



Statement of Contributions Received

Form 31-A

ORC 3517.10

Full Name of Committee Friends of Bhuwan Pyakurel				
Full Name of Contributor Chuda Niroula			Registration Number, if PAC	
Street Address 134 Baker Street	Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) PayPal	
City Manchester	State NH	Zip Code 03103	Date (MM/DD/YYYY)	Amount 21.00
Full Name of Contributor Govinda Gautam			Registration Number, if PAC	
Street Address 2587 S Ensenada Way	Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) PayPal	
City Aurora	State CO	Zip Code 80013	Date (MM/DD/YYYY)	Amount 121.00
Full Name of Contributor Krishna Dhakal			Registration Number, if PAC	
Street Address 4302 Winter Park Dr	Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) PayPal	
City Louisville	State KY	Zip Code 40218	Date (MM/DD/YYYY)	Amount 100.00
Full Name of Contributor Tika Dhungana			Registration Number, if PAC	
Street Address 1411 Aspen Dr	Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) PayPal	
City Harrisburg	State PA	Zip Code 17109	Date (MM/DD/YYYY)	Amount 100.00
Full Name of Contributor Nandu Subedi			Registration Number, if PAC	
Street Address 154 E 36th St	Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) PayPal	
City Erie	State PA	Zip Code 16504	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)]