

Ohio Campaign Finance Report

Prescribed by Secretary of State 02/01

FILED
05 JUN 10 PM 12:42
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, Unexpired			District Term Ending 1/04/10		
City Columbus						State O H		Zip Code 43215			
Type of Report (Please check the type of report)	Pre-Primary		<input checked="" type="checkbox"/>	Post-Primary		Pre-General		Post-General		Annual Year	
	July			August		September					
	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	
						0 5		0 3		0 5	

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.

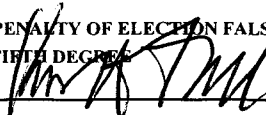
1. Amount brought forward from last report	\$	2,521.50
2. Total monetary contributions (From Form No. 31-A)	\$	8,375.00
3. Total other income (From Form No. 31-A-2)	\$	0.00
4. Total funds available (sum of lines 1, 2, 3)	\$	10,896.50
5. Total monetary expenditures (From Form No. 31-B)	\$	2,430.00
6. Balance on hand (line 4 minus line 5)	\$	8,466.50
7. Value of in-kind contributions received (From Form No. 31-J-1)	\$	814.19
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-G)	\$	4,000.00
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-O)	\$	0.00
13. For Electronic Filing Entries 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



4/9/05
Date

Contribution pages 5

Expenditure pages 1

Other pages 3

Total pages 9

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 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	4	1	8,375.00
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 Expenditures

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Name of Committee in Full Glaeden for Judge							
To Whom Paid Franklin County Republican Party				M	D	Y	Amount
				0	4	2	1,000.00
Address 14 E. Gay Street		Purpose Contribution					
City Columbus		State O	H	Zip Code 43215	Check Number 1056		
To Whom Paid American Strategies, LLC				M	D	Y	Amount
				0	5	0	1,430.00
Address 5980 Wilcox Place, Suite E		Purpose Campaign consulting, implementation & fundraising					
City Dublin		State O	H	Zip Code 43016	Check Number 1057		
To Whom Paid				M	D	Y	Amount
Address							
City		State		Zip Code	Check Number		
To Whom Paid				M	D	Y	Amount
Address							
City		State		Zip Code	Check Number		
To Whom Paid				M	D	Y	Amount
Address							
City		State		Zip Code	Check Number		
To Whom Paid				M	D	Y	Amount
Address							
City		State		Zip Code	Check Number		
To Whom Paid				M	D	Y	Amount
Address							
City		State		Zip Code	Check Number		
To Whom Paid				M	D	Y	Amount
Address							
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		Registration Number, if PAC	
Glaeden for Judge			
Full Name of Contributor Michael W. Tanner		Registration Number, if PAC	
Street Address 325 Blandford Drive	Employer/Occupation/Labor Organization*	M D Y 0 4 2 0 0 5	Amount 50.00
City Worthington	State Zip Code O H 43085	Form(Cash, Check, etc) Check	
Full Name of Contributor Kristin L. Watt		Registration Number, if PAC	
Street Address 4445 Castleton Road, W	Employer/Occupation/Labor Organization*	M D Y 0 4 2 0 0 5	Amount 100.00
City Columbus	State Zip Code O H 43220	Form(Cash, Check, etc) Check	
Full Name of Contributor James K. Hunter, III		Registration Number, if PAC	
Street Address 529 S. Third Street	Employer/Occupation/Labor Organization*	M D Y 0 4 2 0 0 5	Amount 100.00
City Columbus	State Zip Code O H 43215	Form(Cash, Check, etc) Check	
Full Name of Contributor Charley Hess		Registration Number, if PAC	
Street Address 7211 Sawmill Road, Suite 200	Employer/Occupation/Labor Organization*	M D Y 0 4 2 0 0 5	Amount 100.00
City Dublin	State Zip Code O H 43016	Form(Cash, Check, etc) Check	
Full Name of Contributor Sanford J. Cohan *		Registration Number, if PAC	
Street Address 2500 Corporate Exchange Drive	Employer/Occupation/Labor Organization* Attorney	M D Y 0 4 2 0 0 5	Amount 275.00
City Columbus	State Zip Code O H 43231	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 4 2 0 0 5	Amount 275.00
City Columbus	State Zip Code O H 43206	Form(Cash, Check, etc) Check	
Full Name of Contributor Steven Mathless *		Registration Number, if PAC	
Street Address 800 E. Broad Street	Employer/Occupation/Labor Organization* Attorney	M D Y 0 4 2 0 0 5	Amount 100.00
City Columbus	State Zip Code O H 43205	Form(Cash, Check, etc) Check	

* 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 \$ 1,000.00

Statement of Contributions Received at a Social or Fundraising Event

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Name of Committee in Full		Registration Number, if PAC	
Glaeden for Judge			
Full Name of Contributor Christopher T. Cicero *		Registration Number, if PAC	
Street Address 1308 W. Mound Street	Employer/Occupation/Labor Organization* Attorney	M D Y 0 4 2 0 0 5	Amount 275.00
City Columbus	State Zip Code O H 43223	Form(Cash,Check,etc) Check	
Full Name of Contributor Sharon L. Reichard		Registration Number, if PAC	
Street Address 1987 Haverton Drive	Employer/Occupation/Labor Organization*	M D Y 0 4 2 0 0 5	Amount 275.00
City Reynoldsburg	State Zip Code O H 43068	Form(Cash,Check,etc) Check	
Full Name of Contributor Michae J. Morrissey		Registration Number, if PAC	
Street Address 34 W. Whittier Street	Employer/Occupation/Labor Organization*	M D Y 0 4 2 0 0 5	Amount 275.00
City Columbus	State Zip Code O H 43206	Form(Cash,Check,etc) Check	
Full Name of Contributor Fraternal Order of Police of Ohio, Inc. PAC		Registration Number, if PAC OH 196	
Street Address 222 E. Town Street	Employer/Occupation/Labor Organization*	M D Y 0 4 2 0 0 5	Amount 275.00
City Columbus	State Zip Code O H 43215	Form(Cash,Check,etc) Check	
Full Name of Contributor Wiles, Boyle, Burkholder & Bringardner PAC		Registration Number, if PAC CP 1058	
Street Address 115 W. Main Street	Employer/Occupation/Labor Organization*	M D Y 0 4 2 0 0 5	Amount 550.00
City Columbus	State Zip Code O H 43215	Form(Cash,Check,etc) Check	
Full Name of Contributor S.M.D./H.L.S. Bonding Co. LLC		Registration Number, if PAC	
Street Address 571 S. High Street	Employer/Occupation/Labor Organization*	M D Y 0 4 2 0 0 5	Amount 550.00
City Columbus	State Zip Code O H 43215	Form(Cash,Check,etc) Check	
Full Name of Contributor Carlile, Patchen & Murphy LLP		Registration Number, if PAC	
Street Address 366 E. Broad Street	Employer/Occupation/Labor Organization*	M D Y 0 4 2 0 0 5	Amount 500.00
City Columbus	State Zip Code O H 43215	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 \$ 2,700.00