



Statement of Contributions Received

Form 31-A

ORC 3517.10

Full Name of Committee Friends of Bhuwan Pyakurel				
Full Name of Contributor Kul Adhikdri			Registration Number, if PAC	
Street Address 2979 Wall Crest Blvd	Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) Cash	
City Columbus	State OH	Zip Code 43231	Date (MM/DD/YYYY)	Amount \$100.00
Full Name of Contributor Radha Kafley			Registration Number, if PAC	
Street Address 577 Stable St	Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.)	
City Pataskala	State OH	Zip Code 43068	Date (MM/DD/YYYY)	Amount \$50.00
Full Name of Contributor Kristin Bryant			Registration Number, if PAC	
Street Address 387 Cheyenne Way	Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) Check	
City Reynoldsburg	State OH	Zip Code 43068	Date (MM/DD/YYYY)	Amount \$50.00
Full Name of Contributor Devi Sharma Adhiboi			Registration Number, if PAC	
Street Address	Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) Cash	
City Reynldsbrug	State OH	Zip Code 43068	Date (MM/DD/YYYY)	Amount \$60.00
Full Name of Contributor Richard B Neal JR			Registration Number, if PAC	
Street Address 982 Jaeger St	Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) Check	
City Columbus	State OH	Zip Code 43068	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)]