



Statement of Expenditures

Form 31-B

R.C. 3517.10

Full Name of Committee Kaplan for Dublin				
To Whom Paid Staples		Date (MM/DD/YYYY) 10/10/2017		Amount \$27.71
Street Address 3680 West Dublin-Grandville Road		Purpose Campaign Materials		
City Columbus	State OH	Zip Code 43235	Check Number Debit Card	
To Whom Paid United State Postage Service		Date (MM/DD/YYYY) 10/11/2017		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 Ohio Ethics Commission		Date (MM/DD/YYYY) 10/12/2017		Amount \$35.00
Street Address 30 West Spring Street L3		Purpose Financial Disclosure Statement Filing Fee		
City Columbus	State OH	Zip Code 43215	Check Number Debit Card	
To Whom Paid Fireball Press		Date (MM/DD/YYYY) 10/12/2017		Amount \$231.08
Street Address 27 East 5th Avenue		Purpose Campaign Literature		
City Columbus	State OH	Zip Code 43201	Check Number Debit Card	
To Whom Paid Fifth Third Bank		Date (MM/DD/YYYY) 10/12/2017		Amount \$11.00
Street Address 38 Fountain Square Plaza		Purpose Bank Fee		
City Cincinnati	State OH	Zip Code 45263	Check Number Direct Deduction	

Page Total \$ 353.79