



Statement of Contributions Received

Form 31-A
ORC 3517.10

Full Name of Committee Friends of Bhuwan Pyakurel				
Full Name of Contributor Janardan Neupane			Registration Number, if PAC	
Street Address 5496 Dearcreek Dr		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) PayPal
City Mechanicsburg	State PA	Zip Code 17050	Date (MM/DD/YYYY)	Amount \$100.00
Full Name of Contributor Tula Neopaney			Registration Number, if PAC	
Street Address 507 David Dr		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) PayPal
City Mechanicsburg	State PA	Zip Code 17050	Date (MM/DD/YYYY)	Amount \$100.00
Full Name of Contributor Dhanapati Shiwakoti			Registration Number, if PAC	
Street Address 573 Willington Road		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 Udav Dahal			Registration Number, if PAC	
Street Address 37 Crown Circle Dr, Apt 1D		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) PayPal
City Scranton	State PA	Zip Code 18505	Date (MM/DD/YYYY)	Amount \$100.00
Full Name of Contributor Bhagawat Pakurel			Registration Number, if PAC	
Street Address 591 Ashburn Rd Apt, G		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) PayPal
City Cincinnati	State OH	Zip Code 45240	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)]