



Statement of Contributions Received

Form 31-A

ORC 3517 10

Full Name of Contributor Keshab Khatiwada Street Address Employer/Occupation/Labor Organization* Form (Cash, Check, etc.) PayPal	17.10	ORC 35										
Full Name of Contributor Tara Acharya Street Address Employer/Occupation/Labor Organization* Form (Cash, Check, etc.) PayPal City State Zip Code Date (MM/DD/YYYY) Amount \$101.00 Full Name of Contributor Keshab Khatiwada Street Address Employer/Occupation/Labor Organization* Form (Cash, Check, etc.) PayPal							of Committee	Full Name of Com				
Tara Acharya Street Address Employer/Occupation/Labor Organization* Form (Cash, Check, etc.) PayPal City State Zip Code Date (MM/DD/YYYY) Amount \$101.00 Full Name of Contributor Keshab Khatiwada Street Address Employer/Occupation/Labor Organization* Form (Cash, Check, etc.) PayPal							Bhuwan Pyakurel	Friends of Bhuwan				
Street Address Employer/Occupation/Labor Organization* Form (Cash, Check, etc.) PayPal City State Zip Code Date (MM/DD/YYYY) Amount \$101.00 Full Name of Contributor Keshab Khatiwada Street Address Employer/Occupation/Labor Organization* Form (Cash, Check, etc.) PayPal		r, if PAC	Registration Number	Full Name of Contributor Registration Numb								
City State Zip Code Date (MM/DD/YYYY) Amount \$101.00 Full Name of Contributor Keshab Khatiwada Street Address Employer/Occupation/Labor Organization* Form (Cash, Check, etc.) PayPal							a	Tara Acharya				
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Full Name of Contributor Keshab Khatiwada Street Address Employer/Occupation/Labor Organization* Form (Cash, Check, etc.) PayPal		PayPal										
Full Name of Contributor Keshab Khatiwada Street Address Employer/Occupation/Labor Organization* Form (Cash, Check, etc.) PayPal		Amount	Date (MM/DD/YYYY)		Zip Code	State		City				
Keshab Khatiwada Street Address Employer/Occupation/Labor Organization* Form (Cash, Check, etc.) PayPal		\$101.00		:								
Street Address Employer/Occupation/Labor Organization* Form (Cash, Check, etc.) PayPal		r, if PAC	Registration Number	· · · · · · · · · · · · · · · · · · ·	<u> </u>		Contributor	Full Name of Contributor				
PayPal							tiwada	Keshab Khatiwada				
		Form (Cash, Check, etc.)		ganization*	/Occupation/Labor	Employer	S	Street Address				
City State Zin Code Day (4 M4/DD00000) Amount		PayPal										
State Zip Code Date (MM/DD/YYYY) Amount		Amount	Date (MM/DD/YYYY)		Zip Code	State		City				
12/12/2018 \$25.00		\$25.00	12/12/2018									
Full Name of Contributor Registration Number, if PAC		r, if PAC	Full Name of Contributor Registration Numb									
Madhav Khanal							nnal	Madhav Khanal				
Street Address Employer/Occupation/Labor Organization* Form (Cash, Check, etc.)		Form (Cash, Check, etc.)	Employer/Occupation/Labor Organization*			Employer	S	Street Address				
PayPal		PayPal										
City State Zip Code Date (MM/DD/YYYY) Amount		Amount	Date (MM/DD/YYYY)		Zip Code	State		City				
12/17/2018 \$50.00		\$50.00	12/17/2018									
Full Name of Contributor Registration Number, if PAC		r, if PAC	Registration Number		· · · · · · · · · · · · · · · · · · ·		Contributor	Full Name of Contributor				
Puma Gautam							nm	Puma Gautam				
Street Address Employer/Occupation/Labor Organization* Form (Cash, Check, etc.)		Form (Cash, Check, etc.)		ganization*	/Occupation/Labor	Employer	S					
PayPal		PayPal										
City State Zip Code Date (MM/DD/YYYY) Amount		Amount	D/YYYY)	Date (MM/D	Zip Code	State		City				
12/17/2018 \$501.00		\$501.00	12/17/2018									
Full Name of Contributor Registration Number, if PAC		r, if PAC	Registration Number		<u> </u>	Contributor	Full Name of Contributor					
Om Pyakurel							<u> </u>	Om Pyakurel				
Street Address Employer/Occupation/Labor Organization* Form (Cash, Check, etc.)		Form (Cash, Check, etc.)	Employer/Occupation/Labor Organization*				Street Address					
PayPal		PayPal										
City State Zip Code Date (MM/DD/YYYY) Amount			Date (MM/DD/YYYY)		Zip Code	State		City				
12/17/2018 \$100.00		\$100.00	12/17/2018									

*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	\$777.00	
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