



Statement of Contributions Received

Form 31-A

ORC 3517.10

Full Name of Committee Kaplan for Dublin				
Full Name of Contributor Friends of Kari Hertel			Registration Number, if PAC	
Street Address 4607 Wuertz Court		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) Check
City Dublin	State OH	Zip Code 43016	Date (MM/DD/YYYY) 10/09/2017	Amount \$150.00
Full Name of Contributor Gary and Darlene Binkley			Registration Number, if PAC	
Street Address 11565 Glynwood Road		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) Check
City Wapakoneta	State OH	Zip Code 45895	Date (MM/DD/YYYY) 10/16/2017	Amount \$100.00
Full Name of Contributor			Registration Number, if PAC	
Street Address		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.)
City	State OH	Zip Code	Date (MM/DD/YYYY)	Amount
Full Name of Contributor			Registration Number, if PAC	
Street Address		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.)
City	State OH	Zip Code	Date (MM/DD/YYYY)	Amount
Full Name of Contributor			Registration Number, if PAC	
Street Address		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.)
City	State OH	Zip Code	Date (MM/DD/YYYY)	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)]

Page Total \$250.00