



**Statement of Expenditures**

Form 31-B

R.C. 3517.10

**Full Name of Committee**

Kaplan for Dublin

To Whom Paid		Date (MM/DD/YYYY)		Amount
Fifth Third Bank				\$11.00
Street Address		Purpose		
38 Fountain Square Plaza		Bank Fee		
City	State	Zip Code	Check Number	
Cincinnati	OH	45263	Direct Deduction	
To Whom Paid		Date (MM/DD/YYYY)		Amount
J.D. Kaplan		12/27/2017		\$10.79
Street Address		Purpose		
7373 Christie Chapel Road		Debt Repayment		
City	State	Zip Code	Check Number	
Dublin	OH	43017	1076	
To Whom Paid		Date (MM/DD/YYYY)		Amount
Street Address		Purpose		
City	State	Zip Code	Check Number	
	OH			
To Whom Paid		Date (MM/DD/YYYY)		Amount
Street Address		Purpose		
City	State	Zip Code	Check Number	
	OH			
To Whom Paid		Date (MM/DD/YYYY)		Amount
Street Address		Purpose		
City	State	Zip Code	Check Number	
	OH			

Page Total \$ 21.79