

Statement of Contributions Received

Prescribed by Secretary of State 3/05

Name of Committee in Full Committee to Elect Chet Chaney									
Full Name of Contributor Chet Joseph Chaney						Registration Number, if PAC			
Street Address 8220 Markhaven Dr.			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) Funds transfer		
City Columbus		State O H		Zip Code 43235		M 0	D 1	Y 2	Amount 50.00
Full Name of Contributor Chet Joseph Chaney						Registration Number, if PAC			
Street Address 8220 Markhaven Dr.			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) Funds transfer		
City Columbus		State O H		Zip Code 43235		M 0	D 2	Y 2	Amount 50.00
Full Name of Contributor Chet Joseph Chaney						Registration Number, if PAC			
Street Address 8220 Markhaven Dr.			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) Funds transfer		
City Columbus		State O H		Zip Code 43235		M 0	D 3	Y 2	Amount 50.00
Full Name of Contributor Chet Joseph Chaney						Registration Number, if PAC			
Street Address 8220 Markhaven Dr.			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) Funds transfer		
City Columbus		State O H		Zip Code 43235		M 0	D 4	Y 2	Amount 50.00
Full Name of Contributor Chet Joseph Chaney						Registration Number, if PAC			
Street Address 8220 Markhaven Dr.			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) Funds transfer		
City Columbus		State O H		Zip Code 43235		M 0	D 5	Y 2	Amount 50.00
Full Name of Contributor Chet Joseph Chaney						Registration Number, if PAC			
Street Address 8220 Markhaven Dr.			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) Funds transfer		
City Columbus		State O H		Zip Code 43235		M 0	D 6	Y 2	Amount 90.00
Full Name of Contributor						Registration Number, if PAC			
Street Address			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.)		
City		State		Zip Code		M	D	Y	Amount
Full Name of Contributor						Registration Number, if PAC			
Street Address			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.)		
City		State		Zip Code		M	D	Y	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 appear. [R.C. 3517.10(B)(4)]

Page Total \$ **340.00**