



Statement of Other Income

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Form 31-A-2
R.C. 3517.10(B)

Full Name of Committee Kaplan for Dublin			
Full Name of Contributor J.D. Kaplan		Registration Number, if PAC	
Street Address 7373 Christie Chapel Road	Type* Loan Payments Received		Form (Cash, Check, etc.) Direct Deposit
City Dublin	State OH	Zip Code 43017	Amount \$500
Full Name of Contributor		Registration Number, if PAC	
Street Address	Type* Refund		Form (Cash, Check, etc.)
City	State OH	Zip Code	Amount
Full Name of Contributor		Registration Number, if PAC	
Street Address	Type* Refund		Form (Cash, Check, etc.)
City	State OH	Zip Code	Amount
Full Name of Contributor		Registration Number, if PAC	
Street Address	Type* Refund		Form (Cash, Check, etc.)
City	State OH	Zip Code	Amount
Full Name of Contributor		Registration Number, if PAC	
Street Address	Type* Refund		Form (Cash, Check, etc.)
City	State OH	Zip Code	Amount

* Place the two letter code in the Type block (one letter per square) which indicates the nature of the Other Income Received; RE for a refund, uncashed check or the committee's own insufficient funds check received, IN for any investment or interest income earned by the committee, SA for the sale of committee assets, or LN for payments received on a loan made.