



Statement of Contributions Received

Form 31-A

ORC 3517.10

Full Name of Committee Friends of Bhuwan Pyakurel				
Full Name of Contributor Yadhav Pyakurel			Registration Number, if PAC	
Street Address 11721 Hanover Rd		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) PayPal
City Cincinnati	State OH	Zip Code 45240	Date (MM/DD/YYYY)	Amount \$150.00
Full Name of Contributor Lok Adhikari			Registration Number, if PAC	
Street Address 104 Cobland Dr		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) PayPal
City Etna	State OH	Zip Code 43062	Date (MM/DD/YYYY)	Amount \$25.00
Full Name of Contributor Adamou Mohamed			Registration Number, if PAC	
Street Address 5800 Battery Dr, Unit 11		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) PayPal
City Greensboro	State NC	Zip Code 27409	Date (MM/DD/YYYY)	Amount \$25.00
Full Name of Contributor Madap Sharma			Registration Number, if PAC	
Street Address		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.)
City	State OH	Zip Code	Date (MM/DD/YYYY)	Amount
Full Name of Contributor Charan Bajgai			Registration Number, if PAC	
Street Address 8786 Ormiston Circle		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) PayPal
City Reynoldsburg	State OH	Zip Code 43068	Date (MM/DD/YYYY)	Amount \$150.00

*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)]