RECEIVED
NOV 9 2015
CLERK OF COUNCIL
CITY OF DUBLIN

BACKGROUND & SUMMARY INFORMATION

NAME Christina Alutto

STREET ADDRESS 8900 Turin Hill Ct. N.

CITY Dublin STATE OH ZIPCODE 43017

OFFICE SOUGHT City Council at-large

NAME OF TREASURER Christina Alutto

TYPE OF REPORT

___ 32 DAYS PRIOR TO ELECTION

___ 11DAYS PRIOR TO ELECTION

X 38 DAYS FOLLOWING ELECTION

Cumulative total of all contributions received, from campaign start through current report date (from Statement of Contributions Received total) $2520.00

Cumulative value of all in-kind contributions received, from campaign start through current report date (from Statement of In-Kind Contributions Received total) $411.02

Cumulative total of all expenditures made, from campaign start through current report date (from Statement of Expenditures total) $4420.75

SIGNATURE

By signing below, I swear or affirm that this statement and any additional attachments have been prepared or carefully reviewed by me, and constitute my complete, truthful and correct disclosure of all required information.

Name: Christina Alutto

Date: 11/9/2015

Signature:

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In-Kind Contributions Received

Name of Committee in Full		
AluttoforDublin		
Full Name of Contributor	**Employer, Occupation, Labor Organization ***	**Registration Number, if PAC**
Rory Gaydos	Director of IT	
Street Address	**Description of Item or Service**	**M / D / Y / Fair Market Value**
8900 Turin Hill Ct	Food for party	09 / 26 / 15 / 223.87
City	**State / Zip Code**	**Received at Fundraising Event?**
Dublin	oh / 43017	☑ YES ☐ NO
Full Name of Contributor	**Employer, Occupation, Labor Organization ***	**Registration Number, if PAC**
Patricia Walsh	Teacher	
Street Address	**Description of Item or Service**	**M / D / Y / Fair Market Value**
813 Whitestone St	drinks for party	09 / 20 / 15 / 187.15
City	**State / Zip Code**	**Received at Fundraising Event?**
Bloomington	IN / 47403	☐ YES ☑ NO
Full Name of Contributor	**Employer, Occupation, Labor Organization ***	**Registration Number, if PAC**
Street Address	**Description of Item or Service**	**M / D / Y / Fair Market Value**
City	**State / Zip Code**	**Received at Fundraising Event?**
		☐ YES ☐ NO
Full Name of Contributor	**Employer, Occupation, Labor Organization ***	**Registration Number, if PAC**
Street Address	**Description of Item or Service**	**M / D / Y / Fair Market Value**
City	**State / Zip Code**	**Received at Fundraising Event?**
		☐ YES ☐ NO
Full Name of Contributor	**Employer, Occupation, Labor Organization ***	**Registration Number, if PAC**
Street Address	**Description of Item or Service**	**M / D / Y / Fair Market Value**
City	**State / Zip Code**	**Received at Fundraising Event?**
		☐ YES ☐ NO
Full Name of Contributor	**Employer, Occupation, Labor Organization ***	**Registration Number, if PAC**
Street Address	**Description of Item or Service**	**M / D / Y / Fair Market Value**
City	**State / Zip Code**	**Received at Fundraising Event?**
		☐ YES ☐ NO
Full Name of Contributor	**Employer, Occupation, Labor Organization ***	**Registration Number, if PAC**
Street Address	**Description of Item or Service**	**M / D / Y / Fair Market Value**
City	**State / Zip Code**	**Received at Fundraising Event?**
		☐ YES ☐ NO
Full Name of Contributor	**Employer, Occupation, Labor Organization ***	**Registration Number, if PAC**
Street Address	**Description of Item or Service**	**M / D / Y / Fair Market Value**
City	**State / Zip Code**	**Received at Fundraising Event?**
		☐ YES ☐ NO
Full Name of Contributor	**Employer, Occupation, Labor Organization ***	**Registration Number, if PAC**
Street Address	**Description of Item or Service**	**M / D / Y / Fair Market Value**
City	**State / Zip Code**	**Received at Fundraising Event?**
		☐ YES ☐ NO

Page Total $ 411.02

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Statement of Contributions Received

Name of Committee in Full								
AluttoforDublin								
Full Name of Contributor							**Registration Number, if PAC**	
Joseph Alutto								
Street Address	**Employer/Occupation/Labor Organization***						**Form (Cash, Check, etc.)**	
810 Curleys Ct							check	
City	**State**	**Zip Code**	**M**	**D**	**Y**		**Amount**	
Columbus	o h	43235	0 8	2 4	1 5		250.00	
Full Name of Contributor							**Registration Number, if PAC**	
Carol Alutto								
Street Address	**Employer/Occupation/Labor Organization***						**Form (Cash, Check, etc.)**	
810 Curleys Ct							check	
City	**State**	**Zip Code**	**M**	**D**	**Y**		**Amount**	
Columbus	o h	43235	0 8	2 4	1 5		250.00	
Full Name of Contributor							**Registration Number, if PAC**	
Rosemary Alutto								
Street Address	**Employer/Occupation/Labor Organization***						**Form (Cash, Check, etc.)**	
8729 Craigston Ct							check	
City	**State**	**Zip Code**	**M**	**D**	**Y**		**Amount**	
Dublin	o h	43017	0 8	1 7	1 5		250.00	
Full Name of Contributor							**Registration Number, if PAC**	
John Reiner								
Street Address	**Employer/Occupation/Labor Organization***						**Form (Cash, Check, etc.)**	
8977 Turin Hill Ct							check	
City	**State**	**Zip Code**	**M**	**D**	**Y**		**Amount**	
Dublin	o h	43017	0 8	1 8	1 5		250.00	
Full Name of Contributor							**Registration Number, if PAC**	
Shiela Reiner								
Street Address	**Employer/Occupation/Labor Organization***						**Form (Cash, Check, etc.)**	
8977 Turin Hill Ct							online	
City	**State**	**Zip Code**	**M**	**D**	**Y**		**Amount**	
Dublin	o h	43017	0 8	1 8	1 5		250.00	
Full Name of Contributor							**Registration Number, if PAC**	
Paul Gaydos								
Street Address	**Employer/Occupation/Labor Organization***						**Form (Cash, Check, etc.)**	
5863 Moray Ct							check	
City	**State**	**Zip Code**	**M**	**D**	**Y**		**Amount**	
Dublin	o h	43017	0 9	2 6	1 5		100.00	
Full Name of Contributor							**Registration Number, if PAC**	
Greg Peterson								
Street Address	**Employer/Occupation/Labor Organization***						**Form (Cash, Check, etc.)**	
7300 Penneyroyal							check	
City	**State**	**Zip Code**	**M**	**D**	**Y**		**Amount**	
Dublin	o h	43017	0 9	2 6	1 5		150.00	
Full Name of Contributor							**Registration Number, if PAC**	
Cathy Boring								
Street Address	**Employer/Occupation/Labor Organization***						**Form (Cash, Check, etc.)**	
5213 Reserve Dr							cash	
City	**State**	**Zip Code**	**M**	**D**	**Y**		**Amount**	
Dublin	o h	43017	0 9	2 8	1 5		20.00	

Page Total $ 1,520.00

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Statement of Contributions Received

Name of Committee in Full: AluttoforDublin

Full Name of Contributor	Registration Number, if PAC	Street Address	Employer/Occupation/Labor Organization*	Form (Cash, Check, etc.)	City	State	Zip Code	M	D	Y	Amount
Sandra Tucker		8989 Turin Hill Ct		check	Dublin	o h	43017	0 9	2 6	1 5	50.00
Jim Tucker		8989 Turin Hill Ct		check	Dublin	o h	43017	0 9	2 6	1 5	50.00
Robert Fathman		5805 Tarton Cir		online	Dublin	o h	43017	0 9	2 5	1 5	100.00
Warren Fishman		8577 Turnberry Ct		check	Dublin	o h	43017	1 0	0 4	1 5	150.00
James Wilmer		8995 Springburn		online	Dublin	o h	43017	1 0	0 7	1 5	100.00
Bob Fathman		5805 Tarton Cir		online	Dublin	o h	43017	1 0	0 3	1 5	100.00
Rick Schwieterman		8546 Preston Mill		Check	Dublin	o h	43017	1 0	1 4	1 5	250.00
Howard Wood		5996 Springburn		Check	Dublin	o h	43017	1 0	1 4	1 5	100.00

Page Total $ 900.00

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Statement of Contributions Received

Name of Committee in Full							
AluttoforDublin							
Full Name of Contributor						Registration Number, if PAC	
Sarah Saxton							
Street Address	Employer/Occupation/Labor Organization*						Form (Cash, Check, etc.)
8948 Turin Hill Ct							online
City	State	Zip Code	M	D	Y		Amount
Dublin	oh	43017	09	26	15		100.00
Full Name of Contributor						Registration Number, if PAC	
Street Address	Employer/Occupation/Labor Organization*						Form (Cash, Check, etc.)
City	State	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	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	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	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	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	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	Zip Code	M	D	Y		Amount

Page Total $ 100.00

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Statement of Expenditures

Name of Committee in Full								
AluttoforDublin								
To Whom Paid				M	D	Y	Amount	
Vistaprint				09	21	15	305.98	
Address	Purpose							
866-850-1397 (online)	literature							
City	State	Zip Code	Check Number					
			online					
To Whom Paid				M	D	Y	Amount	
Vistaprint				09	11	15	182.98	
Address	Purpose							
866-850-1397 (online)	literature							
City	State	Zip Code	Check Number					
			online					
To Whom Paid				M	D	Y	Amount	
Vistaprint				09	01	15	114.98	
Address	Purpose							
866-850-1397 (online)	literature							
City	State	Zip Code	Check Number					
			online					
To Whom Paid				M	D	Y	Amount	
Vistaprint							707.19	
Address	Purpose							
866-850-1397 (online)	literature							
City	State	Zip Code	Check Number					
			online					
To Whom Paid				M	D	Y	Amount	
mycampaignstore.com				09	01	15	1,486.18	
Address	Purpose							
304 Whittington Pky	yard signs							
City	State	Zip Code	Check Number					
Louisville	KY	40222	online					
To Whom Paid				M	D	Y	Amount	
Dublin Football				08	19	15	275.00	
Address	Purpose							
Paid through Patricia Church in person	advertisement							
City	State	Zip Code	Check Number					
Dublin	OH	43017	2953					
To Whom Paid				M	D	Y	Amount	
PIP Printing				10	16	15	220.44	
Address	Purpose							
3560 Millikin Ct Ste A	literature							
City	State	Zip Code	Check Number					
Columbus	oh	43228	2968					
To Whom Paid				M	D	Y	Amount	
Dublin Villager				10	16	15	1,128.00	
Address	Purpose							
PO Box 182537								
City	State	Zip Code	Check Number					
Columbus	oh	43218	Credit Card					

Page Total $ 4,420.75