



## **Statement of Contributions Received**

Form 31-A

ORC 3517.10

ull Name of Committee				
riends of Bhuwan Pyakurel				Nhaa if DAC
ull Name of Contributor				Number, if PAC
adhav Pyakurel				Form (Cash, Check, etc.)
treet Address	Employ	Employer/Occupation/Labor Organization*		
#00t / Wall 000				
	State	Zip Code	Date (MM/DD/YYYY)	Amount
ity	Call		,	\$150.00
ull Name of Contributor			Registration	n Number, if PAC
ok Adhikari				
	Employ	/er/Occupation/Labo	Form (Cash, Check, etc.)	
Street Address	Employ	Employer/Occupation/Labor Organization*		
	State	Zip Code	Date (MM/DD/YYYY)	Amount
City	Cialo		, ,	\$25.00
Full Name of Contributor	The second contributor		Registration	on Number, if PAC
idamou Mohamed				
	Emplo	Employer/Occupation/Labor Organization*		
Street Address				PayPal
24.	State	Zip Code	Date (MM/DD/YYYY)	Amount
City				\$25.00
Full Name of Contributor			Registrati	on Number, if PAC
-uii Name of Contributor				
	Emplo	oyer/Occupation/Lat	oor Organization*	Form (Cash, Check, etc.)
Street Address		,	-	
	State	Zip Code	Date (MM/DD/YYYY)	Amount
City	State	2.0000		
Full Name of Contributor	Registrat		ion Number, if PAC	
Charan Bajgai	Emol	Employer/Occupation/Labor Organization*		
Street Address	ddress		•	PayPal
	State	Zip Code	Date (MM/DD/YYYY)	Amount
City	Ciaco		1 '	\$150.00

\*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 Tota	al \$350.00	