.00
Full Name of Contributor Tulasi R Pokhrel			Registration Number, if PAC	
Street Address 628 Auburn St		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) PayPal
City Manchester	State NH	Zip Code 03103	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)]

Page Total \$301.00