



Statement of Expenditures

Form 31-B

R.C. 3517.10

Full Name of Committee Kaplan for Dublin			
To Whom Paid Tuesday Morning		Date (MM/DD/YYYY) 11/05/2017	Amount \$5.36
Street Address 6545 Perimeter Drive		Purpose Breakfast Meeting	
City Dublin	State OH	Zip Code 43016	Check Number Debit Card
To Whom Paid United State Postal Service		Date (MM/DD/YYYY) 11/05/2017	Amount \$9.80
Street Address 6400 Emerald Parkway		Purpose Postage	
City Dublin	State OH	Zip Code 43016	Check Number Debit Card
To Whom Paid Fifth Third Bank		Date (MM/DD/YYYY) 11/10/2017	Amount \$11.00
Street Address P.O. Box 650900		Purpose Bank Service Charge	
City Cincinnati	State OH	Zip Code 45263	Check Number Direct Deduction
To Whom Paid United States Postal Service		Date (MM/DD/YYYY) 11/13/2017	Amount \$49.00
Street Address 715 Shawan Falls Drive		Purpose Flags	
City Dublin	State OH	Zip Code 43017	Check Number Debit Card
To Whom Paid United States Postal Service		Date (MM/DD/YYYY) 11/13/2017	Amount \$46.00
Street Address 715 Shawan Falls Drive		Purpose Postage	
City Dublin	State OH	Zip Code 43017	Check Number Debit Card

Page Total \$ 121.16