



Statement of Contributions Received

Form 31-A

ORC 3517.10

| | | | | |
|---|--|-------------------|-----------------------------------|----------------------|
| Full Name of Committee Committee to Elect Chet Chaney | | | | |
| Full Name of Contributor FOP Political Education Fund | | | Registration Number, if PAC | |
| Street Address 6800 Schrock Hill Ct. | Employer/Occupation/Labor Organization* The Fraternal Order of Police | | Form (Cash, Check, etc.) Check | |
| City Columbus | State OH | Zip Code 43229 | Date (MM/DD/YYYY) 10/10/2019 | Amount \$1,000.00 |
| Full Name of Contributor Chet Joseph Chaney | | | Registration Number, if PAC | |
| Street Address 7959 Fairway Dr. | Employer/Occupation/Labor Organization* Perry Township Trustee | | Form (Cash, Check, etc.) Check | |
| City Columbus | State OH | Zip Code 43235 | Date (MM/DD/YYYY) 10/10/2019 | Amount \$200.00 |
| Full Name of Contributor | | | Registration Number, if PAC | |
| Street Address | Employer/Occupation/Labor Organization* | | Form (Cash, Check, etc.) | |
| City | State | Zip Code | Date (MM/DD/YYYY) | Amount |
| Full Name of Contributor | | | Registration Number, if PAC | |
| Street Address | Employer/Occupation/Labor Organization* | | Form (Cash, Check, etc.) | |
| City | State | Zip Code | Date (MM/DD/YYYY) | Amount |
| Full Name of Contributor | | | Registration Number, if PAC | |
| Street Address | Employer/Occupation/Labor Organization* | | Form (Cash, Check, etc.) | |
| City | State | Zip Code | Date (MM/DD/YYYY) | Amount |

*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 **\$1,200.00**