

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 77 OF 121

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**Chesapeake Energy Corporation FED PAC**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Miller, Casey, , ,**

Mailing Address 6100 N Western Ave

City  
Oklahoma City

State  
OK

Zip Code  
73118-1044

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Chesapeake Operating, LLC

Occupation (for Individual)  
Strategic Planning Specialist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

374.94

Date of Receipt

MM / DD / YYYY  
09 / 20 / 2019

**Transaction ID : 201909191115-71**

Amount of Each Receipt this Period

20.83

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Miller, Michelle, , ,**

Mailing Address 6100 N Western Ave

City  
Oklahoma City

State  
OK

Zip Code  
73118-1044

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Chesapeake Operating, LLC

Occupation (for Individual)  
Sr. Manager - Governance & Risk

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

374.94

Date of Receipt

MM / DD / YYYY  
09 / 06 / 2019

**Transaction ID : 201909119135-259**

Amount of Each Receipt this Period

20.83

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Miller, Michelle, , ,**

Mailing Address 6100 N Western Ave

City  
Oklahoma City

State  
OK

Zip Code  
73118-1044

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Chesapeake Operating, LLC

Occupation (for Individual)  
Sr. Manager - Governance & Risk

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

374.94

Date of Receipt

MM / DD / YYYY  
09 / 20 / 2019

**Transaction ID : 201909191115-268**

Amount of Each Receipt this Period

20.83

☐ Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

62.49