



Statement of Expenditures

Form 31-B

R.C. 3517.10

Full Name of Committee Kaplan for Dublin				
To Whom Paid United States Postal Service		Date (MM/DD/YYYY) 10/16/2017		Amount \$49.00
Street Address 715 Shawan Falls Drive		Purpose Postage		
City Dublin	State OH	Zip Code 43017	Check Number Debit Card	
To Whom Paid Fireball Press		Date (MM/DD/YYYY) 10/18/2017		Amount \$340.68
Street Address 27 East 5th Avenue		Purpose Campaign Literature		
City Columbus	State OH	Zip Code 43201	Check Number Debit Card	
To Whom Paid		Date (MM/DD/YYYY)		Amount
Street Address		Purpose		
City	State OH	Zip Code	Check Number	
To Whom Paid		Date (MM/DD/YYYY)		Amount
Street Address		Purpose		
City	State OH	Zip Code	Check Number	
To Whom Paid		Date (MM/DD/YYYY)		Amount
Street Address		Purpose		
City	State OH	Zip Code	Check Number	
To Whom Paid		Date (MM/DD/YYYY)		Amount
Street Address		Purpose		
City	State OH	Zip Code	Check Number	

Page Total \$ **389.68**