



Statement of Contributions Received

Form 31-A

ORC 3517.10

Ill Name of Committee				_
riends of Bhuwan Pyakurel				stration Number, if PAC
III Name of Contributor				
sbi Mizer				Form (Cash, Check, etc.)
reet Address	Employer/Occupation/Labor Organization*			PayPal
ity	State	Zip Code	Date (MM/DD/YYY	
ny				\$200.00
			Regi	stration Number, if PAC
ull Name of Contributor				
edar khatiwoda		es/Occupation/Laho	or Organization*	Form (Cash, Check, etc.)
Street Address	Employer/Occupation/Labor Organization*			PayPal
City	State	Zip Code	Date (MM/DD/YY	(\$110.00
Full Name of Contributor			Reg	istration Number, if PAC
Dev Basne				
	Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.)
Street Address	Employon			PayPal
	State	Zip Code	Date (MM/DD/YY	(YY) Amount
City	State	Zip Code	\$60.00	
				gistration Number, if PAC
Full Name of Contributor			Rei	gisti attori Number, ii i 700
Rohit Phuyal				To the object of the
Street Address	Emplo	oyer/Occupation/Lal	Form (Cash, Check, etc.)	
				PayPal
01	State	Zip Code	Date (MM/DD/Y	YYY) Amount
City				\$200.00
			Re	egistration Number, if PAC
Full Name of Contributor				
Parma Bastola			has Ossanization*	Form (Cash, Check, etc.)
Street Address	Employer/Occupation/Labor Organization*			PayPal
City	State	Zip Code	Date (MM/DD/)	
Jon,				\$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)]

Page Total	\$670.00