## **Statement of Contributions Received**

Prescribed by Secretary of State 3/05

						· · · · · · · · · · · · · · · · · · ·	
Name of Committee in Full							
Committee To Elect Chet Char	ney		<b>.</b>				
Full Name of Contributor			Registr	Registration Number, if PAC			
Chet J Chaney					· · · · · · · · · · · · · · · · · · ·		
Street Address	Employer/Occu	pation/Labor Organization*				Form (Cash, Check, etc.)	
7959 Fairway Dr					· · · · · · · · · · · · · · · · · · ·	check	
City	State	Zip Code	М	D	Y	Amount	
Columbus	I O I H	43235		2 7			
Full Name of Contributor			Registr	ation Nur	ber, if PA	.C	
Huntington Bank							
Street Address	Employer/Occu				Form (Cash, Check, etc.)		
17 South High Street	n/a					bank credit	
City	State	Zip Code	М	D	Y	Amount	
Columbus	ОН	43216	1 1	3 0	1 6	38.00	
Full Name of Contributor		Registr	Registration Number, if PAC				
Huntington Bank							
Street Address	Employer/Occu				Form (Cash, Check, etc.)		
17 South High Street	n/a				bank credit		
City	State	Zip Code	М	D	Y	Amount	
Columbus	ОН	43235	0 2	1 5	1 6	2.50	
Full Name of Contributor	· · · · · · · · · · · · · · · · · · ·			ation Nun	ber, if PA	c	
Street Address	Employer/Occu	pation/Labor Organization*	<del></del>			Form (Cash, Check, etc.)	
1							
City	State	Zip Code	M	D	Y	Amount	
				1 1			
Full Name of Contributor			Registr	ation Num	ber, if PA	C	
Į.			(				
et Address Employer/Occupation/Labor Organization*						Form (Cash, Check, etc.)	
City	State	Zip Code	М	D	Y	Amount	
				1		}	
Full Name of Contributor	<b>,</b>		Registr	ation Nun	ber, if PA	C	
Street Address	Employer/Occupation/Labor Organization*					Form (Cash, Check, etc.)	
Total Control of the		<b>,</b>					
City	State	Zip Code	М	D	Y	Amount	
Chy	1	) Special			1		
Full Name of Contributor		<u> </u>	Registr	ation Nun	ber if PA	C	
run Name of Conditodio			regisa	unon reun	, n 11		
Street Address	Employer/Occu	nation/Labor Organization*			· · · · · · · · · · · · · · · · · · ·	Form (Cash, Check, etc.)	
Street Address	Стиркустосси	Employer/Occupation/Labor Organization*				r orm (Cash, Chasa, etc.)	
City	State	Zip Code	М	D	Y	Amount	
City	State	Zip Code	l IVI			Aliyunt	
7 11 1 CO 7			Perietr	ation Nun	her if DA	C	
Full Name of Contributor			Kegisu	auon Nun	ioei, ii ra		
treet Address Employer/Occupation/Labor Organization*						Form (Cash, Check, etc.)	
Street Address	Employer/Occu				roini (Casii, Check, etc.)		
	<del></del>	7:- 0-1-	1 37	1 5	ΙV	Amount	
City	State	Zip Code	M	D	Y	Amount	
		111			1 1	nome of the	

Page Total \$ 587.92

<sup>\*</sup> 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 appear. [R.C. 3517.10(B)(4)]