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Statement of Contributions Received

Campaign Finance | (614) 466-3111 www.OhioSecretaryofState.gov cfinance@OhioSecretaryofState.gov Form 31-A ORC 3517.10

Cimanes Convocal Clariford Cate.						
Full Name of Committee Kaplan for Dublin						
Full Name of Contributor				Registration Number, if PAC		
J.D. Kaplan						
Street Address	Employ	Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.)	
7373 Christie Chapel Road					Direct Deposit	
City	State	Zip Code			Amount	
Dublin	ОН	43017			\$110.00	
Full Name of Contributor				Registration Number, if PAC		
Street Address	Employ	Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.)	
City	State OH	Zip Code			Amount	
Full Name of Contributor				Registration Number, if PAC		
Street Address	Employ	Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.)	
City	State	Zip Code		Amount		
	ОН					
Full Name of Contributor				Registration Number, if PAC		
Street Address	Employ	er/Occupation/Labor O	/Occupation/Labor Organization* Form (Cash, Check, etc.)			
City	State OH	Zip Code			Amount	
Full Name of Contributor				Registration Number, if PAC		
Street Address	Employe	Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.)	
City	State OH	Zip Code			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 \$110.00
