



Statement of Contributions Received

Form 31-A

ORC 3517.10

Ill Name of Committee					
riends of Bhuwan Pyakurel				tegistration Number, if PAC	
III Name of Contributor				.g	
adhav Pyakurel					Form (Cash, Check, etc.)
reet Address	Employe	Employer/Occupation/Labor Organization*			
					PayPal
ity	State	Zip Code	Date (MM/DD/)	YYY)	\$51.00
•					
ull Name of Contributor			R	egistration N	umber, if PAC
ok Pyakurel			1		
	Employ	Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.)
treet Address	Employ St. 2 - Copy and a state of the state				PayPal
	State	Zip Code	Date (MM/DD/	YYYY)	Amount
City	State	Zip Codo		•	\$150.00
				Registration N	lumber, if PAC
Full Name of Contributor			[togio	
Beda Luitel					Form (Cash, Check, etc.)
Street Address	Emplo	yer/Occupation/Lab	PayPal		
City	State	Zip Code	Date (MM/DD/YYYY)		Amount
∪it y			ļ		\$50.00
				Registration I	Number, if PAC
Full Name of Contributor					
Deo Dhungel		oyer/Occupation/Lat	oor Organization*		Form (Cash, Check, etc.)
Street Address	Emplo	oyer/Occupation/Lat	PayPal		
		7:- 0:4:	Date (MM/DD/YYYY)		Amount
City	State	Zip Code	Date (MM/DI	<i></i>	\$100.00
				(<u> </u>	
Full Name of Contributor				Registration	Number, if PAC
Gopal Baskota					Charle Charle sta
Street Address	Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.)
Officer Variess					PayPal
	State	Zip Code	Date (MM/DD/YYYY)		Amount
City			l		\$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 \$451.00