



Statement of Contributions Received

Form 31-A

ORC 3517.10

Full Name of Committee Friends of Bhuwan Pyakurel				
Full Name of Contributor Beth & Ronald Thompson			Registration Number, if PAC	
Street Address 910 Fortkort Dr	Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) Check	
City Reynoldsburg	State OH	Zip Code 43068	Date (MM/DD/YYYY)	Amount \$40.00
Full Name of Contributor Gary & Lisa S. Snyder			Registration Number, if PAC	
Street Address 490 Oakland Park Ave	Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) Check	
City Reynoldsburg	State OH	Zip Code 43068	Date (MM/DD/YYYY)	Amount \$75.00
Full Name of Contributor Bunny C Steiger			Registration Number, if PAC	
Street Address 1274 Shelby CIR	Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) Check	
City Reynoldsburg	State OH	Zip Code 43068	Date (MM/DD/YYYY)	Amount \$100.00
Full Name of Contributor America Works State & Local PAC			Registration Number, if PAC C00331694	
Street Address 918 Pennsylvania Ave SE	Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) Check	
City Washington D.C	State	Zip Code 20003	Date (MM/DD/YYYY)	Amount \$250.00
Full Name of Contributor			Registration Number, if PAC	
Street Address	Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.)	
City	State	Zip Code	Date (MM/DD/YYYY)	Amount

*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)]