

Statement of Contributions Received

Prescribed by Secretary of State 03/05

Name of Committee in Full Committee to Elect Chet Chaney										
Full Name of Contributor Chet Chaney							Registration Number, if PAC			
Street Address 8220 Markhaven Dr.				Employer/Occupation/Labor Organization *				Form (Cash, Check, etc.) Check		
City Columbus		State OH		Zip Code 43235		M 0	D 2	Y 2	Y 0	Y 9
Amount \$50.00										
Full Name of Contributor Chet Chaney							Registration Number, if PAC			
Street Address 8220 Markhaven Dr.				Employer/Occupation/Labor Organization *				Form (Cash, Check, etc.) Check		
City Columbus		State OH		Zip Code 43235		M 0	D 3	Y 2	Y 0	Y 9
Amount \$50.00										
Full Name of Contributor Chet Chaney							Registration Number, if PAC			
Street Address 8220 Markhaven Dr.				Employer/Occupation/Labor Organization *				Form (Cash, Check, etc.) Check		
City Columbus		State OH		Zip Code 43235		M 0	D 4	Y 2	Y 0	Y 9
Amount \$50.00										
Full Name of Contributor Chet Chaney							Registration Number, if PAC			
Street Address 8220 Markhaven Dr.				Employer/Occupation/Labor Organization *				Form (Cash, Check, etc.) Check		
City Columbus		State OH		Zip Code 43235		M 0	D 5	Y 2	Y 0	Y 9
Amount \$50.00										
Full Name of Contributor Chet Chaney							Registration Number, if PAC			
Street Address 8220 Markhaven Dr.				Employer/Occupation/Labor Organization *				Form (Cash, Check, etc.) Check		
City Columbus		State OH		Zip Code 43235		M 0	D 6	Y 2	Y 2	Y 0
Amount \$50.00										
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	Y	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	Y	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	Y	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 also appear. [R.C. 3517.10(B)(4)]