

FILED

Ohio Campaign Finance Report

09 APR 23 PM 1:04

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)	<input checked="" type="checkbox"/>	Pre-Primary		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	\$	4,083.45
2. Total monetary contributions (From Form No. 31-A)	\$	9,885.00
3. Total other income (From Form No. 31-A-2)	\$	0.00
4. Total funds available (sum of lines 1, 2, 3)	\$	13,968.45
5. Total monetary expenditures (From Form No. 31-B)	\$	2,312.07
6. Balance on hand (line 4 minus line 5)	\$	11,656.38
7. Value of in-kind contributions received (From Form No. 31-J-1)	\$	298.00
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

Contribution
pages 15

Expenditure
pages 2

Other
pages 3

Total
pages 20

Kurtis A. Tunnell

4/22/09

Statement of Contributions Received

Prescribed by Secretary of State 2/01

Name of Committee in Full Glaeden for Judge						
Full Name of Contributor Matthew A. Eldridge *				Registration Number, if PAC		
Street Address 233 S. High Street, Suite 300		Employer/Occupation/Labor Organization Attorney			Form (Cash, Check, etc.) Check	
City Columbus	State O H	Zip Code 43215	M 0 3	D 2 5	Y 0 9	Amount 50.00
Full Name of Contributor The Law Office of Jay G. Perez, LLC				Registration Number, if PAC		
Street Address 6797 N. High Street, Suite 105		Employer/Occupation/Labor Organization			Form (Cash, Check, etc.) Check	
City Worthington	State O H	Zip Code 43085	M 0 3	D 2 5	Y 0 9	Amount 500.00
Full Name of Contributor Political Education Patterns				Registration Number, if PAC LA782		
Street Address 3515 Prospect Avenue		Employer/Occupation/Labor Organization			Form (Cash, Check, etc.) Check	
City Cleveland	State O H	Zip Code 44115	M 0 3	D 2 5	Y 0 9	Amount 200.00
Full Name of Contributor Toure McCord *				Registration Number, if PAC		
Street Address 844 S. Front Street		Employer/Occupation/Labor Organization Attorney			Form (Cash, Check, etc.) Cash	
City Columbus	State O H	Zip Code 43206	M 0 3	D 2 5	Y 0 9	Amount 100.00
Full Name of Contributor Brandi Garcia				Registration Number, if PAC		
Street Address 844 S. Front Street		Employer/Occupation/Labor Organization			Form (Cash, Check, etc.) Cash	
City Columbus	State O H	Zip Code 43206	M 0 3	D 2 5	Y 0 9	Amount 100.00
Full Name of Contributor Gary E. Moore				Registration Number, if PAC		
Street Address 818 North Eastwood Avenue		Employer/Occupation/Labor Organization			Form (Cash, Check, etc.) Cash	
City Lancaster	State O H	Zip Code 43130	M 0 3	D 2 5	Y 0 9	Amount 50.00
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 0 1	D 2 8	Y 0 9	Amount 3,700.00
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 0 3	D 0 5	Y 0 9	Amount 4,285.00

* 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)

* Franklin County Court Appointee

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	900.00
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

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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 i-Political Strategies, LLC				M	D	Y	Amount
				0	1	2	450.00
Address 41 S. High Street, Suite 1275		Purpose Website Development					
City Columbus	State O	H	Zip Code 43215	Check Number 1067			
To Whom Paid i-Political Strategies, LLC				M	D	Y	Amount
				0	1	2	300.00
Address 41 S. High Street, Suite 1275		Purpose Website Development					
City Columbus	State O	H	Zip Code 43215	Check Number 1068			
To Whom Paid Central Ohio Labor Council, AFL-CIO				M	D	Y	Amount
				0	2	0	265.00
Address 1545 Alum Creek Drive, 2nd Floor		Purpose 3/26/09 Event - Program Sponsorship & Ticket					
City Columbus	State O	H	Zip Code 43209	Check Number 1070			
To Whom Paid Aladdin Shrine Circus				M	D	Y	Amount
				0	2	1	160.00
Address 3850 Stelzer Road		Purpose Program Advertisement					
City Columbus	State O	H	Zip Code 43219	Check Number 1071			
To Whom Paid Redi Quik Signs				M	D	Y	Amount
				0	2	2	61.92
Address 226 East State Street		Purpose Magnets					
City Columbus	State O	H	Zip Code 43215	Check Number 1072			
To Whom Paid Stark & Associates				M	D	Y	Amount
				0	3	0	163.37
Address 4448 Broadway		Purpose T-shirts					
City Grove City	State O	H	Zip Code 43123	Check Number 1073			
To Whom Paid Redi Quik Signs				M	D	Y	Amount
				0	3	1	281.82
Address 226 East State Street		Purpose Magnets					
City Columbus	State O	H	Zip Code 43215	Check Number 1075			
To Whom Paid Stark & Associates				M	D	Y	Amount
				0	3	1	282.14
Address 4448 Broadway		Purpose T-shirts					
City Grove City	State O	H	Zip Code 43123	Check Number 1076			

Statement of Expenditures

Prescribed by Secretary of State 2/01

Name of Committee in Full Glaeden for Judge							
To Whom Paid Stark & Associates				M	D	Y	Amount
				0	3	1	9
				0	9	0	9
				47.82			
Address 4448 Broadway		Purpose Name Badges					
City Grove City	State O H	Zip Code 43123	Check Number 1077				
To Whom Paid Central Ohio Labor Council, AFL-CIO				M	D	Y	Amount
				0	4	1	4
				0	9	0	9
				100.00			
Address 1545 Alum Creek Drive, 2nd Floor		Purpose 6/04/09 hole sponsorship					
City Columbus	State O H	Zip Code 43209	Check Number 1078				
To Whom Paid MILVETS				M	D	Y	Amount
				0	4	1	4
				0	9	0	9
				200.00			
Address 250 West Broad Street		Purpose Armed Forces Day luncheon event					
City Columbus	State O H	Zip Code 43215	Check Number 1079				
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				

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 Gregg R. Lewis			Registration Number, if PAC				
Street Address 625 City Park		Employer/Occupation/Labor Organization*		M	D	Y	Amount
				0	1	1	4
				0	9	0	9
						50.00	
City Columbus	State O H	Zip Code 43206		Form(Cash,Check,etc) Check			
Full Name of Contributor Stanley B. Dritz			Registration Number, if PAC				
Street Address 50 W. Broad Street, Suite 2200		Employer/Occupation/Labor Organization*		M	D	Y	Amount
				0	1	1	9
				0	9	0	9
						50.00	
City Columbus	State O H	Zip Code 43215		Form(Cash,Check,etc) Check			
Full Name of Contributor Kravitz, Brown & Dortch, LLC			Registration Number, if PAC				
Street Address 65 East State Street, Suite 200		Employer/Occupation/Labor Organization*		M	D	Y	Amount
				0	1	2	3
				0	9	0	9
						50.00	
City Columbus	State O H	Zip Code 43215		Form(Cash,Check,etc) Check			
Full Name of Contributor Dennis W. McNamara			Registration Number, if PAC				
Street Address 3966 Fairlington Drive		Employer/Occupation/Labor Organization*		M	D	Y	Amount
				0	1	2	3
				0	9	0	9
						50.00	
City Columbus	State O H	Zip Code 43220		Form(Cash,Check,etc) Check			
Full Name of Contributor Regina R. Richards *			Registration Number, if PAC				
Street Address 1350 W. Fifth Avenue, Suite 214		Employer/Occupation/Labor Organization*		M	D	Y	Amount
		Attorney		0	1	2	3
				0	9	0	9
						50.00	
City Columbus	State O H	Zip Code 43212		Form(Cash,Check,etc) Check			
Full Name of Contributor Tyack Blackmore & Liston Co LPA			Registration Number, if PAC				
Street Address 536 South High Street		Employer/Occupation/Labor Organization*		M	D	Y	Amount
				0	1	2	6
				0	9	0	9
						150.00	
City Columbus	State O H	Zip Code 43215		Form(Cash,Check,etc) Check			
Full Name of Contributor Shawn R. Dominy			Registration Number, if PAC				
Street Address 3837 Attucks Drive		Employer/Occupation/Labor Organization*		M	D	Y	Amount
				0	1	2	7
				0	9	0	9
						100.00	
City Powell	State O H	Zip Code 43065		Form(Cash,Check,etc) Check			

* 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 \$ 500.00

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 Ohio & Vicinity Regional Council South Central Office PCE		Registration Number, if PAC	
Street Address 1394 Courtright Road	Employer/Occupation/Labor Organization*	M D Y 0 1 2 8 0 9	Amount 300.00
City Columbus	State Zip Code O H 43227	Form(Cash,Check,etc) Check	
Full Name of Contributor Committee for Judge Schneider		Registration Number, if PAC	
Street Address 865 Macon Alley		M D Y 0 1 2 8 0 9	Amount 1,000.00
City Columbus	State Zip Code O H 43206	Form(Cash,Check,etc) Check	
Full Name of Contributor Woody Fox		Registration Number, if PAC	
Street Address 233 N. Bend Drive		M D Y 0 1 2 8 0 9	Amount 50.00
City Pataskala	State Zip Code O H 43062	Form(Cash,Check,etc) Cash	
Full Name of Contributor Joseph Landusky **		Registration Number, if PAC	
Street Address 901 S. High Street		M D Y 0 1 2 8 0 9	Amount 100.00
City Columbus	State Zip Code O H 43206	Form(Cash,Check,etc) Cash	
Full Name of Contributor Gerald Noel		Registration Number, if PAC	
Street Address 857 S. High Street		M D Y 0 1 2 8 0 9	Amount 100.00
City Columbus	State Zip Code O H 43206	Form(Cash,Check,etc) Cash	
Full Name of Contributor Robert J. Weiler, Jr.		Registration Number, if PAC	
Street Address 41 S. High Street, Suite 1010		M D Y 0 1 2 8 0 9	Amount 50.00
City Columbus	State Zip Code O H 43215	Form(Cash,Check,etc) Check	
Full Name of Contributor Dominic Mango		Registration Number, if PAC	
Street Address 5649 Van Wert Drive		M D Y 0 1 2 8 0 9	Amount 50.00
City Hilliard	State Zip Code O H 43026	Form(Cash,Check,etc) Check	

** Previously served as a court-appointed attorney during term

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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 \$ 1,650.00

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 Adam Sheets		Registration Number, if PAC			
Street Address 288 Canyon Drive	Employer/Occupation/Labor Organization*	M 0	D 1	Y 28	Amount 50.00
City Columbus	State O H	Zip Code 43214	Form(Cash,Check,etc) Check		
Full Name of Contributor Steven Larson		Registration Number, if PAC			
Street Address 283 S. Third Street		M 0	D 1	Y 28	Amount 100.00
City Columbus	State O H	Zip Code 43215	Form(Cash,Check,etc) Check		
Full Name of Contributor Sue Ann Owen		Registration Number, if PAC			
Street Address 1800 Bedford Road		M 0	D 1	Y 28	Amount 100.00
City Columbus	State O H	Zip Code 43212	Form(Cash,Check,etc) Check		
Full Name of Contributor William S. Ireland		Registration Number, if PAC			
Street Address 85 Liberty Street		M 0	D 1	Y 28	Amount 250.00
City Columbus	State O H	Zip Code 43215	Form(Cash,Check,etc) Check		
Full Name of Contributor Thomas N. Taneff		Registration Number, if PAC			
Street Address 600 S. High Street, Suite 201		M 0	D 1	Y 28	Amount 50.00
City Columbus	State O H	Zip Code 43215	Form(Cash,Check,etc) Check		
Full Name of Contributor Allen J. Reis		Registration Number, if PAC			
Street Address 3250 Knoll Drive		M 0	D 1	Y 29	Amount 100.00
City Gahanna	State O H	Zip Code 43230	Form(Cash,Check,etc) Check		
Full Name of Contributor Joseph E. Scott		Registration Number, if PAC			
Street Address 1301 Norwell Drive		M 0	D 1	Y 29	Amount 100.00
City Columbus	State O H	Zip Code 43220	Form(Cash,Check,etc) Check		

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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 \$ 750.00

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 Schottenstein Zox & Dunn State and Local PAC			Registration Number, if PAC OH1310	
Street Address 250 West Street	Employer/Occupation/Labor Organization*		M D Y 0 1 3 0 0 9	Amount 250.00
City Columbus	State O H	Zip Code 43215	Form(Cash, Check, etc) Check	
Full Name of Contributor Bernard Z. Yavitch			Registration Number, if PAC	
Street Address 592 S. Third Street	Employer/Occupation/Labor Organization*		M D Y 0 2 0 3 0 9	Amount 50.00
City Columbus	State O H	Zip Code 43215	Form(Cash, Check, etc) Check	
Full Name of Contributor Mularski Bonham Dittmer & Phillips LLC			Registration Number, if PAC	
Street Address 107 W. Johnstown Road	Employer/Occupation/Labor Organization*		M D Y 0 2 0 3 0 9	Amount 100.00
City Gahanna	State O H	Zip Code 43230	Form(Cash, Check, etc) Check	
Full Name of Contributor Craig E. Gould **			Registration Number, if PAC	
Street Address 205 Fallis Road	Employer/Occupation/Labor Organization*		M D Y 0 2 0 3 0 9	Amount 100.00
City Columbus	State O H	Zip Code 43214	Form(Cash, Check, etc) Check	
Full Name of Contributor Jerry L. Lippe			Registration Number, if PAC	
Street Address 8142 Crossgate Ct. N.	Employer/Occupation/Labor Organization*		M D Y 0 2 0 3 0 9	Amount 50.00
City Dublin	State O H	Zip Code 43017	Form(Cash, Check, etc) Check	
Full Name of Contributor Herbert for Judge			Registration Number, if PAC	
Street Address 865 Macon Alley	Employer/Occupation/Labor Organization*		M D Y 0 2 0 3 0 9	Amount 250.00
City Columbus	State O H	Zip Code 43206	Form(Cash, Check, etc) 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)	

**** Previously served as a court-appointed attorney during term**

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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
3,700.00

Total expenditures this event

Page Total \$ 800.00

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				Registration Number, if PAC			
Tyack Blackmore & Liston Co. LPA							
Street Address	Employer/Occupation/Labor Organization*			M	D	Y	Amount
536 S. High Street				0	2	1	100.00
City	State	Zip Code		Form(Cash,Check,etc)			
Columbus	O H	43215		Check			
Full Name of Contributor				Registration Number, if PAC			
Angela D. Marinakis							
Street Address	Employer/Occupation/Labor Organization*			M	D	Y	Amount
6207 Olentangy River Road				0	2	1	50.00
City	State	Zip Code		Form(Cash,Check,etc)			
Worthington	O H	43085		Check			
Full Name of Contributor				Registration Number, if PAC			
Christopher J. Minnillo *							
Street Address	Employer/Occupation/Labor Organization*			M	D	Y	Amount
1500 W. Third Avenue, Suite 210	Attorney			0	2	1	50.00
City	State	Zip Code		Form(Cash,Check,etc)			
Columbus	O H	43212		Check			
Full Name of Contributor				Registration Number, if PAC			
Gregg R. Lewis							
Street Address	Employer/Occupation/Labor Organization*			M	D	Y	Amount
625 City Park				0	2	1	50.00
City	State	Zip Code		Form(Cash,Check,etc)			
Columbus	O H	43206		Check			
Full Name of Contributor				Registration Number, if PAC			
Zeidan & Associates, LLC							
Street Address	Employer/Occupation/Labor Organization*			M	D	Y	Amount
1170 Old Henderson Road, Suite 105				0	2	1	150.00
City	State	Zip Code		Form(Cash,Check,etc)			
Columbus	O H	43220		Check			
Full Name of Contributor				Registration Number, if PAC			
Diane Richards Brey							
Street Address	Employer/Occupation/Labor Organization*			M	D	Y	Amount
1135 Kingslea Road				0	2	2	50.00
City	State	Zip Code		Form(Cash,Check,etc)			
Columbus	O H	43209		Check			
Full Name of Contributor				Registration Number, if PAC			
Francine I. Jacobs							
Street Address	Employer/Occupation/Labor Organization*			M	D	Y	Amount
5050 Thornhill Lane				0	2	2	25.00
City	State	Zip Code		Form(Cash,Check,etc)			
Dublin	O H	43017		Check			

* 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 \$ 475.00

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 Andrew E. Lyles				Registration Number, if PAC			
Street Address 3590 Toy Road	Employer/Occupation/Labor Organization*					Amount	50.00
City Groveport	State O H	Zip Code 43125	Form(Cash,Check,etc) Check				
Full Name of Contributor John H. Bates *				Registration Number, if PAC			
Street Address 495 S. High Street, Suite 400	Employer/Occupation/Labor Organization*					Amount	100.00
City Columbus	State O H	Zip Code 43215	Form(Cash,Check,etc) Check				
Full Name of Contributor IBEW - COPE				Registration Number, if PAC			
Street Address 900 Seventh Street, NW	Employer/Occupation/Labor Organization*					Amount	500.00
City Washington	State D C	Zip Code 20001	Form(Cash,Check,etc) Check				
Full Name of Contributor Robert A. Koblentz				Registration Number, if PAC			
Street Address 2205 Fairfax Road	Employer/Occupation/Labor Organization*					Amount	50.00
City Columbus	State O H	Zip Code 43221	Form(Cash,Check,etc) Check				
Full Name of Contributor Laura M. Nesbitt *				Registration Number, if PAC			
Street Address 2657 Amberwick Pl.	Employer/Occupation/Labor Organization*					Amount	25.00
City Hilliard	State O H	Zip Code 43026	Form(Cash,Check,etc) Check				
Full Name of Contributor Rhonda K. Ferguson				Registration Number, if PAC			
Street Address 2336 Willowside Lane	Employer/Occupation/Labor Organization*					Amount	50.00
City Grove City	State O H	Zip Code 43123	Form(Cash,Check,etc) Check				
Full Name of Contributor Martin C. Nobile **				Registration Number, if PAC			
Street Address 5630 Congressional Pl., Apt. E	Employer/Occupation/Labor Organization*					Amount	50.00
City Hilliard	State O H	Zip Code 43026	Form(Cash,Check,etc) Check				

* Franklin County Court Appointee ** Previously served as court-appointed attorney during term
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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 \$ <u>825.00</u>

