

FILED

Ohio Campaign Finance Report 09 JUN 12 AM 11:45

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		<input checked="" type="checkbox"/> Post-Primary		Pre-General		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 0 5	D 0 5	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	\$ 11,656.38
2. Total monetary contributions (From Form No. 31-A)	\$ 100.00
3. Total other income (From Form No. 31-A-2)	\$ 0.00
4. Total funds available (sum of lines 1, 2, 3)	\$ 11,756.38
5. Total monetary expenditures (From Form No. 31-B)	\$ 50.00
6. Balance on hand (line 4 minus line 5)	\$ 11,706.38
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)	\$ 852.00
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	\$

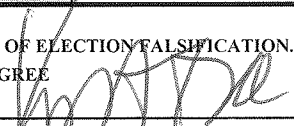
THE INFORMATION CONTAINED IN THIS REPORT IS MADE UNDER THE PENALTY OF ELECTION FALSIFICATION. WHOEVER COMMITS ELECTION FALSIFICATION IS GUILTY OF A FELONY OF THE FIFTH DEGREE

Kurtis A. Tunnell, Treasurer

Print Name and Title (Treasurer and Deputy Treasurer only)

Signature

Date



6/12/09

Contribution pages 2

Expenditure pages 1

Other pages 1

Total pages 5

Statement of Contributions Received

Prescribed by Secretary of State 2/01

Name of Committee in Full Glaeden for Judge							
Full Name of Contributor Contributions from Form No. 31-E					Registration Number, if PAC		
Street Address		Employer/Occupation/Labor Organization			Form (Cash, Check, etc.)		
City	State	Zip Code	M	D	Y	Amount	
			0	7	0	7	0
							100.00
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	
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	
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)

Statement of Contributions Received at a Social or Fundraising Event

Prescribed by Secretary of State 02/01

Name of Committee in Full Glaeden for Judge			
Full Name of Contributor Ohio Bail Agents Association		Registration Number, if PAC	
Street Address P.O. Box 450	Employer/Occupation/Labor Organization*	M D Y 0 5 0 4 0 9	Amount 100.00
City North Jackson	State Zip Code O H 44451	Form(Cash,Check,etc) Check	
Full Name of Contributor		Registration Number, if PAC	
Street Address		M D Y	Amount
City	State Zip Code	Form(Cash,Check,etc)	
Full Name of Contributor		Registration Number, if PAC	
Street Address		M D Y	Amount
City	State Zip Code	Form(Cash,Check,etc)	
Full Name of Contributor		Registration Number, if PAC	
Street Address		M D Y	Amount
City	State Zip Code	Form(Cash,Check,etc)	
Full Name of Contributor		Registration Number, if PAC	
Street Address		M D Y	Amount
City	State Zip Code	Form(Cash,Check,etc)	
Full Name of Contributor		Registration Number, if PAC	
Street Address		M D Y	Amount
City	State Zip Code	Form(Cash,Check,etc)	
Full Name of Contributor		Registration Number, if PAC	
Street Address		M D Y	Amount
City	State Zip Code	Form(Cash,Check,etc)	

* Required for contributions from individuals 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)]

Fill in the boxes below only on the last page for this event.
Transfer the Total contributions for this event to form No. 31-A. Under Full Name of Contributor state "Contributions from form No. 31-E" and list the date of the event in the date column.

Total contributions this event
100.00

Total expenditures this event

Page Total \$ 100.00

Statement of Expenditures

Prescribed by Secretary of State 2/01

Name of Committee in Full Glaeden for Judge												
To Whom Paid Grandview Area Republican Club						M	D	Y	Amount			
						0	4	2	1	0	9	50.00
Address 1730 King Avenue				Purpose Contribution								
City Columbus		State O	H	Zip Code 43212		Check Number 1080						
To Whom Paid						M	D	Y	Amount			
Address				Purpose								
City		State		Zip Code		Check Number						
To Whom Paid						M	D	Y	Amount			
Address				Purpose								
City		State		Zip Code		Check Number						
To Whom Paid						M	D	Y	Amount			
Address				Purpose								
City		State		Zip Code		Check Number						
To Whom Paid						M	D	Y	Amount			
Address				Purpose								
City		State		Zip Code		Check Number						
To Whom Paid						M	D	Y	Amount			
Address				Purpose								
City		State		Zip Code		Check Number						
To Whom Paid						M	D	Y	Amount			
Address				Purpose								
City		State		Zip Code		Check Number						
To Whom Paid						M	D	Y	Amount			

Statement of Outstanding Debts

Prescribed by Secretary of State 2/01

Full Name of Committee Glaeden for Judge											
To Whom Owed Carrie E. Glaeden					Prior Amount 852.00			Amt. Incurred this Period 0.00			
Address 4377 Bridgeside Place					Item or Purpose for Debt Goods & Service			Outstanding Balance 852.00			
City New Albany				State OH	Zip Code 43054						
Date Debt was originally Incurred					M			D		Y	
					0 1			0 5		0 9	
Registration Number, if PAC					M	D	Y				
					M	D	Y				
To Whom Owed					Prior Amount			Amt. Incurred this Period			
Address					Item or Purpose for Debt			Outstanding Balance			
City				State	Zip Code						
Date Debt was originally Incurred					M			D		Y	
Registration Number, if PAC					M	D	Y				
					M	D	Y				
To Whom Owed					Prior Amount			Amt. Incurred this Period			
Address					Item or Purpose for Debt			Outstanding Balance			
City				State	Zip Code						
Date Debt was originally Incurred					M			D		Y	
Registration Number, if PAC					M	D	Y				
					M	D	Y				

If a debt is forgiven, write "Forgiven" in the "Outstanding Balance" column. Transfer total of all payments made this period to the Statement of Expenditures (Form No. 31-B). Total amount forgiven should be included in the In-Kind Contributions Received (Form No. 31-J-1). Transfer total outstanding debt amount to the cover page.

Total Payments this Period \$ 0.00 (also record on Form 31-B)

Total Outstanding Balance \$ 852.00 (also record on cover page)