



Statement of Contributions Received

Form 31-A

ORC 3517.10

Full Name of Committee Friends of Bhuwan Pyakurel				
Full Name of Contributor Cynthia Wendling			Registration Number, if PAC	
Street Address 1250 S Reed St, Apt 5	Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) PayPal	
City Lakewood	State CO	Zip Code 80232	Date (MM/DD/YYYY)	Amount \$50.00
Full Name of Contributor Neela Phuyel			Registration Number, if PAC	
Street Address 5900 Gilmore Dr	Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) PayPal	
City Pickerington	State OH	Zip Code 45014	Date (MM/DD/YYYY)	Amount \$100.00
Full Name of Contributor Madhav Baskota			Registration Number, if PAC	
Street Address 5082 Clover Court	Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) PayPal	
City Harrisburg	State PA	Zip Code 17111	Date (MM/DD/YYYY)	Amount \$100.00
Full Name of Contributor Ganga Adhikari			Registration Number, if PAC	
Street Address Did Not Provide Address	Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) PayPal	
City	State	Zip Code	Date (MM/DD/YYYY)	Amount \$100.00
Full Name of Contributor Binaya Subedi			Registration Number, if PAC	
Street Address 8886 Laurel Way	Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) PayPal	
City Pickerington	State OH	Zip Code 43147	Date (MM/DD/YYYY)	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 \$450.00