

Statement of Contributions Received

Prescribed by Secretary of State 03/05

Name of Committee in Full <i>Friends of Dr. Tom Cozewiak</i>									
Full Name of Contributor <i>John & Jodi Stechschulte</i>							Registration Number, if PAC		
Street Address <i>1200 Ben Hwy Ln.</i>				Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) <i>Check</i>		
City <i>Columbus</i>		State <i>OH</i>	Zip Code <i>43220</i>		M <i>03</i>	D <i>06</i>	Y <i>12</i>	Amount <i>100.00</i>	
Full Name of Contributor									
Street Address									
Employer/Occupation/Labor Organization*									
Form (Cash, Check, etc.)									
City		State	Zip Code		M	D	Y	Amount	
Full Name of Contributor									
Street Address									
Employer/Occupation/Labor Organization*									
Form (Cash, Check, etc.)									
City		State	Zip Code		M	D	Y	Amount	
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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 also appear. [R.C. 3517.10(B)(4)]