



Statement of Contributions Received

Form 31-A

ORC 3517.10

Full Name of Committee Friends of Bhuwan Pyakurel				
Full Name of Contributor Folabi Olagbaju			Registration Number, if PAC	
Street Address 805 Buckingham Dr		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) Check
City Silver Spring	State MD	Zip Code 20901	Date (MM/DD/YYYY)	Amount \$50.00
Full Name of Contributor Tikaram Acharya			Registration Number, if PAC	
Street Address 122 Patricia Lane		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) Check
City Manchester	State NH	Zip Code 03104	Date (MM/DD/YYYY)	Amount \$151.00
Full Name of Contributor Malek & Malek, LLC			Registration Number, if PAC	
Street Address 1227 South High Street		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) Check
City Columbus	State OH	Zip Code 43206	Date (MM/DD/YYYY)	Amount \$750.00
Full Name of Contributor Stonewall democrats of Central Ohio			Registration Number, if PAC	
Street Address 340 East Fulton		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) Check
City Columbus	State OH	Zip Code 43215	Date (MM/DD/YYYY)	Amount \$100.00
Full Name of Contributor Steven D Walker			Registration Number, if PAC	
Street Address 1878 Lake Shore Dr		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) Check
City Columbus	State OH	Zip Code 43204	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 \$1151.00