



Statement of Contributions Received

Form 31-A

ORC 3517.10

ull Name of Committee					
riends of Bhuwan Pyakurel				Registration Nu	imber if PAC
ull Name of Contributor				Registration No	imber, in the
ryeh Alex					Form (Cash, Check, etc.)
treet Address	Employe	Employer/Occupation/Labor Organization*			l l
•					PayPal
ity	State	Zip Code	Date (MM/DI	D/YYYY)	Amount
ity					\$20.00
				Registration N	umber, if PAC
ull Name of Contributor					
ashwant Belsare	Employ	Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.)
Street Address	Employ	Employer/Occupation/Labor Organization			PayPal
			Jp 4: 004/D	DAVAVA)	Amount
Dity	State	Zip Code	Date (MM/D	D/1111)	\$51.00
Full Name of Contributor				Registration N	lumber, if PAC
Noel Andersen					
Street Address	Employ	Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.)
Stiest Vanious					PayPal
	State	Zip Code	Date (MM/DD/YYYY)		Amount
City					\$100.00
				Registration I	Number, if PAC
Full Name of Contributor					
Pool Lounge LLC			Organization*	<u> </u>	Form (Cash, Check, etc.)
Street Address	Emplo	Employer/Occupation/Labor Organization*			PayPal
					Amount
City	State	Zip Code	Date (MM/	OD/YYYY)	\$200.00
Full Name of Contributor		Registration			
John Tolbert III					
	Empl	Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.)
Street Address					
	State	Zip Code	Date (MM	(DD/YYYY)	Amount
City	State	Z.P 0000			\$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	\$471.00	