

10 APR 12 AM 11:12

# FEC FORM 2

## STATEMENT OF CANDIDACY

1. (a) Name of Candidate (in full) <b>Rodney Britz Glassman</b>			2. Candidate's FEC Identification Number
(b) Address (number and street) <input type="checkbox"/> Check if address changed <b>4656 E Avenida Rio Bruza</b>			
(c) City, State, and ZIP Code <b>Tucson, AZ 85712</b>		3. Is This Statement <input checked="" type="radio"/> <b>New (N)</b> OR <input type="radio"/> Amended (A)	
4. Party Affiliation <b>Democrat</b>	5. Office Sought <b>US Senator</b>	6. State & District of Candidate <b>Arizona</b>	

### DESIGNATION OF PRINCIPAL CAMPAIGN COMMITTEE

7. I hereby designate the following named political committee as my Principal Campaign Committee for the 2010 election(s).  
(year of election)

NOTE: This designation should be filed with the appropriate office listed in the instructions.

(a) Name of Committee (in full) <b>Rodney Glassman for US Senat . com</b>		
(b) Address (number and street) <b>PO Box 30215</b>		
(c) City, State, and ZIP Code <b>Tucson, AZ 85751</b>		

### DESIGNATION OF OTHER AUTHORIZED COMMITTEES

(Including Joint Fundraising Representatives)

8. I hereby authorize the following named committee, which is NOT my principal campaign committee, to receive and expend funds on behalf of my candidacy.

NOTE: This designation should be filed with the principal campaign committee.

(a) Name of Committee (in full)		
(b) Address (number and street)		
(c) City, State, and ZIP Code		

I certify that I have examined this Statement and to the best of my knowledge and belief it is true, correct and complete.

Signature of Candidate <b>Rodney Glassman</b>	Date <b>4/7/10</b>
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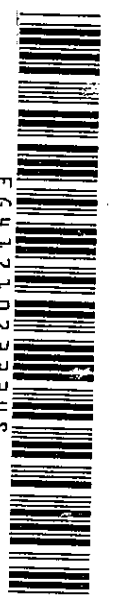
NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to penalties of 2 U.S.C. §437g.

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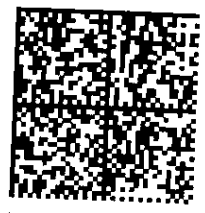
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Scheduled Date of Delivery \_\_\_\_\_

Month \_\_\_\_\_ Day \_\_\_\_\_

Scheduled Time of Delivery \_\_\_\_\_

Mo. \_\_\_\_\_ Day \_\_\_\_\_ Year \_\_\_\_\_

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Military  2nd Day  3rd Day

Intl Alpha Country Code \_\_\_\_\_

Postage \$ \_\_\_\_\_

Return Receipt Fee \$ \_\_\_\_\_

COD Fee \$ \_\_\_\_\_

Insurance Fee \$ \_\_\_\_\_

Total Postage & Fees \$ \_\_\_\_\_

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Delivery Attempt \_\_\_\_\_

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AM  PM

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Delivery Attempt \_\_\_\_\_

Time \_\_\_\_\_

Mo. \_\_\_\_\_ Day \_\_\_\_\_

AM  PM

Employee Signature \_\_\_\_\_

Delivery Date \_\_\_\_\_

Time \_\_\_\_\_

Mo. \_\_\_\_\_ Day \_\_\_\_\_

AM  PM

Employee Signature \_\_\_\_\_

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# United States Senate

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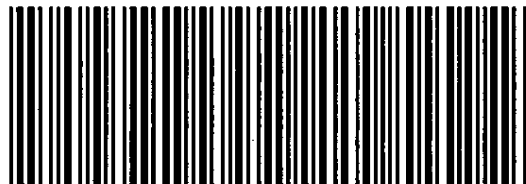
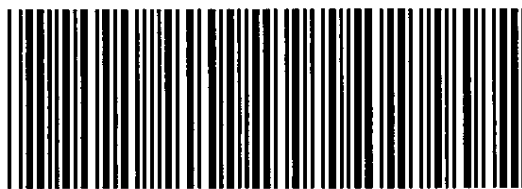
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