



Statement of Contributions Received

Campaign Finance | (614) 466-3111
www.OhioSecretaryofState.gov
cfinance@OhioSecretaryofState.gov

Form 31-A

ORC 3517.10

Full Name of Committee Kaplan for Dublin				
Full Name of Contributor Charles McClenaghan LLC			Registration Number, if PAC	
Street Address 3956 Brown Park Drive, Suite B		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) Check
City Hilliard	State OH	Zip Code 43026		Amount \$150.00
Full Name of Contributor Allison Harris			Registration Number, if PAC	
Street Address 4634 Bridge Path Lane		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) Check
City Dublin	State OH	Zip Code 43017		Amount \$100.00
Full Name of Contributor J.D. Kaplan			Registration Number, if PAC	
Street Address 7373 Christie Chapel Road		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) Direct Deposit
City Dublin	State OH	Zip Code 43017		Amount \$400.00
Full Name of Contributor J.D. Kaplan			Registration Number, if PAC	
Street Address 7373 Christie Chapel Road		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) Direct Deposit
City Dublin	State OH	Zip Code 43017		Amount \$11.52
Full Name of Contributor J.D. Kaplan			Registration Number, if PAC	
Street Address 7373 Christie Chapel Road		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) Direct Deposit
City Dublin	State OH	Zip Code 43017		Amount \$110.00

*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)]