



Statement of Contributions Received

Form 31-A

ORC 3517.10

ull Name of Committee					
riends of Bhuwan Pyakurel				t DAC	
ull Name of Contributor	Registration N	Registration Number, if PAC			
hagendra Ghimirey				Form (Cash, Check, etc.)	
treet Address	Employ	Employer/Occupation/Labor Organization*			
HEEL Vaguess					
	State	State Zip Code Date (N		Amount	
ity	Oluce			\$51.00	
ull Name of Contributor			Registration N	lumber, if PAC	
Kashi Adhikari					
	Employ	/er/Occupation/Labo	Form (Cash, Check, etc.)		
Street Address					
24.	State	Zip Code	Date (MM/DD/YYYY)	Amount	
City				\$50.00	
Full Name of Contributor			Number, if PAC		
Yadu Bhattarai					
Street Address	Emplo	yer/Occupation/Lab	or Organization*	Form (Cash, Check, etc.)	
Street Address					
City	State	Zip Code	Date (MM/DD/YYYY)	Amount	
Sity				\$50.00	
Full Name of Contributor			Registration	Number, if PAC	
Ganga Dhital					
Street Address	Emplo	oyer/Occupation/Lat	Form (Cash, Check, etc.)		
Ollect Winices					
0"	State	Zip Code	Date (MM/DD/YYYY)	Amount	
City	Julio	,		\$100.00	
Full Name of Contributor			Number, if PAC		
Tulasi R Pokhrel					
	Empl	oyer/Occupation/La	Form (Cash, Check, etc.)		
Street Address					
	State	Zip Code	Date (MM/DD/YYYY)	Amount	
City	ISIAIE	Zip Code	Date (MINISPERIOR)		

*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)]

Page	Total	\$301	.00	