



BACKGROUND & SUMMARY INFORMATION

NAME JD KAPLAN

STREET ADDRESS 7373 CHRISTIE CHAPEL

CITY DUBLIN STATE OH ZIP CODE 43017

OFFICE SOUGHT CITY COUNCIL

NAME OF TREASURER SHAWN PARKER

TYPE OF REPORT

- 32 DAYS PRIOR TO ELECTION
- 11 DAYS PRIOR TO ELECTION
- 38 DAYS FOLLOWING ELECTION

Cumulative total of all contributions received,
from campaign start through current report
date
(from Statement of Contributions Received
total)

\$ 810⁰⁰

Cumulative value of all in-kind contributions received,
from campaign start through current report
date
(from Statement of In-Kind Contributions Received
total)

\$ —

Cumulative total of all expenditures made,
from campaign start through current report
date
(from Statement of Expenditures
total)

\$ 741.24

SIGNATURE

By signing below, I swear or affirm that this statement and any additional attachments have been prepared or carefully reviewed by me, and constitute my complete, truthful and correct disclosure of all required information.

Name: JD KAPLAN

Date: 10.4.13

Signature: JD KAPLAN

Statement of Contributions Received

Name of Candidate or Campaign Committee in Full						
Full Name of Contributor				Registration Number, if PAC		
Street Address		Street Address Continued			Form (Cash, Check, etc.)	
City	State	Zip Code	M	D	Y	Amount
JEFFREY D. KAPLAN (LOAN)				Registration Number, if PAC		
1313 CHRISTIE CHAPEL		DUBLIN			CASH	
DUBLIN	OH	43017	0	9	11	\$10
JEFFREY D. KAPLAN (LOAN)				Registration Number, if PAC		
SAME					CHECK	
SAME	OH	43017	0	9	05	\$100
ERIK YASSEN/OFF				Registration Number, if PAC		
1990 HAMPSHIRE RD					CHECK	
UPPER ARLINGTON	OH	43221	0	9	05	\$150
ANGEL RHODES (LOAN)				Registration Number, if PAC		
1313 CHRISTIE CHAPEL					CREDIT CARD	
DUBLIN	OH	43017	0	9	25	\$400
PATRICK CALLAHAN				Registration Number, if PAC		
3464 KATIE DRIVE					CHECK	
COLUMBUS	OH	43221	0	9	21	\$150
				Registration Number, if PAC		
					Form (Cash, Check, etc.)	
City	State	Zip Code	M	D	Y	Amount
				Registration Number, if PAC		
					Form (Cash, Check, etc.)	
City	State	Zip Code	M	D	Y	Amount

Statement of Expenditures

Name of Candidate or Campaign Committee in Full							
To Whom Paid	M	D	Y	Amount			
GOT PRINT	09	07	13	195.12			
Address BEST GUESS	Purpose POST CARDS						
City	State	Zip Code	Check Number				
			CREDIT CARD				
To Whom Paid	M	D	Y	Amount			
OFFICE MAY	09	18	13	27.28			
Address BEST GUESS	Purpose PRINTING SUPPLIES						
City	State	Zip Code	Check Number				
			DEBIT CREDIT CARD				
To Whom Paid	M	D	Y	Amount			
XIBO (BOB) FAN	10	02	13	35.00			
Address 4806 VISTA RIDGE	Purpose OYAAC EVENT						
City DUBLIN	State OH	Zip Code 43017	Check Number 002				
To Whom Paid	M	D	Y	Amount			
SIGN DEPOT	09	25	13	24.00			
Address BEST GUESS	Purpose YARD SIGNS						
City	State	Zip Code	Check Number				
			CREDIT CARD				
To Whom Paid	M	D	Y	Amount			
GIANT EAGLE	11	02	13	37.45			
Address BEST GUESS	Purpose CAMPAIGN SHIRTS						
City	State	Zip Code	Check Number				
			DEBIT				
To Whom Paid	M	D	Y	Amount			
HA' PENNY	10	02	13	26.75			
Address 75 SOUTH HIGH	Purpose IRISH FLAG						
City DUBLIN	State OH	Zip Code 43017	Check Number DEBIT				
To Whom Paid	M	D	Y	Amount			
TROPHIES PLUS	10	02	13	19.04			
Address 2990 HAYDEN RUN	Purpose NAME BADGES						
City COLUMBUS	State OH	Zip Code 43235	Check Number DEBIT				
To Whom Paid	M	D	Y	Amount			
Address	Purpose						
City	State	Zip Code	Check Number				