



## **Statement of Contributions Received**

Form 31-A

ORC 3517.10

III Name of Committee						
Friends of Bhuwan Pyakurel					Registration Number, if PAC	
III Name of Contributor				3		
sbi Mizer			1		Form (Cash, Check, etc.)	
reet Address	Employe	Employer/Occupation/Labor Organization*			PayPal	
ity	State	Zip Code	Date (MM/DD	/YYYY)	Amount	
••					\$100.00	
U. N of Combibutor				Registration N	umber, if PAC	
ull Name of Contributor			Ĭ			
Madhusudana Bhat  Employer/Occupation/Labor Organization*					Form (Cash, Check, etc.)	
treet Address	Employ	Employer/Occupation/Labor Organization			PayPal	
					Amount	
City	State	Zip Code	Date (MM/DI	J/YYYY)	\$101.00	
Full Name of Contributor	Registration N				Number, if PAC	
Dharmindra Timsina						
	Employ	Employer/Occupation/Labor Organization*				
Street Address		•	PayPal			
	State	Zip Code	Date (MM/DD/YYYY)		Amount	
City	State	Zip Code	Date (IIIIII = 111 )		\$100.00	
				D-vistration I	Number, if PAC	
Full Name of Contributor				Registration	Number, ii FAC	
Srinivas Kairamkonda						
Street Address	Emplo	Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.)	
Oli Cot / Gallers					PayPal	
	State	Zip Code	Date (MM/D	D/YYYY)	Amount	
City					\$100.00	
				Registration	Number, if PAC	
Full Name of Contributor						
Dev Basne			0		Form (Cash, Check, etc.)	
Street Address	Empl	Employer/Occupation/Labor Organization*				
			PayPal			
City	State	Zip Code	Date (MM/	DD/YYYY)	Amount	
1			İ		\$60.00	

\*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)]

Page Total	\$461.00	