

Statement of Contributions Received

Prescribed by Secretary of State 3/05

Name of Committee in Full AluttoforDublin										
Full Name of Contributor Joseph Alutto						Registration Number, if PAC				
Street Address 810 Curleys Ct			Employer/Occupation/Labor Organization* Retired				Form (Cash, Check, etc.) Check			
City Columbus	State o	h h	Zip Code 43235	M 1	D 0	Y 0	3 3	1 1	9 9	Amount 250.00
Full Name of Contributor Carol Newcomb						Registration Number, if PAC				
Street Address 810 Curleys Ct			Employer/Occupation/Labor Organization* Retired				Form (Cash, Check, etc.) Check			
City Columbus	State o	h h	Zip Code 43235	M 1	D 0	Y 0	3 3	1 1	9 9	Amount 250.00
Full Name of Contributor John Reiner						Registration Number, if PAC				
Street Address 8977 Turin Hill Ct. N.			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) Check			
City Dublin	State o	h h	Zip Code 43017	M 1	D 0	Y 0	1 1	1 1	9 9	Amount 250.00
Full Name of Contributor Michael Gunnarson						Registration Number, if PAC				
Street Address 6028 Ernest Way			Employer/Occupation/Labor Organization* Realtor				Form (Cash, Check, etc.) Check			
City Dublin	State o	h h	Zip Code 43017	M 1	D 0	Y 0	9 9	1 1	9 9	Amount 250.00
Full Name of Contributor						Registration Number, if PAC				
Street Address			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.)			
City	State	h	Zip Code	M	D	Y				Amount
Full Name of Contributor						Registration Number, if PAC				
Street Address			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.)			
City	State	h	Zip Code	M	D	Y				Amount
Full Name of Contributor						Registration Number, if PAC				
Street Address			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.)			
City	State	h	Zip Code	M	D	Y				Amount
Full Name of Contributor						Registration Number, if PAC				
Street Address			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.)			
City	State	h	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 appear. [R.C. 3517.10(B)(4)]

Page Total \$ 1,000.00