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Statement of Contributions Received

Prescribed by Secretary of State 3/05

·			,					
Name of Committee in Full	7		i		·	?	7	
AluttoforDublin	i		!	In ·			,	
Full Name of Contributor			1 .	Registra	tion Num	ber, if PA	C .	
Joseph Alutto	Te di	"	1			<u>'</u>	[
Street Address	Employer	г/Оссира	ation/Labor Organization*				Form (Cash, Check, etc.)	
810 Curleys Ct	1 1		In: 0.1	1	T	1	check :	
City	Sta	ate h	Zip Code	M	D A	Y	Amount :	ا مد
Columbus	0	11	43235		2 4		250.0	<i>J</i> U
Full Name of Contributor				Registra	nin uon	ber, if PA	C	
Carol Alutto Street Address	[1	-10					E (C) (C) ata)	
	Employe	r/Occupa	ation/Labor Organization*				Form (Cash, Check, etc.)	
810 Curleys Ct	F4-		7:- 0-4-	1 14		Ιν	check	
Calaurahara	Sta	ate h	Zip Code	M	D D	Y	Amount	ഫ
Columbus	0	14	43235	0 8			250.0	JU
Full Name of Contributor			,	Kegistra	uon Num	ber, if PA	.C	
Rosemary Alutto	Ir1	-10					E (Cost Claster to)	
Street Address	i:mploye	r/Occupa	ation/Labor Organization*			,	Form (Cash, Check, etc.)	
8729 Craigston Ct	1	-4-	7:- C-1-	Т.;	1 15	T	check ·	
City .	Sta	ate h	Zip Code	M	D	Y 1 1 1 E	Amount	ഹ
Dublin	O·	11	43017	0 8		1 5	250.0	JU
Full Name of Contributor				Kegistra	non Num	ber, if PA	·C	
John Reiner	Te	-iO	stianti akan Omari-si-s*	<u>L</u>			Form (Cook Child IV)	
eet Address Employer/Occupation/Labor Organization*,					Form (Cash, Check, etc.)			
8977 Turin Hill Ct	1		In: . C 1	T	I r	Ιv	check	
City	Sta		Zip Code	M	D	Y	Amount	00
Dublin	0	h	43017	0 8			250.0	JU
Full Name of Contributor			•	Kegistra	non Num	ber, if PA	iC .	
Shiela Reiner	Te ·	. 10	diameter of the second	<u> </u>			E (C-) C-)	
Street Address	Employe	r/Occupa	ation/Labor Organization*				Form (Cash, Check, etc.)	
8977 Turin Hill Ct	-		The Code	1 17	L	Ιν	online	
City	Sta		Zip Code	M	D	Y	Amount	00
Dublin	1.0	h	43017	0 8			250.0	JU
Full Name of Contributor				Kegistra	шол Мил	iber, if PA	ic .	
Paul Gaydos	E1	-/Or	otion# obor Over-i-stic-#				Form (Cash, Check, etc.)	
Street Address	Employe	://Occupa	ation/Labor Organization*					
5863 Moray Ct	ļ		7i- Cod-	1 14	Ιn	Ιν	check	
City	1	ate h	Zip Code	M	D	Y	Amount 100 (ሰሰ
Dublin	0	11	43017	U 9	2 6	1 5		טט
Full Name of Contributor				Kegisira	เผบน เงนแ	iber, if PA		
Greg Peterson	E1	r/()	ation/Labor Organization*				Form (Cash, Check, etc.)	
Street Address	Ешрюуе	атоссира	anontation Organization				check	
7300 Penneyroyal	6.	ate	Zip Code	М	T D	ΙΥ	Amount	
City		ate h	43017		1 .	1 .		በበ
Dublin Full Name of Contributor	0		#3017			ber, if PA		JU
				region?		, 11 1 /		
Cathy Boring	Employe	r/Occur	ation/Labor Organization*				Form (Cash, Check, etc.)	
Street Address	Employe	.i/Occup	anous renot Ci Ramzanon				cash	
5213 Reserve Dr		ate	Zip Code	М	D	Y	Amount	
City		h.aie	43017	0 9	I .	Ι.		വ
Dublin	O O							00

* Required for contributions from individuals over \$100 to statewide and general assembly candidates. It 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 \$	1,520.00