

FOR PAPER FILING ONLY

Statement of Contributions Received

Prescribed by Secretary of State 03/05

Name of Committee in Full Jakelsky for Trustee					
Full Name of Contributor Plumbers & Pipefitters L.U. 189				Registration Number, if PAC	
Street Address 1250 Kinnear Rd.		Employer/Occupation/Labor Organization* Labor Organization		Form (Cash, Check, etc.) Check	
City Columbus	State OH <input type="checkbox"/>	Zip Code 43212	M 1	D 0	Y 0711
Amount \$1,000.00		Registration Number, if PAC			
Full Name of Contributor Columbus Sheet Metal Workers Political Education Committee					
Street Address 3035 Lamb Rd.		Employer/Occupation/Labor Organization* Labor Organization		Form (Cash, Check, etc.) Check	
City Columbus	State OH <input type="checkbox"/>	Zip Code 43219	M 1	D 0	Y 2411
Amount \$250.00		Registration Number, if PAC			
Full Name of Contributor Matthew D. Jakelsky					
Street Address 40 Gladys Rd.		Employer/Occupation/Labor Organization* Plumber/Pipefitter - Farber Corp.		Form (Cash, Check, etc.) Cash	
City Columbus	State OH <input type="checkbox"/>	Zip Code 43228	M 1	D 0	Y 0611
Amount \$100.00		Registration Number, if PAC			
Full Name of Contributor					
Street Address		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.)	
City	State OH <input type="checkbox"/>	Zip Code	M	D	Y
Amount		Registration Number, if PAC			
Full Name of Contributor					
Street Address		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.)	
City	State OH <input type="checkbox"/>	Zip Code	M	D	Y
Amount		Registration Number, if PAC			
Full Name of Contributor					
Street Address		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.)	
City	State OH <input type="checkbox"/>	Zip Code	M	D	Y
Amount		Registration Number, if PAC			
Full Name of Contributor					
Street Address		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.)	
City	State OH <input type="checkbox"/>	Zip Code	M	D	Y
Amount		Registration Number, if PAC			
Full Name of Contributor					
Street Address		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.)	
City	State OH <input type="checkbox"/>	Zip Code	M	D	Y
Amount		Registration Number, if PAC			

* 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)]