

FILED

Ohio Campaign Finance Report

09 DEC 11 AM 11:31

Prescribed by Secretary of State 3/05

FRANKLIN COUNTY
BOARD OF ELECTIONS

Full Name of Committee Glaeden for Judge						Registration Number, if PAC					
Full Name of Candidate Carrie E. Glaeden											
Street Address 100 South Third Street						Office Sought Franklin County Municipal Court, Full Term		District Commencing 1/05/2010			
City Columbus						State O H	Zip Code 43215				
Type of Report (place X to the left of report type)	Pre-Primary		Post-Primary		Pre-General		X	Post-General	Annual Year		
	July Monthly		August Monthly		September Monthly			Termination	Semiannual		
Amended Report? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			Report Electronically filed? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			Date of Election			M 1 1	D 0 3	Y 0 9

For candidates only, during an election year: if total contributions and expenditures each total \$500 or less during the combined pre- and post-periods at one election, check box. No other forms are required at a post-primary or post-general period, if above statement applies. See R.C. 3517.10(H) for details.

1. Amount brought forward from last report	\$	12,313.98
2. Total monetary contributions (From Form No. 31-A)	\$	2,800.00
3. Total other income (From Form No. 31-A-2)	\$	0.00
4. Total funds available (sum of lines 1, 2, 3)	\$	15,113.98
5. Total monetary expenditures (From Form No. 31-B)	\$	0.00
6. Balance on hand (line 4 minus line 5)	\$	15,113.98
7. Value of in-kind contributions received (From Form No. 31-J-1)	\$	0.00
8. Value of in-kind contributions made (From Form No. 31-J-2)	\$	0.00
9. Outstanding loans owed by committee (From Form No. 31-C)	\$	0.00
10. Outstanding debts owed by committee (From Form No. 31-N)	\$	0.00
11. Outstanding loans owed to committee (From Form No. 31-K)	\$	0.00
12. Value of independent expenditures made (From Form No. 31-U)	\$	0.00
13. For Electronic Filing Entities only	\$	
Sum of lines 2, 7 and amount of any new loans received this period	\$	

THE INFORMATION CONTAINED IN THIS REPORT IS MADE UNDER THE PENALTY OF ELECTION FALSIFICATION. WHOEVER COMMITS ELECTION FALSIFICATION IS GUILTY OF A FELONY OF THE FIFTH DEGREE

Kurtis A. Tunnell, Treasurer

Print Name and Title (Treasurer and Deputy Treasurer only)

Signature

Date

12/10/09

Contribution pages 1

Expenditure pages 0

Other pages 1

Total pages 2

Statement of Contributions Received

Prescribed by Secretary of State 2/01

Name of Committee in Full Glaeden for Judge						
Full Name of Contributor Vorys Sater Seymour and Pease LLP Advocates for Effective Gov't				Registration Number, if PAC OH108		
Street Address 52 E. Gay Street, P.O. Box 1008		Employer/Occupation/Labor Organization			Form (Cash, Check, etc.) Check	
City Columbus	State O H	Zip Code 43215	M 1 0	D 1 6	Y 0 9	Amount 2,000.00
Full Name of Contributor Daniel G. Hilson				Registration Number, if PAC		
Street Address 196 S. Grant Street, Suite 601		Employer/Occupation/Labor Organization			Form (Cash, Check, etc.) Check	
City Columbus	State O H	Zip Code 43215	M 1 1	D 1 7	Y 0 9	Amount 200.00
Full Name of Contributor Melissa R. Hoeffel				Registration Number, if PAC		
Street Address 1443 Cliff Court		Employer/Occupation/Labor Organization			Form (Cash, Check, etc.) Check	
City Columbus	State O H	Zip Code 43204	M 1 1	D 1 7	Y 0 9	Amount 100.00
Full Name of Contributor Roetzel & Andress				Registration Number, if PAC		
Street Address 222 South Main Street		Employer/Occupation/Labor Organization			Form (Cash, Check, etc.) Check	
City Akron	State O H	Zip Code 44308	M 1 1	D 1 7	Y 0 9	Amount 500.00
Full Name of Contributor				Registration Number, if PAC		
Street Address		Employer/Occupation/Labor Organization			Form (Cash, Check, etc.)	
City	State	Zip Code	M	D	Y	Amount
Full Name of Contributor				Registration Number, if PAC		
Street Address		Employer/Occupation/Labor Organization			Form (Cash, Check, etc.)	
City	State	Zip Code	M	D	Y	Amount
Full Name of Contributor				Registration Number, if PAC		
Street Address		Employer/Occupation/Labor Organization			Form (Cash, Check, etc.)	
City	State	Zip Code	M	D	Y	Amount

* Required for contributions over \$100 to statewide and general assembly candidates. If contributor is self-employed, occupation 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 appear. R.C. 3517.10(B)(4)