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# Ohio Campaign Finance Report

Prescribed by Secretary of State 3/05

FRANKLIN COUNTY  
BOARD OF ELECTIONS

Full Name of Committee <b>Glaeden for Judge</b>						Registration Number, if PAC			
Full Name of Candidate <b>Carrie E. Glaeden</b>									
Street Address <b>100 South Third Street</b>						Office Sought <b>Franklin County Municipal Court, Full Term</b>		District <b>Commencing 1/05/2010</b>	
City <b>Columbus</b>						State <b>O H</b>	Zip Code <b>43215</b>		
Type of Report (place X to the left of report type)	Pre-Primary		Post-Primary		<b>X</b>	Pre-General		Post-General	Annual Year
	July		August			September			Semiannual
	Monthly		Monthly			Monthly		Termination	
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 D Y <b>1 1 0 3 0 9</b>

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	\$	12,114.25
2. Total monetary contributions (From Form No. 31-A)	\$	14,550.00
3. Total other income (From Form No. 31-A-2)	\$	0.00
4. Total funds available (sum of lines 1, 2, 3)	\$	26,664.25
5. Total monetary expenditures (From Form No. 31-B)	\$	14,350.27
6. Balance on hand (line 4 minus line 5)	\$	12,313.98
7. Value of in-kind contributions received (From Form No. 31-J-1)	\$	2,491.12
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

*Kurtis A. Tunnell*  
Date  
**21 Oct 09**

Contribution pages 13

Expenditure pages 6

Other pages 4

Total pages 23

# Statement of Contributions Received

Prescribed by Secretary of State 2/01

Name of Committee in Full <b>Glaeden for Judge</b>									
Full Name of Contributor <b>Maria J. Armstrong</b>						Registration Number, if PAC			
Street Address <b>872 Pipestone Drive</b>				Employer/Occupation/Labor Organization				Form (Cash, Check, etc.) <b>Check</b>	
City <b>Columbus</b>		State <b>O   H</b>		Zip Code <b>43235</b>		M <b>0   6</b>	D <b>1   1</b>	Y <b>0   9</b>	Amount <b>150.00</b>
Full Name of Contributor <b>Bricker &amp; Eckler LLP State Political Action Committee</b>						Registration Number, if PAC <b>OH821</b>			
Street Address <b>100 S. Third Street</b>				Employer/Occupation/Labor Organization				Form (Cash, Check, etc.) <b>Check</b>	
City <b>Columbus</b>		State <b>O   H</b>		Zip Code <b>43215</b>		M <b>0   6</b>	D <b>1   8</b>	Y <b>0   9</b>	Amount <b>250.00</b>
Full Name of Contributor <b>Samuel R. Horner</b>						Registration Number, if PAC			
Street Address <b>106 Buttles Avenue</b>				Employer/Occupation/Labor Organization				Form (Cash, Check, etc.) <b>Check</b>	
City <b>Columbus</b>		State <b>O   H</b>		Zip Code <b>43215</b>		M <b>0   7</b>	D <b>1   0</b>	Y <b>0   9</b>	Amount <b>500.00</b>
Full Name of Contributor <b>Bernard M. Floetker</b>						Registration Number, if PAC			
Street Address <b>1295 S. High Street</b>				Employer/Occupation/Labor Organization				Form (Cash, Check, etc.) <b>Check</b>	
City <b>Columbus</b>		State <b>O   H</b>		Zip Code <b>43206</b>		M <b>0   7</b>	D <b>2   3</b>	Y <b>0   9</b>	Amount <b>50.00</b>
Full Name of Contributor <b>Zeiger, Tigges &amp; Little LLP</b>						Registration Number, if PAC			
Street Address <b>41 S. High Street, Suite 3500</b>				Employer/Occupation/Labor Organization				Form (Cash, Check, etc.) <b>Check</b>	
City <b>Columbus</b>		State <b>O   H</b>		Zip Code <b>43215</b>		M <b>0   8</b>	D <b>1   1</b>	Y <b>0   9</b>	Amount <b>250.00</b>
Full Name of Contributor <b>Kegler, Brown, Hill &amp; Ritter PAC</b>						Registration Number, if PAC <b>CP648</b>			
Street Address <b>65 E. State Street, Suite 1800</b>				Employer/Occupation/Labor Organization				Form (Cash, Check, etc.) <b>Check</b>	
City <b>Columbus</b>		State <b>O   H</b>		Zip Code <b>43215</b>		M <b>0   8</b>	D <b>3   1</b>	Y <b>0   9</b>	Amount <b>500.00</b>
Full Name of Contributor <b>Allan D. Franks</b>						Registration Number, if PAC			
Street Address <b>7013 Lansdowne Street</b>				Employer/Occupation/Labor Organization				Form (Cash, Check, etc.) <b>Check</b>	
City <b>Worthington</b>		State <b>O   H</b>		Zip Code <b>43085</b>		M <b>0   9</b>	D <b>2   4</b>	Y <b>0   9</b>	Amount <b>200.00</b>
Full Name of Contributor <b>Committee to Elect Keenan</b>						Registration Number, if PAC			
Street Address <b>865 Macon Alley</b>				Employer/Occupation/Labor Organization				Form (Cash, Check, etc.) <b>Check</b>	
City <b>Columbus</b>		State <b>O   H</b>		Zip Code <b>43206</b>		M <b>1   0</b>	D <b>0   9</b>	Y <b>0   9</b>	Amount <b>100.00</b>

\* 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

Prescribed by Secretary of State 2/01

Name of Committee in Full <b>Glaeden for Judge</b>						
Full Name of Contributor <b>Javitch, Block &amp; Rathbone</b>				Registration Number, if PAC		
Street Address <b>1100 Superior Avenue, 19th Floor</b>		Employer/Occupation/Labor Organization			Form (Cash, Check, etc.) <b>Check</b>	
City <b>Cleveland</b>	State <b>O   H</b>	Zip Code <b>44114</b>	M <b>1   0</b>	D <b>0   9</b>	Y <b>0   9</b>	Amount <b>50.00</b>
Full Name of Contributor <b>Contributions from Form No. 31-E</b>				Registration Number, if PAC		
Street Address		Employer/Occupation/Labor Organization			Form (Cash, Check, etc.)	
City	State	Zip Code	M	D	Y	Amount
			<b>0   6</b>	<b>1   1</b>	<b>0   9</b>	<b>3,850.00</b>
Full Name of Contributor <b>Contributions from Form No. 31-E</b>				Registration Number, if PAC		
Street Address		Employer/Occupation/Labor Organization			Form (Cash, Check, etc.)	
City	State	Zip Code	M	D	Y	Amount
			<b>0   7</b>	<b>0   7</b>	<b>0   9</b>	<b>6,600.00</b>
Full Name of Contributor <b>Contributions from Form No. 31-E</b>				Registration Number, if PAC		
Street Address		Employer/Occupation/Labor Organization			Form (Cash, Check, etc.)	
City	State	Zip Code	M	D	Y	Amount
			<b>0   9</b>	<b>1   8</b>	<b>0   9</b>	<b>2,050.00</b>
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 Expenditures

Prescribed by Secretary of State 2/01

Name of Committee in Full Glaeden for Judge						
To Whom Paid Fifth Third Bank	M	D	Y	Amount		
	0	6	1	0	0	9
						1.35
Address 21 E. State Street		Purpose Bank Service Charge				
City Columbus	State O	H	Zip Code 43215	Check Number		
To Whom Paid Herbert for Judge	M	D	Y	Amount		
	0	8	1	4	0	9
						250.00
Address 865 Macon Alley		Purpose Contribution				
City Columbus	State O	H	Zip Code 43206	Check Number 1083		
To Whom Paid Carrie Glaeden	M	D	Y	Amount		
	0	8	2	1	0	9
						81.96
Address 4377 Bridgeside Place		Purpose Reimbursement for stamps & photos				
City New Albany	State O	H	Zip Code 43054	Check Number 1089		
To Whom Paid Carrie Glaeden	M	D	Y	Amount		
	0	8	2	1	0	9
						49.14
Address 4377 Bridgeside Place		Purpose Reimbursement for St. Patrick's Day Parade Expenses				
City New Albany	State O	H	Zip Code 43054	Check Number 1088		
To Whom Paid Outlook Media	M	D	Y	Amount		
	0	9	1	8	0	9
						250.00
Address 815 N. High Street, Basement Suite ii		Purpose Ad				
City Columbus	State O	H	Zip Code 43215	Check Number 1091		
To Whom Paid Southeast, Inc.	M	D	Y	Amount		
	0	9	2	9	0	9
						135.00
Address 700 Bryden Road		Purpose 11/06/09 Mental Health Award Dinner				
City Columbus	State O	H	Zip Code 43215	Check Number 1093		
To Whom Paid Franklin County Republican Party	M	D	Y	Amount		
	1	0	0	8	0	9
						9,000.00
Address 14 E. Gay Street		Purpose Contribution				
City Columbus	State O	H	Zip Code 43215	Check Number 1096		
To Whom Paid Carrie Glaeden	M	D	Y	Amount		
	1	0	0	8	0	9
						1,285.00
Address 4377 Bridgeside Place		Purpose Reimbursement for outstanding debts				
City New Albany	State O	H	Zip Code 43054	Check Number 1095		

# Statement of Expenditures

Prescribed by Secretary of State 2/01

Name of Committee in Full <b>Glaeden for Judge</b>							
To Whom Paid <b>Fifth Third Bank</b>				M	D	Y	Amount
				0	7	1	26.35
Address <b>21 E. State Street</b>		Purpose <b>Bank Service Charge</b>					
City <b>Columbus</b>		State <b>O</b>	H	Zip Code <b>43215</b>	Check Number		
To Whom Paid <b>Expenditures from Form 31-F</b>				M	D	Y	Amount
				0	1	2	207.23
Address		Purpose					
City		State	H	Zip Code	Check Number		
To Whom Paid <b>Expenditures from Form 31-F</b>				M	D	Y	Amount
				0	3	0	213.09
Address		Purpose					
City		State	H	Zip Code	Check Number		
To Whom Paid <b>Expenditures from Form 31-F</b>				M	D	Y	Amount
				0	7	0	2,651.15
Address		Purpose					
City		State	H	Zip Code	Check Number		
To Whom Paid <b>Expenditures from Form 31-F</b>				M	D	Y	Amount
				0	9	1	200.00
Address		Purpose					
City		State	H	Zip Code	Check Number		
To Whom Paid				M	D	Y	Amount
Address		Purpose					
City		State	H	Zip Code	Check Number		
To Whom Paid				M	D	Y	Amount
Address		Purpose					
City		State	H	Zip Code	Check Number		

## Statement of Expenditures for Social or Fundraising Event

Prescribed by Secretary of State 02/01

Name of Committee in Full <b>Glaeden for Judge</b>						
To Whom Paid <b>Carrie Glaeden</b>			M	D	Y	Amount <b>207.23</b>
Address <b>4377 Bridgeside Place</b>			Purpose <b>Reimbursement for invitations/postage/name tags</b>			
City <b>New Albany</b>		State <b>O   H</b>	Zip Code <b>43054</b>		Check Number <b>1086</b>	
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	

Transfer total expenditures for this event to Form No. 31-B. Under the "To Whom Paid" state "Expenditures from Form 31-F" and list the date of the event in the date column.

## Statement of Expenditures for Social or Fundraising Event

Prescribed by Secretary of State 02/01

Name of Committee in Full <b>Glaeden for Judge</b>											
To Whom Paid <b>Carrie Glaeden</b>			M	D	Y	Amount					
			0	8	2	1	0	9	213.09		
Address <b>4377 Bridgeside Place</b>			Purpose <b>Reimbursement for invitations/postage/mail seal</b>								
City <b>New Albany</b>		State <b>O   H</b>	Zip Code <b>43054</b>		Check Number <b>1087</b>						
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						

Transfer total expenditures for this event to Form No. 31-B. Under the "To Whom Paid" state "Expenditures from Form 31-F" and list the date of the event in the date column.

## Statement of Contributions Received at a Social or Fundraising Event

Prescribed by Secretary of State 02/01

Name of Committee in Full		Employer/Occupation/Labor Organization*		M	D	Y	Amount
Glaeden for Judge							
Full Name of Contributor Wiles, Boyle, Burkholder, Bringardner Co., LPA Political Action Com				0   6   1   1   0   9		CP-1058	1,000.00
Street Address 300 Spruce Street							
City Columbus		State O   H	Zip Code 43215	Form(Cash,Check,etc) Check			
Full Name of Contributor Koffel & Jump							
Street Address 2130 Arlington Avenue				0   6   1   1   0   9			575.00
City Columbus		State O   H	Zip Code 43221	Form(Cash,Check,etc) Check			
Full Name of Contributor Christopher T. Cicero							
Street Address 1308 W. Mound Street				0   6   1   1   0   9			250.00
City Columbus		State O   H	Zip Code 43223	Form(Cash,Check,etc) Check			
Full Name of Contributor J. Scott Weisman Law Offices, LPA							
Street Address 601 S. High Street				0   6   1   1   0   9			200.00
City Columbus		State O   H	Zip Code 43215	Form(Cash,Check,etc) Check			
Full Name of Contributor Zeiger, Tigges & Little LLP							
Street Address 41 S. High Street, Suite 3500				0   6   1   1   0   9			100.00
City Columbus		State O   H	Zip Code 43215	Form(Cash,Check,etc) Check			
Full Name of Contributor Sean Maxfield							
Street Address 825 S. Front Street				0   6   1   1   0   9			50.00
City Columbus		State O   H	Zip Code 43206	Form(Cash,Check,etc) Cash			
Full Name of Contributor Jeff Berndt							
Street Address 575 S. High Street				0   6   1   1   0   9			50.00
City Columbus		State O   H	Zip Code 43215	Form(Cash,Check,etc) Cash			

\* 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

Total expenditures this event

Page Total \$ 2,225.00

## Statement of Contributions Received at a Social or Fundraising Event

Prescribed by Secretary of State 02/01

Name of Committee in Full				Registration Number, if PAC			
Gladden for Judge							
Full Name of Contributor Mark Collins				Registration Number, if PAC			
Street Address 492 S. High Street		Employer/Occupation/Labor Organization*		M	D	Y	Amount
				0	6	11	09
City Columbus		State O   H	Zip Code 43215	Form(Cash,Check,etc) Cash			
						50.00	
Full Name of Contributor Madge Slemmer				Registration Number, if PAC			
Street Address 1188 S. High Street		Employer/Occupation/Labor Organization*		M	D	Y	Amount
				0	6	11	09
City Columbus		State O   H	Zip Code 43206	Form(Cash,Check,etc) Cash			
						50.00	
Full Name of Contributor Laura Nesbitt *				Registration Number, if PAC			
Street Address 2657 Amberwich Place		Employer/Occupation/Labor Organization*		M	D	Y	Amount
		Attorney		0	6	11	09
City Hilliard		State O   H	Zip Code 43026	Form(Cash,Check,etc) Cash			
						50.00	
Full Name of Contributor Phil Harmon				Registration Number, if PAC			
Street Address 5312 Longrifle Road		Employer/Occupation/Labor Organization*		M	D	Y	Amount
				0	6	11	09
City Westerville		State O   H	Zip Code 43081	Form(Cash,Check,etc) Cash			
						100.00	
Full Name of Contributor Toure McCord *				Registration Number, if PAC			
Street Address 844 S. Front Street		Employer/Occupation/Labor Organization*		M	D	Y	Amount
		Attorney		0	6	11	09
City Columbus		State O   H	Zip Code 43206	Form(Cash,Check,etc) Cash			
						50.00	
Full Name of Contributor Brandi Garcia				Registration Number, if PAC			
Street Address 844 S. Front Street		Employer/Occupation/Labor Organization*		M	D	Y	Amount
				0	6	11	09
City Columbus		State O   H	Zip Code 43206	Form(Cash,Check,etc) Cash			
						50.00	
Full Name of Contributor Dominic Mango				Registration Number, if PAC			
Street Address 5649 Van Wert Drive		Employer/Occupation/Labor Organization*		M	D	Y	Amount
				0	6	11	09
City Hilliard		State O   H	Zip Code 43026	Form(Cash,Check,etc) Check			
						50.00	

**\* Franklin County Court Appointee**

\* 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

Total expenditures this event

Page Total \$ 400.00

## Statement of Contributions Received at a Social or Fundraising Event

Prescribed by Secretary of State 02/01

Name of Committee in Full <b>Glaeden for Judge</b>					
Full Name of Contributor <b>Steven Mathless *</b>				Registration Number, if PAC	
Street Address <b>150 East Mound Street, Suite 308</b>		Employer/Occupation/Labor Organization* <b>Attorney</b>		M   D   Y <b>0   6   1   1   0   9</b>	Amount <b>50.00</b>
City <b>Columbus</b>		State <b>O   H</b>	Zip Code <b>43215</b>	Form(Cash,Check,etc) <b>Check</b>	
Full Name of Contributor <b>Christopher J. Stevens</b>					
Street Address <b>5313 Cross River Falls Blvd.</b>		Employer/Occupation/Labor Organization*		M   D   Y <b>0   6   1   1   0   9</b>	Amount <b>50.00</b>
City <b>Dublin</b>		State <b>O   H</b>	Zip Code <b>43016</b>	Form(Cash,Check,etc) <b>Check</b>	
Full Name of Contributor <b>Robert F. Krapenc</b>					
Street Address <b>601 S. High Street</b>		Employer/Occupation/Labor Organization*		M   D   Y <b>0   6   1   1   0   9</b>	Amount <b>100.00</b>
City <b>Columbus</b>		State <b>O   H</b>	Zip Code <b>43215</b>	Form(Cash,Check,etc) <b>Check</b>	
Full Name of Contributor <b>Cleve M. Johnson</b>					
Street Address <b>495 S. High Street, Suite 400</b>		Employer/Occupation/Labor Organization*		M   D   Y <b>0   6   1   1   0   9</b>	Amount <b>100.00</b>
City <b>Columbus</b>		State <b>O   H</b>	Zip Code <b>43215</b>	Form(Cash,Check,etc) <b>Check</b>	
Full Name of Contributor <b>Luftman, Heck &amp; Associates, LLP</b>					
Street Address <b>580 East Rich Street</b>		Employer/Occupation/Labor Organization*		M   D   Y <b>0   6   1   1   0   9</b>	Amount <b>100.00</b>
City <b>Columbus</b>		State <b>O   H</b>	Zip Code <b>43215</b>	Form(Cash,Check,etc) <b>Check</b>	
Full Name of Contributor <b>David P. Rieser</b>					
Street Address <b>844 S. Front Street</b>		Employer/Occupation/Labor Organization*		M   D   Y <b>0   6   1   1   0   9</b>	Amount <b>100.00</b>
City <b>Columbus</b>		State <b>O   H</b>	Zip Code <b>43206</b>	Form(Cash,Check,etc) <b>Check</b>	
Full Name of Contributor <b>Blaise Baker *</b>					
Street Address <b>600 S. High Street, Suite 201</b>		Employer/Occupation/Labor Organization* <b>Attorney</b>		M   D   Y <b>0   6   1   1   0   9</b>	Amount <b>100.00</b>
City <b>Columbus</b>		State <b>O   H</b>	Zip Code <b>43215</b>	Form(Cash,Check,etc) <b>Check</b>	

**\* Franklin County Court Appointee**

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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

Total expenditures this event

Page Total \$ 600.00

## Statement of Contributions Received at a Social or Fundraising Event

Prescribed by Secretary of State 02/01

Name of Committee in Full				Registration Number, if PAC			
Glaeden for Judge							
Full Name of Contributor Ross & Midian				Registration Number, if PAC			
Street Address 577 South High Street		Employer/Occupation/Labor Organization*		M	D	Y	Amount
				0	6	11	100.00
City Columbus		State O   H	Zip Code 43215	Form(Cash,Check,etc) Check			
Full Name of Contributor Sheryl K. Munson				Registration Number, if PAC			
Street Address 3700 Rivervail Drive		Employer/Occupation/Labor Organization*		M	D	Y	Amount
				0	6	11	100.00
City Columbus		State O   H	Zip Code 43221	Form(Cash,Check,etc) Check			
Full Name of Contributor Jon J. Saia **				Registration Number, if PAC			
Street Address 713 S. Front Street		Employer/Occupation/Labor Organization*		M	D	Y	Amount
				0	6	11	100.00
City Columbus		State O   H	Zip Code 43206	Form(Cash,Check,etc) Check			
Full Name of Contributor Frederick T. Moses				Registration Number, if PAC			
Street Address 19538 Carroll Road		Employer/Occupation/Labor Organization*		M	D	Y	Amount
				0	6	11	100.00
City Rockbridge		State O   H	Zip Code 43149	Form(Cash,Check,etc) Check			
Full Name of Contributor Barnhart Law Office, LLC				Registration Number, if PAC			
Street Address 595 1/2 S. Third Street		Employer/Occupation/Labor Organization*		M	D	Y	Amount
				0	6	11	75.00
City Columbus		State O   H	Zip Code 43215	Form(Cash,Check,etc) Check			
Full Name of Contributor Gallagher, Gams, Pryor, Tallan & Littrell LLP				Registration Number, if PAC			
Street Address 471 E. Broad Street, 19th Floor		Employer/Occupation/Labor Organization*		M	D	Y	Amount
				0	6	11	50.00
City Columbus		State O   H	Zip Code 43215	Form(Cash,Check,etc) Check			
Full Name of Contributor Newhouse, Prophater, Letcher & Moots, LLC				Registration Number, if PAC			
Street Address 5025 Arlington Centre Blvd., Suite 400		Employer/Occupation/Labor Organization*		M	D	Y	Amount
				0	6	11	50.00
City Columbus		State O   H	Zip Code 43220	Form(Cash,Check,etc) Check			

**\*\* Previously served as a court appointee during term**

\* 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

Total expenditures this event

Page Total \$ 575.00

## Statement of Contributions Received at a Social or Fundraising Event

Prescribed by Secretary of State 02/01

Name of Committee in Full		Registration Number, if PAC				
Glaeden for Judge						
Full Name of Contributor		Registration Number, if PAC				
Kerry M. Donahue **						
Street Address	Employer/Occupation/Labor Organization*	M	D	Y	Amount	
6295 Emerald Parkway		0	6	11	09	50.00
City	State	Zip Code		Form(Cash,Check,etc)		
Dublin	O   H	43016		Check		
Full Name of Contributor		Registration Number, if PAC				
Street Address	Employer/Occupation/Labor Organization*	M	D	Y	Amount	
City	State	Zip Code		Form(Cash,Check,etc)		
Full Name of Contributor		Registration Number, if PAC				
Street Address	Employer/Occupation/Labor Organization*	M	D	Y	Amount	
City	State	Zip Code		Form(Cash,Check,etc)		
Full Name of Contributor		Registration Number, if PAC				
Street Address	Employer/Occupation/Labor Organization*	M	D	Y	Amount	
City	State	Zip Code		Form(Cash,Check,etc)		
Full Name of Contributor		Registration Number, if PAC				
Street Address	Employer/Occupation/Labor Organization*	M	D	Y	Amount	
City	State	Zip Code		Form(Cash,Check,etc)		
Full Name of Contributor		Registration Number, if PAC				
Street Address	Employer/Occupation/Labor Organization*	M	D	Y	Amount	
City	State	Zip Code		Form(Cash,Check,etc)		
Full Name of Contributor		Registration Number, if PAC				
Street Address	Employer/Occupation/Labor Organization*	M	D	Y	Amount	
City	State	Zip Code		Form(Cash,Check,etc)		

**\*\* Previously served as a court-appointed attorney during term**  
 \* 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  
3,850.00

Total expenditures this event  
 

Page Total \$ 50.00

