

FEC
FORM 1

STATEMENT OF ORGANIZATION

SECRETARY OF THE SENATE

10 APR 12 AM 11:11

Office Use Only

1. NAME OF
COMMITTEE (in full)

(Check if name
is changed)

Example: If typing, type
over the lines.

12FE4M5

Rodney Glassman for US Senate.com

ADDRESS (number and street)

PO BOX 30215

(Check if address
is changed)

TUCSON

AZ

85751

CITY

STATE

ZIP CODE

COMMITTEE'S E-MAIL ADDRESS (Please provide only one e-mail address)

(Check if address
is changed)

garyr@rodneyglassman.com

COMMITTEE'S WEB PAGE ADDRESS (URL)

(Check if address
is changed)

rodneyglassman.com

2. DATE

04

07

2010

3. FEC IDENTIFICATION NUMBER

C

4. IS THIS STATEMENT



NEW (N)

OR



AMENDED (A)

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

Type or Print Name of Treasurer

GARY DEAN RASMUSSEN

Signature of Treasurer

Gary D. Rasmussen

Date

04

07

2010

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to the penalties of 2 U.S.C. §437g.

ANY CHANGE IN INFORMATION SHOULD BE REPORTED WITHIN 10 DAYS.

Office
Use
Only

For further information contact:
Federal Election Commission
Toll Free 800-424-9530
Local 202-694-1100

FEC FORM 1
(Revised 02/2009)

10020190282

5. TYPE OF COMMITTEE

Candidate Committee:

- (a) This committee is a principal campaign committee. (Complete the candidate information below.)
- (b) This committee is an authorized committee, and is NOT a principal campaign committee. (Complete the candidate information below.)

Name of Candidate Rodney Britz Glassman

Candidate Party Affiliation DEM REP LIB IND OTH

Office Sought: House Senate President

State AL AK AR CA CO CT DC DE FL GA HI IA IL IN KS KY LA MA MD ME MI MN MO MS MT NC ND NH NJ NM NV NY OH OK OR PA RI SC SD TN TX UT VT WA WI WY

District

- (c) This committee supports/opposes only one candidate, and is NOT an authorized committee.

Name of Candidate _____

Party Committee:

- (d) This committee is a (National, State or subordinate) committee of the (Democratic, Republican, etc.) Party.

Political Action Committee (PAC):

- (e) This committee is a separate segregated fund. (Identify connected organization on line 6.) Its connected organization is a:
 - Corporation Corporation w/o Capital Stock Labor Organization
 - Membership Organization Trade Association Cooperative
 - In addition, this committee is a Lobbyist/Registrant PAC.
- (f) This committee supports/opposes more than one Federal candidate, and is NOT a separate segregated fund or party committee. (i.e., nonconnected committee)
 - In addition, this committee is a Lobbyist/Registrant PAC.
 - In addition, this committee is a Leadership PAC. (Identify sponsor on line 6.)

Joint Fundraising Representative:

- (g) This committee collects contributions, pays fundraising expenses and disburses net proceeds for two or more political committees/organizations, at least one of which is an authorized committee of a federal candidate.
- (h) This committee collects contributions, pays fundraising expenses and disburses net proceeds for two or more political committees/organizations, none of which is an authorized committee of a federal candidate.

Committees Participating in Joint Fundraiser

1.	_____	FEC ID number	<input type="checkbox"/> C _____
2.	_____	FEC ID number	<input type="checkbox"/> C _____
3.	_____	FEC ID number	<input type="checkbox"/> C _____
4.	_____	FEC ID number	<input type="checkbox"/> C _____

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Write or Type Committee Name

Rodney Glassman for US Senate.com

6. Name of Any Connected Organization, Affiliated Committee, Joint Fundraising Representative, or Leadership PAC Sponsor

[Empty grid lines for organization name]

Mailing Address

[Empty grid lines for mailing address]

CITY

STATE

ZIP CODE

Relationship: Connected Organization Affiliated Committee Joint Fundraising Representative Leadership PAC Sponsor

7. Custodian of Records: Identify by name, address (phone number -- optional) and position of the person in possession of committee books and records.

Full Name

GARY RASMUSSEN

Mailing Address

PO BOX 30215

TUCSON

AZ

85751

Title or Position

CITY

STATE

ZIP CODE

Treasurer

Telephone number 520-419-1620

8. Treasurer: List the name and address (phone number -- optional) of the treasurer of the committee; and the name and address of any designated agent (e.g., assistant treasurer).

Full Name of Treasurer

Gary Dean Rasmussen

Mailing Address

PO Box 30215

Tucson

AZ

85751

Title or Position

CITY

STATE

ZIP CODE

Treasurer

Telephone number 520-419-1620

10020190284

Full Name of Designated Agent

Terrie Sherman

Mailing Address

PO Box 30215

TUCSON

CITY

AZ

STATE

85751

ZIP CODE

Title or Position

ASST. TREASURER

Telephone number

9. Banks or Other Depositories: List all banks or other depositories in which the committee deposits funds, holds accounts, rents safety deposit boxes or maintains funds.

Name of Bank, Depository, etc.

ALLIANCE BANK OF ARIZONA

Mailing Address

4703 E CAMP LOWELL DRIVE

TUCSON

CITY

AZ

STATE

85712

ZIP CODE

Name of Bank, Depository, etc.

Mailing Address

CITY

STATE

ZIP CODE

10020190285

EXTREMELY URGENT

Please Rush To Addressee

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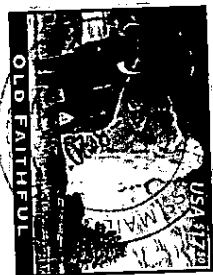


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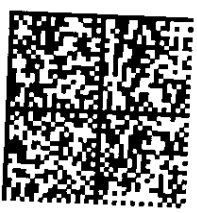
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Addressee Copy
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	<input type="checkbox"/> Next <input type="checkbox"/> 2nd <input type="checkbox"/> 2nd Dbl. Day	\$	\$
Date Accepted	Scheduled Date of Delivery		
Mo. Day Year	Month Day		
Time Accepted	Scheduled Time of Delivery	COD Fee	Insurance Fee
<input type="checkbox"/> AM <input type="checkbox"/> PM	<input type="checkbox"/> Noon <input type="checkbox"/> 3 PM	\$	\$
Flat Rate <input type="checkbox"/> or Weight	Military <input type="checkbox"/> 2nd Day <input type="checkbox"/> 3rd Day	Total Postage & Fees	
Ibs. Ozs.	Int'l Alpha Country Code	Acceptance Emp. Initials	

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VISIT www.usps.com

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Delivery Attempt	Time	Employee Signature
Mo. Day	<input type="checkbox"/> AM <input type="checkbox"/> PM	
Delivery Attempt	Time	Employee Signature
Mo. Day	<input type="checkbox"/> AM <input type="checkbox"/> PM	
Delivery Date	Time	Employee Signature
Mo. Day	<input type="checkbox"/> AM <input type="checkbox"/> PM	

CUSTOMER USE ONLY

WALVER OF SIGNATURE (Domestic Mail Only)
Additional merchandise, insurance, or signature void if customer requests waiver of signature. Void if wish delivery to be made without obtaining signature. Addressee or addressee's agent (if delivery employee authorized) must be left in secure location and yield proof of delivery. Employee's signature constitutes

NO DELIVERY
Weekend Holiday Mailer Signature

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FOR INTERNATIONAL DESTINATIONS, WRITE COUNTRY NAME BELOW.

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United States Senate

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OFFICE OF PUBLIC RECORDS

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PREPARER RD DATE PREPARED 04-12-10

10020190287

10020190288

