Statement of Contributions Received

Prescribed by Secretary of State 3/05

Name of Committee in Full				
Committee to Elect Chet Chaney			Registration Number, if PAC	
Full Name of Contributor			,	
Chet Joseph Chaney	Elavar/Osama	ion/Labor Organization*		Form (Cash, Check, etc.)
Street Address	Employer/Occupa-	10th/Lagor Organization		Funds transfer
8220 Markhaven Dr.	State	Zip Code	M D Y	Amount
City		43235	0 7 2 0 0 9	50.00
Columbus	O H	43233	Registration Number, if PAG	
Turi Many O. Commondo				
Chet Joseph Chaney	- In) 'O			Form (Cash, Check, etc.)
Street Address	Employer/Occupation/Labor Organization*			Funds transfer
8220 Markhaven Dr.		In: Cal	M D Y	Amount
City	State	Zip Code		50.00
Columbus	OH	43235	0 8 2 0 0 9 Registration Number, if PA	
Full Name of Contributor			Registration Number, II PA	
Chet Joseph Chaney				
Street Address	Employer/Occupa	tion/Labor Organization*		Form (Cash, Check, etc.)
8220 Markhaven Dr.		,		Funds transfer
City	State	Zip Code	M D Y	Amount
Columbus	OH	43235	0 9 2 1 0 9	A
Full Name of Contributor			Registration Number, if PA	С
Chet Joseph Chaney				
Street Address	Employer/Occupa	tion/Labor Organization*		Form (Cash, Check, etc.)
8220 Markhaven Dr.				Funds transfer
City	State	Zip Code	M D Y	Amount
Columbus	OH	43235	1 0 2 0 0 9	
Full Name of Contributor Registration Number, if PAC				
Chet Joseph Chaney				
Street Address	Employer/Occupa	tion/Labor Organization*		Form (Cash, Check, etc.)
8220 Markhaven Dr.				Funds transfer
City	State	Zip Code	M D Y	Amount
Columbus	ОН	43235	1 1 2 0 0 9	50.00
Full Name of Contributor	and the second s		Registration Number, if PA	C
Chet Joseph Chaney				
Street Address	Employer/Occupa	ntion/Labor Organization*		Form (Cash, Check, etc.)
8220 Markhaven Dr.				Funds transfer
City	State	Zip Code	M D Y	Amount
Columbus	ОН	43235	1 2 2 1 0 9	50.00
Full Name of Contributor			Registration Number, if PA	ıC
Street Address	Employer/Occupa	ntion/Labor Organization*	······································	Form (Cash, Check, etc.)
				SEE
City	State	Zip Code	M D Y	Amount
Full Name of Contributor Registration Number, if PA				AC
Street Address	Employer/Occurs	ation/Labor Organization*	<u> </u>	Form (Cash, Check, etc.)
Succi radicas	2,			
City	State	Zip Code	M D Y	Amount
Cony		1		
and Consequent Security of the Consequence of the C		16	and the occupation and the name	of the

Page Total \$ 300.00

^{*} 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 appear. [R.C. 3517.10(B)(4)]