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			Registration Number,	if PAC
Chet Joseph Chaney				
Street Address	Employer/Occupat	on/Labor Organization*		Form (Cash, Check, etc.)
8220 Markhaven Dr.				Funds transfer
City	State	Zip Code	1 1 1	Y Amount
Columbus	ОН	43235	0 1 2 0 1	1 0 50.00
Full Name of Contributor			Registration Number,	if PAC
Chet Joseph Chaney				
Street Address	Employer/Occupat	ion/Labor Organization*		Form (Cash, Check, etc.)
8220 Markhaven Dr.				Funds transfer
City	State	Zip Code	M D	Y Amount
Columbus	ОН	43235		1 0 50.00
Full Name of Contributor	-		Registration Number,	, ifPAC
Chet Joseph Chaney				
Street Address	Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.)
8220 Markhaven Dr.				Funds transfer
City	State	Zip Code	M D	Y Amount
Columbus	OH	43235		1 0 50.00
Full Name of Contributor			Registration Number,	, ifPAC
Chet Joseph Chaney	<u> </u>			Form (Cash, Check, etc.)
Street Address	Employer/Occupat	ion/Labor Organization*		1 '
8220 Markhaven Dr.		I 1.	M D	Funds transfer Y Amount
City	State	Zip Code		
Columbus	OH	43235	0 4 2 0 3	
Full Name of Contributor			registration (vinces)	, ii rac
Chet Joseph Chaney	Envloyer/Occupat	ion/Labor Organization*	<u>L</u>	Form (Cash, Check, etc.)
Street Address	Employen Compan	Oll/Laton Organization		Funds transfer
8220 Markhaven Dr.	State	Zip Code	M D	Y Amount
Columbus	ОН	43235		1 0 50.00
Full Name of Contributor		10200	Registration Number	
Chet Joseph Chaney			Ĭ	
Street Address	Employer/Occupat	ion/Labor Organization*		Form (Cash, Check, etc.)
8220 Markhaven Dr.		-		Funds transfer
City City	State	Zip Code	M D	Y Amount
Columbus	ОН	43235	0 6 2 1	1 0 90.00
Full Name of Contributor		L	Registration Number	, if PAC
Street Address	Employer/Occupa	ion/Labor Organization*		Form (Cash, Check, etc.)
City	State	Zip Code	M D	Y Amount
	177			
Full Name of Contributor	<u> </u>	<u> </u>	Registration Number	; if PAC
Street Address	Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.)
City	State	Zip Code	M D	Y Amount

Page Total \$ 340.00

^{*} 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)]