



Statement of Contributions Received

Form 31-A

ORC 3517.10

Full Name of Committee Friends of Bhuwan Pyakurel				
Full Name of Contributor Marcia J Phelps			Registration Number, if PAC	
Street Address 205 Gladys Ave		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) Check
City Newark	State OH	Zip Code 43055	Date (MM/DD/YYYY)	Amount \$25.00
Full Name of Contributor Michelle Newman Brady			Registration Number, if PAC	
Street Address 103 Chapin Place		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) Check
City Granville	State OH	Zip Code 43023	Date (MM/DD/YYYY)	Amount \$25.00
Full Name of Contributor Gary Snyder			Registration Number, if PAC	
Street Address 490 Oakland Park Ave		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) Check
City Columbus	State OH	Zip Code 43214	Date (MM/DD/YYYY)	Amount \$75.00
Full Name of Contributor Kofi Nsia-Pepira			Registration Number, if PAC	
Street Address 4139 State Route 235, APT M		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) Check
City ADA	State OH	Zip Code 45810	Date (MM/DD/YYYY)	Amount \$50.00
Full Name of Contributor Brian Walsh			Registration Number, if PAC	
Street Address 326 W. Maple St		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) Check
City Granville	State OH	Zip Code 43023	Date (MM/DD/YYYY)	Amount \$35.00

*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)]