

SEEC FORM 30

Itemized Campaign Finance Disclosure Statement

Candidates for Statewide Offices and General Assembly

CONNECTICUT STATE ELECTIONS ENFORCEMENT COMMISSION

Rev. 1/08



Electronic Filing

Office Use Only

Page 1 of 76

SUMMARY PAGE

1. NAME OF COMMITTEE					2. TYPE OF COMMITTEE	
Glassman For Lt. Governor					<input checked="" type="checkbox"/> Candidate Committee <input type="checkbox"/> Exploratory Committee	
3. TREASURER NAME						
Title	First	MI	Last	Suffix		
	George	A	Ingram	Jr		
4. TREASURER ADDRESS						
Street Address			City	State	Zip Code	
20 Stafford Rd			Simsbury	CT	06070	
5. ELECTION DATE		6. OFFICE SOUGHT (if applicable)			7. DISTRICT CODE (if applicable)	
11/02/2010		Lieutenant Governor				
8. CANDIDATE NAME						
Title	First	MI	Last	Suffix		
	Mary	A.	Glassman			
9. TYPE OF REPORT						
July 10 Filing - Original						
10. PERIOD COVERED						
Beginning Date		Ending Date				
05/08/2010		thru		06/30/2010		
11. CERTIFICATION						
<input checked="" type="checkbox"/> I hereby certify and state, under penalties of false statement, that all of the information set forth on this Itemized Campaign Finance Disclosure Statement for the period covered is true, accurate and complete.						
Electronic Filing		Nicholas Mason		07/12/2010		
SIGNATURE		PRINT NAME OF THE SIGNER		DATE CERTIFIED		
PENALTY FOR FALSE STATEMENT IS PUNISHABLE BY FINE NOT TO EXCEED \$1,000, OR IMPRISONMENT FOR NOT MORE THAN ONE YEAR, OR BOTH.						

SEEC FORM 30

Itemized Campaign Finance Disclosure Statement

Candidates for Statewide Offices and General Assembly

CONNECTICUT STATE ELECTIONS ENFORCEMENT COMMISSION

Rev. 1/08

**SUMMARY PAGE
TOTALS**

NAME OF COMMITTEE	FILING DUE DATE	
Glassman For Lt. Governor	Original 07/12/2010	
	COLUMN A This Period	COLUMN B Aggregate
12. Balance on hand from day Committee was formed		\$0.00
13. Balance on hand at the beginning of Reporting Period	\$0.00	
14. Contributions received from Individuals (Section A and B)	\$7,870.00	\$7,870.00
15. Receipts from Other Committees (Sections C1 + C2)	\$46,956.83	\$46,956.83
16. Other Monetary Receipts (Section D-I)	\$0.00	\$0.00
17. Total Proceeds from Tag Sales, Auctions or Other Sales (Section J2)	\$0.00	\$0.00
18. Total Monetary Receipts (add totals for lines 14-17)	\$54,826.83	\$54,826.83
19. Subtotals (add totals in line 13 + line 18 in Column A and in lines 12 + 18 in Column B)	\$54,826.83	\$54,826.83
20. Expenses Paid by Committee (Section N)	\$47,258.05	\$47,258.05
21. Balance on hand at close of Reporting Period (Subtract line 20 from line 19)	\$7,568.78	\$7,568.78
22. In-Kind Donations not Considered Contributions Received (Section J3)	\$0.00	\$0.00
23. In-Kind Contributions Received (Section K)	\$0.00	\$0.00
24. Refundable Deposit to Telephone Company (Section L)	\$0.00	\$0.00
25. Receipts of Organization Expenditures (Section M)	\$0.00	\$0.00
26. Beginning Loan Balance	\$0.00	\$0.00
26a. + Loans Received (Section D)	\$0.00	\$0.00
26b. + Interest and Penalties on Loan(s)	\$0.00	\$0.00
26c. - Payments on Loan(s)	\$0.00	\$0.00
26d. Total Outstanding Loan Amount	\$0.00	\$0.00
27. Campaign Expenses Paid By Candidate (Section O)	\$0.00	\$0.00
28. Expenses Incurred on Committee Credit Card (Section P)	\$0.00	\$0.00
29. Expenses Incurred by Committee During this Period but Not Paid (Section Q)	\$11,274.18	
29a. Total Outstanding Expenses Incurred by Committee still Unpaid (Section Q)	\$11,274.18	

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE	FILING DUE DATE
Glassman For Lt. Governor	Original 07/12/2010
A. Total Contributions from Small Contributors-Received this Period ONLY <i>(See instructions for definition of Small Contributor)</i>	Subtotal Section A \$0.00

B. Itemized Contributions from Individuals

Last Name Mason	First Name Nicholas	MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Contribution ID # 0002	Amount of Contribution
Residential Street Address 6 Erin's Way	City Simsbury	State CT	Zip Code 06070	Date Received 05/08/2010	
Principal Occupation Retired	Name of Employer Retired	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$100.00	\$100.00
Last Name Marshall	First Name Chebon	MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Contribution ID # 0001	Amount of Contribution
Residential Street Address 20 Stafford Rd	City Simsbury	State CT	Zip Code 06070	Date Received 05/08/2010	
Principal Occupation Political Consultant	Name of Employer Self	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$100.00	\$100.00
Last Name Davidson	First Name Joel	MI D	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Contribution ID # 0003	Amount of Contribution
Residential Street Address 52 Birch Hill Dr PO Box 215	City Tolland	State CT	Zip Code 06084	Date Received 05/16/2010	
Principal Occupation Dentist	Name of Employer self	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$100.00	\$100.00
Last Name Kennedy	First Name Nat	MI	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Contribution ID # 0004	Amount of Contribution
Residential Street Address 18 Long View Dr	City Simsbury	State CT	Zip Code 06070-2644	Date Received 05/16/2010	
Principal Occupation Network Engineer	Name of Employer Hartford Hospital	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$100.00	\$100.00

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE	FILING DUE DATE
Glassman For Lt. Governor	Original 07/12/2010

B. Itemized Contributions from Individuals

Last Name Lewin	First Name Robert	MI	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Contribution ID # 0009	Amount of Contribution
Residential Street Address 336 W End Ave	City New York	State NY	Zip Code 10023	Date Received 05/17/2010	
Principal Occupation Attorney	Name of Employer Stroock & Stroock & Lavan LLP	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$100.00	\$100.00
Last Name Meehan	First Name James	MI A	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Contribution ID # 0010	Amount of Contribution
Residential Street Address 80 Highridge Rd	City West Simsbury	State CT	Zip Code 06092	Date Received 05/17/2010	
Principal Occupation Attorney	Name of Employer James Meehan	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$100.00	\$100.00
Last Name White	First Name Patricia	MI	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Contribution ID # 0014	Amount of Contribution
Residential Street Address 80 Highridge Rd	City West Simsbury	State CT	Zip Code 06092	Date Received 05/17/2010	
Principal Occupation Para-Professional	Name of Employer Town of Avon	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$100.00	\$100.00
Last Name Merriam	First Name Dwight	MI H	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Contribution ID # 0011	Amount of Contribution
Residential Street Address 80 Latimer Ln	City Weatogue	State CT	Zip Code 06089	Date Received 05/17/2010	
Principal Occupation lawyer	Name of Employer Robinson & Cole LLP	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$100.00	\$100.00

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE	FILING DUE DATE
Glassman For Lt. Governor	Original 07/12/2010

B. Itemized Contributions from Individuals

Last Name Moore	First Name David	MI	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Contribution ID # 0012	Amount of Contribution
Residential Street Address 24 E Main St	City Avon	State CT	Zip Code 06001	Date Received 05/17/2010	
Principal Occupation Attorney-Mediator	Name of Employer Smith & Moore, LLC	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$100.00	\$100.00
Last Name Buggy	First Name Richard	MI	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Contribution ID # 0005	Amount of Contribution
Residential Street Address 14 Hearthstone Dr	City Simsbury	State CT	Zip Code 06070	Date Received 05/17/2010	
Principal Occupation Accountant	Name of Employer Saslow Lufkin & Buggy, LLP	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$100.00	\$100.00
Last Name Buggy	First Name Theresa	MI	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Contribution ID # 0006	Amount of Contribution
Residential Street Address 14 Hearthstone Dr	City Simsbury	State CT	Zip Code 06070	Date Received 05/17/2010	
Principal Occupation Manager	Name of Employer Guardian Insurance Co.	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$100.00	\$100.00
Last Name Glassman	First Name Harvey	MI I	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Contribution ID # 0007	Amount of Contribution
Residential Street Address 35 Burnwood Dr .	City Bloomfield	State CT	Zip Code 06002	Date Received 05/17/2010	
Principal Occupation self-employed	Name of Employer Coffee Break Co	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$100.00	\$100.00

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE	FILING DUE DATE
Glassman For Lt. Governor	Original 07/12/2010

B. Itemized Contributions from Individuals

Last Name Glassman	First Name Sheila	MI R	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Contribution ID # 0008	Amount of Contribution
Residential Street Address 35 Burnwood Dr .	City Bloomfield	State CT	Zip Code 06002	Date Received 05/17/2010	
Principal Occupation none	Name of Employer none	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$100.00	\$100.00
Last Name Rosselli	First Name Bernard	MI	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Contribution ID # 0013	Amount of Contribution
Residential Street Address 250 Allison Dr	City Torrington	State CT	Zip Code 06790	Date Received 05/17/2010	
Principal Occupation President	Name of Employer Stewart EFI	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$100.00	\$100.00
Last Name Raphael	First Name Allan	MI	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Contribution ID # 0093	Amount of Contribution
Residential Street Address 34 Old Farms Rd	City West Simsbury	State CT	Zip Code 06092	Date Received 05/18/2010	
Principal Occupation Retired	Name of Employer Retired	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$100.00	\$100.00
Last Name Needham	First Name Alan	MI	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Contribution ID # 0016	Amount of Contribution
Residential Street Address 2 Basswood Ln	City Weatogue	State CT	Zip Code 06089	Date Received 05/18/2010	
Principal Occupation Audiologist	Name of Employer Cottage grove Audiology	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$100.00	\$100.00

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE	FILING DUE DATE
Glassman For Lt. Governor	Original 07/12/2010

B. Itemized Contributions from Individuals

Last Name Knecht	First Name Dale	MI M	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Contribution ID # 0015	Amount of Contribution
Residential Street Address 26 Hampden Cir	City Simsbury	State CT	Zip Code 06070	Date Received 05/18/2010	
Principal Occupation Computers	Name of Employer TTM Technologies	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$100.00	\$100.00
Last Name radocchia	First Name stephen	MI C	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Contribution ID # 0017	Amount of Contribution
Residential Street Address 40 Greenwood Pl	City South Glastonbury	State CT	Zip Code 06073	Date Received 05/18/2010	
Principal Occupation Vice Chairman	Name of Employer Namco, LLC	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$100.00	\$100.00
Last Name Schreck	First Name Matthew	MI M	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Contribution ID # 0023	Amount of Contribution
Residential Street Address 168 Westland Ave	City West Hartford	State CT	Zip Code 06107	Date Received 05/19/2010	
Principal Occupation lawyer	Name of Employer Matt Schreck	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$100.00	\$100.00
Last Name Miller	First Name Kathleen	MI	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Contribution ID # 0021	Amount of Contribution
Residential Street Address 21 Old Barge Rd	City Simsbury	State CT	Zip Code 06070	Date Received 05/19/2010	
Principal Occupation RETIRED	Name of Employer NONE	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$100.00	\$100.00

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE	FILING DUE DATE
Glassman For Lt. Governor	Original 07/12/2010

B. Itemized Contributions from Individuals

Last Name Glassman	First Name Abraham	MI	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Contribution ID # 0097	Amount of Contribution
Residential Street Address 30 Timberwood Rd	City West Hartford	State CT	Zip Code 06117	Date Received 05/19/2010	
Principal Occupation CT State Marshal	Name of Employer Self-Employed	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$100.00	\$100.00
Last Name Glassman	First Name Beverly	MI	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Contribution ID # 0098	Amount of Contribution
Residential Street Address 30 Timberwood Rd	City West Hartford	State CT	Zip Code 06117	Date Received 05/19/2010	
Principal Occupation Retired	Name of Employer Retired	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$100.00	\$100.00
Last Name Staron	First Name Gail	MI E	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Contribution ID # 0027	Amount of Contribution
Residential Street Address 179 Tryon St	City South Glastonbury	State CT	Zip Code 06073	Date Received 05/19/2010	
Principal Occupation Product Manager	Name of Employer CIGNA Corp	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$100.00	\$100.00
Last Name Finnti	First Name Frank	MI	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Contribution ID # 0096	Amount of Contribution
Residential Street Address 128 Seaman Ave	City New York	State NY	Zip Code 10034	Date Received 05/19/2010	
Principal Occupation Information Requested	Name of Employer Information Requested	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$10.00	\$10.00

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE	FILING DUE DATE
Glassman For Lt. Governor	Original 07/12/2010

B. Itemized Contributions from Individuals

Last Name Ingram	First Name George	MI	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Contribution ID # 0099	Amount of Contribution
Residential Street Address 20 Stafford Rd	City Simsbury	State CT	Zip Code 06070	Date Received 05/19/2010	
Principal Occupation Retired	Name of Employer Retired	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$100.00	\$100.00
Last Name Fahey	First Name Thomas	MI	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Contribution ID # 0094	Amount of Contribution
Residential Street Address 6 Riverside Rd	City Simsbury	State CT	Zip Code 06070	Date Received 05/19/2010	
Principal Occupation Retired	Name of Employer Retired	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$20.00	\$10.00
Last Name Fahey	First Name Thomas	MI	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Contribution ID # 0095	Amount of Contribution
Residential Street Address 6 Riverside Rd	City Simsbury	State CT	Zip Code 06070	Date Received 05/19/2010	
Principal Occupation Retired	Name of Employer Retired	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$20.00	\$10.00
Last Name Sharpless	First Name Clair	MI A	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Contribution ID # 0024	Amount of Contribution
Residential Street Address 1 Drumlin Rd	City West Simsbury	State CT	Zip Code 06092	Date Received 05/19/2010	
Principal Occupation none	Name of Employer none	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$100.00	\$100.00

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE	FILING DUE DATE
Glassman For Lt. Governor	Original 07/12/2010

B. Itemized Contributions from Individuals

Last Name Malsbenden	First Name Irene	MI	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Contribution ID # 0100	Amount of Contribution
Residential Street Address 156 Christy Ln	City Colchester	State CT	Zip Code 06415	Date Received 05/19/2010	
Principal Occupation Retired	Name of Employer Retired	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$50.00	\$50.00
Last Name berg	First Name paul	MI	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Contribution ID # 0018	Amount of Contribution
Residential Street Address 35 Pinnacle Mountain Rd	City Simsbury	State CT	Zip Code 06070	Date Received 05/19/2010	
Principal Occupation Tech Doctor	Name of Employer Technology On Call	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$100.00	\$100.00
Last Name Daley	First Name Vic & Mary Lou	MI	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Contribution ID # 0019	Amount of Contribution
Residential Street Address 2 Billingsgate Dr	City Simsbury	State CT	Zip Code 06070	Date Received 05/19/2010	
Principal Occupation none	Name of Employer Mary Lou Daley	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$100.00	\$100.00
Last Name Melvin	First Name Steve	MI	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Contribution ID # 0020	Amount of Contribution
Residential Street Address 11 Sequoia Ct	City Okatie	State SC	Zip Code 29909	Date Received 05/19/2010	
Principal Occupation Retired	Name of Employer none	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$100.00	\$100.00

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE	FILING DUE DATE
Glassman For Lt. Governor	Original 07/12/2010

B. Itemized Contributions from Individuals

Last Name NOWICKI	First Name JARO	MI M	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Contribution ID # 0022	Amount of Contribution
Residential Street Address 179 Tryon St	City Glastonbury	State CT	Zip Code 06073	Date Received 05/19/2010	
Principal Occupation COO	Name of Employer SDC	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$100.00	\$100.00
Last Name Sills	First Name Amy	MI	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Contribution ID # 0025	Amount of Contribution
Residential Street Address 4 Mohawk Dr	City West Hartford	State CT	Zip Code 06117	Date Received 05/19/2010	
Principal Occupation Reading Teacher	Name of Employer None	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$100.00	\$100.00
Last Name Sills	First Name Stephen	MI	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Contribution ID # 0026	Amount of Contribution
Residential Street Address 4 Mohawk Dr	City West Hartford	State CT	Zip Code 06117	Date Received 05/19/2010	
Principal Occupation Insurance	Name of Employer None	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$100.00	\$100.00
Last Name Hard	First Name Suzanne	MI	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Contribution ID # 0028	Amount of Contribution
Residential Street Address 110 Bridgewater Dr .	City Avon	State CT	Zip Code 06001	Date Received 05/20/2010	
Principal Occupation n/a	Name of Employer n/a	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$100.00	\$100.00

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE	FILING DUE DATE
Glassman For Lt. Governor	Original 07/12/2010

B. Itemized Contributions from Individuals

Last Name Dresner	First Name bonnie	MI G	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Contribution ID # 0029	Amount of Contribution
Residential Street Address 30 Whippoorwill Rd	City Armonk	State NY	Zip Code 10504	Date Received 05/21/2010	
Principal Occupation none	Name of Employer Bonnie Dresner	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$200.00	\$200.00
Last Name Mobley	First Name John	MI S	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Contribution ID # 0030	Amount of Contribution
Residential Street Address 108 Hedgehog Ln	City West Simsbury	State CT	Zip Code 06092	Date Received 05/21/2010	
Principal Occupation CEO	Name of Employer Church Home of Hartford	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$100.00	\$100.00
Last Name Sullivan	First Name Mary	MI T	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Contribution ID # 0031	Amount of Contribution
Residential Street Address 4 Scarborough Rd	City Simsbury	State CT	Zip Code 06070	Date Received 05/21/2010	
Principal Occupation actuary	Name of Employer self employed	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$100.00	\$100.00
Last Name Ryan	First Name David	MI R	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Contribution ID # 0036	Amount of Contribution
Residential Street Address 20 Westledge Rd	City West Simsbury	State CT	Zip Code 06092-2318	Date Received 05/25/2010	
Principal Occupation Engineer	Name of Employer Self Employed	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$100.00	\$100.00

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE	FILING DUE DATE
Glassman For Lt. Governor	Original 07/12/2010

B. Itemized Contributions from Individuals

Last Name Spangler	First Name Jane	MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Contribution ID # 0037	Amount of Contribution
Residential Street Address 1 West St Unit 111	City Simsbury	State CT	Zip Code 06070	Date Received 05/25/2010	
Principal Occupation Retired	Name of Employer Retired	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$100.00	\$100.00
Last Name Corvo	First Name Elizabeth	MI A	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Contribution ID # 0033	Amount of Contribution
Residential Street Address 3 Belhaven	City Cromwell	State CT	Zip Code 06416	Date Received 05/25/2010	
Principal Occupation Office Manager	Name of Employer Wm. Corvo Consultants	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$100.00	\$100.00
Last Name Long	First Name Ann	MI M	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Contribution ID # 0034	Amount of Contribution
Residential Street Address 8 Erin's Way	City Simsbury	State CT	Zip Code 06070	Date Received 05/25/2010	
Principal Occupation Retired	Name of Employer Retired	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$100.00	\$100.00
Last Name Long	First Name Michael	MI T	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Contribution ID # 0035	Amount of Contribution
Residential Street Address 8 Erin's Way	City Simsbury	State CT	Zip Code 06070	Date Received 05/25/2010	
Principal Occupation Retired	Name of Employer Retired	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$100.00	\$100.00

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE	FILING DUE DATE
Glassman For Lt. Governor	Original 07/12/2010

B. Itemized Contributions from Individuals

Last Name Carbone	First Name Nicholas	MI R	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Contribution ID # 0032	Amount of Contribution
Residential Street Address 2 Park Pl Apt 23A	City Hartford	State CT	Zip Code 06106-5039	Date Received 05/25/2010	
Principal Occupation Retired	Name of Employer Retired	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$100.00	\$100.00
Last Name Trautman	First Name George	MI M	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Contribution ID # 0040	Amount of Contribution
Residential Street Address 18 Pinnacle Mountain Rd	City Simsbury	State CT	Zip Code 06070	Date Received 05/28/2010	
Principal Occupation Consultant	Name of Employer Avon Old Farms School	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$50.00	\$50.00
Last Name Ryan	First Name Gail	MI K	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Contribution ID # 0039	Amount of Contribution
Residential Street Address 20 Westledge Rd	City West Simsbury	State CT	Zip Code 06092	Date Received 05/28/2010	
Principal Occupation Librarian	Name of Employer Loomis Chaffee	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$100.00	\$100.00
Last Name Hornish	First Name Maryanne	MI	Method of contribution: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Contribution ID # 0038	Amount of Contribution
Residential Street Address 53 Whitman Dr	City Granby	State CT	Zip Code 06035	Date Received 05/28/2010	
Principal Occupation Cytotechnologist/State Representative	Name of Employer Baystate Health/State of Connecticut	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$20.00	\$20.00

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE	FILING DUE DATE
Glassman For Lt. Governor	Original 07/12/2010

B. Itemized Contributions from Individuals

Last Name Johnson	First Name Edward	MI	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Contribution ID # 0041	Amount of Contribution
Residential Street Address 362 Wells Rd	City Wethersfield	State CT	Zip Code 06109	Date Received 06/01/2010	
Principal Occupation Administration	Name of Employer Saint Francis Hospital	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$100.00	\$100.00
Last Name Weinhoff	First Name Samuel	MI J	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Contribution ID # 0044	Amount of Contribution
Residential Street Address 8 Pinnacle Mountain Rd	City West Simsbury	State CT	Zip Code 06092	Date Received 06/04/2010	
Principal Occupation Consultant	Name of Employer Self	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$100.00	\$100.00
Last Name Wagner	First Name Madeline	MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Contribution ID # 0043	Amount of Contribution
Residential Street Address 100 Sarah Ln Apt 203	City Simsbury	State CT	Zip Code 06070	Date Received 06/04/2010	
Principal Occupation homemaker	Name of Employer self	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$100.00	\$100.00
Last Name Lanza	First Name Michael	MI H	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Contribution ID # 0042	Amount of Contribution
Residential Street Address PO Box 174	City Jamestown	State RI	Zip Code 02835	Date Received 06/04/2010	
Principal Occupation Executive Vice President & General Counsel	Name of Employer Selective Insurance Group, Inc.	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$100.00	\$100.00

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE	FILING DUE DATE
Glassman For Lt. Governor	Original 07/12/2010

B. Itemized Contributions from Individuals

Last Name Silpe	First Name Greg	MI	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Contribution ID # 0045	Amount of Contribution
Residential Street Address 165 Neptune Dr	City Groton	State CT	Zip Code 06340	Date Received 06/05/2010	
Principal Occupation Consultant	Name of Employer The Tupman Thurlow Co., Inc	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$100.00	\$100.00
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$200.00	\$100.00
Last Name Lassman	First Name charles	MI	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Contribution ID # 0046	Amount of Contribution
Residential Street Address 631 Palms Blvd	City Venice	State CA	Zip Code 90291	Date Received 06/12/2010	
Principal Occupation physician	Name of Employer UCLA	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$200.00	\$100.00
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$200.00	\$100.00
Last Name Lassman	First Name charles	MI	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Contribution ID # 0047	Amount of Contribution
Residential Street Address 631 Palms Blvd	City Venice	State CA	Zip Code 90291	Date Received 06/12/2010	
Principal Occupation physician	Name of Employer UCLA	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$200.00	\$100.00
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$200.00	\$100.00
Last Name Tindall	First Name Jeffrey	MI E	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Contribution ID # 0048	Amount of Contribution
Residential Street Address 47 Owens Brook Blvd	City Simsbury	State CT	Zip Code 06070	Date Received 06/12/2010	
Principal Occupation Regulatory & State Government Affairs	Name of Employer CIGNA	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$100.00	\$100.00
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$100.00	\$100.00

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE	FILING DUE DATE
Glassman For Lt. Governor	Original 07/12/2010

B. Itemized Contributions from Individuals

Last Name Just	First Name Jennifer	MI R	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Contribution ID # 0049	Amount of Contribution
Residential Street Address 157 Center Rd	City Woodbridge	State CT	Zip Code 06525	Date Received 06/16/2010	
Principal Occupation none	Name of Employer none	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$100.00	\$100.00
Last Name Hoffman	First Name Jeffrey	MI	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Contribution ID # 0050	Amount of Contribution
Residential Street Address 149 Reverknolls	City Avon	State CT	Zip Code 06001	Date Received 06/18/2010	
Principal Occupation Co-Chairman	Name of Employer Hoffman Auto Group	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$100.00	\$100.00
Last Name Clark	First Name James	MI	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Contribution ID # 0051	Amount of Contribution
Residential Street Address 111 Hartley St .	City North Haven	State CT	Zip Code 06473	Date Received 06/22/2010	
Principal Occupation attorney	Name of Employer State of CT	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$25.00	\$25.00
Last Name krumeich	First Name edward	MI	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Contribution ID # 0052	Amount of Contribution
Residential Street Address 16 Perryridge Rd	City Greenwich	State CT	Zip Code 06830	Date Received 06/23/2010	
Principal Occupation attorney	Name of Employer ivey, barnum & o'mara	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$50.00	\$50.00

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE	FILING DUE DATE
Glassman For Lt. Governor	Original 07/12/2010

B. Itemized Contributions from Individuals

Last Name Weeks	First Name Denise	MI	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Contribution ID # 0055	Amount of Contribution
Residential Street Address 334 Hollister Way W	City Glastonbury	State CT	Zip Code 06033	Date Received 06/23/2010	
Principal Occupation retired	Name of Employer retired	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$25.00	\$25.00
Last Name Wyden	First Name Elaine	MI	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Contribution ID # 0056	Amount of Contribution
Residential Street Address 238 Newtown Tpke	City Redding	State CT	Zip Code 06896	Date Received 06/23/2010	
Principal Occupation Retired librarian	Name of Employer Retired	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$25.00	\$25.00
Last Name Piotrowicz	First Name Terrance	MI C	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Contribution ID # 0053	Amount of Contribution
Residential Street Address 78 Cinnamon Spgs	City South Windsor	State CT	Zip Code 06074	Date Received 06/23/2010	
Principal Occupation retired	Name of Employer none	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$100.00	\$100.00
Last Name Piotrowicz	First Name Suzanne	MI L	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Contribution ID # 0054	Amount of Contribution
Residential Street Address 78 Cinnamon Spgs	City South Windsor	State CT	Zip Code 06074	Date Received 06/23/2010	
Principal Occupation retired	Name of Employer none	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$100.00	\$100.00

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE	FILING DUE DATE
Glassman For Lt. Governor	Original 07/12/2010

B. Itemized Contributions from Individuals

Last Name Morgan	First Name David	MI R	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Contribution ID # 0057	Amount of Contribution
Residential Street Address 138 Manor Hill Rd	City Stratford	State CT	Zip Code 06614	Date Received 06/24/2010	
Principal Occupation President	Name of Employer Peerfocus	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$50.00	\$50.00
Last Name Gauster	First Name Norma	MI S	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Contribution ID # 0058	Amount of Contribution
Residential Street Address 2 Templeton Ct	City Avon	State CT	Zip Code 06001	Date Received 06/25/2010	
Principal Occupation retired teacher	Name of Employer none	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$25.00	\$25.00
Last Name Gauster	First Name Wilhelm	MI	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Contribution ID # 0059	Amount of Contribution
Residential Street Address 2 Templeton Ct	City Avon	State CT	Zip Code 06001	Date Received 06/25/2010	
Principal Occupation retired physicist	Name of Employer none	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$25.00	\$25.00
Last Name Scalettar	First Name Ellen	MI	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Contribution ID # 0060	Amount of Contribution
Residential Street Address 1265 Racebrook Rd	City Woodbridge	State CT	Zip Code 06525	Date Received 06/26/2010	
Principal Occupation SDO policy director	Name of Employer state of ct	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$100.00	\$100.00

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE	FILING DUE DATE
Glassman For Lt. Governor	Original 07/12/2010

B. Itemized Contributions from Individuals

Last Name Darvick	First Name Elinor	MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Contribution ID # 0063	Amount of Contribution
Residential Street Address 97 Holmes Rd	City Ridgefield	State CT	Zip Code 06877	Date Received 06/28/2010	
Principal Occupation Unemployed	Name of Employer Unemployed	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$25.00	\$25.00
Last Name Frank	First Name Anneliese	MI K	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Contribution ID # 0064	Amount of Contribution
Residential Street Address 19 Banbury Dr	City West Simsbury	State CT	Zip Code 06092	Date Received 06/28/2010	
Principal Occupation none	Name of Employer none	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$100.00	\$100.00
Last Name Lamont	First Name Edward	MI	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Contribution ID # 0067	Amount of Contribution
Residential Street Address 4 Ashton Dr .	City Greenwich	State CT	Zip Code 06831	Date Received 06/28/2010	
Principal Occupation Chairman	Name of Employer Lamont Digital Systems, Inc.	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$100.00	\$100.00
Last Name Bove	First Name Linda	MI J	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Contribution ID # 0061	Amount of Contribution
Residential Street Address 14 Watson Dr	City West Simsbury	State CT	Zip Code 06092	Date Received 06/28/2010	
Principal Occupation Teacher	Name of Employer Simsbury Schools	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$10.00	\$10.00

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE	FILING DUE DATE
Glassman For Lt. Governor	Original 07/12/2010

B. Itemized Contributions from Individuals

Last Name Hanahan	First Name Elizabeth P	MI	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Contribution ID # 0065	Amount of Contribution
Residential Street Address PO Box 367	City Bethlehem	State CT	Zip Code 06751	Date Received 06/28/2010	
Principal Occupation retired	Name of Employer none	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$25.00	\$25.00
Last Name Lautensack	First Name Jill	MI H	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Contribution ID # 0068	Amount of Contribution
Residential Street Address 21 Stillwood Chase	City Weatogue	State CT	Zip Code 06089	Date Received 06/28/2010	
Principal Occupation Information Requested	Name of Employer Information Requested	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$100.00	\$100.00
Last Name Lautensack	First Name Robert	MI G	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Contribution ID # 0069	Amount of Contribution
Residential Street Address 21 Stillwood Chase	City Weatogue	State CT	Zip Code 06089	Date Received 06/28/2010	
Principal Occupation Retired	Name of Employer THE PHOENIX COMPANIES INC.	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$100.00	\$100.00
Last Name PATRICELLI	First Name susan	MI	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Contribution ID # 0070	Amount of Contribution
Residential Street Address 44 Scott Dr	City Bloomfield	State CT	Zip Code 06002	Date Received 06/28/2010	
Principal Occupation bridge director	Name of Employer retired	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$50.00	\$50.00

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE	FILING DUE DATE
Glassman For Lt. Governor	Original 07/12/2010

B. Itemized Contributions from Individuals

Last Name Crimmins	First Name Kevin	MI	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Contribution ID # 0062	Amount of Contribution
Residential Street Address 5 Whyndwood Rd	City Simsbury	State CT	Zip Code 06070	Date Received 06/28/2010	
Principal Occupation executive	Name of Employer Westbrook Technologies	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$100.00	\$100.00
Last Name Worobow	First Name Daryl	MI L	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Contribution ID # 0073	Amount of Contribution
Residential Street Address 35 High Gate Dr	City Avon	State CT	Zip Code 06001	Date Received 06/28/2010	
Principal Occupation Financial Advisor	Name of Employer MetLife	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$25.00	\$25.00
Last Name Stokes	First Name Daniel	MI D	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Contribution ID # 0071	Amount of Contribution
Residential Street Address 11 Michael Ter	City Wolcott	State CT	Zip Code 06716	Date Received 06/28/2010	
Principal Occupation CEO	Name of Employer StewartEFI, LLC	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$100.00	\$100.00
Last Name Stokes	First Name Nancy	MI A	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Contribution ID # 0072	Amount of Contribution
Residential Street Address 11 Michael Ter	City Wolcott	State CT	Zip Code 06716	Date Received 06/28/2010	
Principal Occupation Registered Nurse	Name of Employer Unemployed	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$100.00	\$100.00

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE	FILING DUE DATE
Glassman For Lt. Governor	Original 07/12/2010

B. Itemized Contributions from Individuals

Last Name Kurtzman	First Name Scott	MI H	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Contribution ID # 0066	Amount of Contribution
Residential Street Address 461 Rockwood Dr	City Southington	State CT	Zip Code 06489	Date Received 06/28/2010	
Principal Occupation physician	Name of Employer Waterbury Hospital	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$25.00	\$25.00
Last Name WISNIEWSKI	First Name SALLY	MI C	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Contribution ID # 0081	Amount of Contribution
Residential Street Address 178 Hollister Way S	City Glastonbury	State CT	Zip Code 06033	Date Received 06/29/2010	
Principal Occupation RETIRED	Name of Employer NOT EMPLOYED	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$25.00	\$25.00
Last Name Ficker	First Name Catherine	MI	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Contribution ID # 0075	Amount of Contribution
Residential Street Address 695 Talcottville Rd Apt 30B	City Vernon	State CT	Zip Code 06066	Date Received 06/29/2010	
Principal Occupation Secretary	Name of Employer UAW	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$25.00	\$25.00
Last Name levine	First Name donna	MI	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Contribution ID # 0078	Amount of Contribution
Residential Street Address 324 Datura St Ste 145	City West Palm Beach	State FL	Zip Code 33401	Date Received 06/29/2010	
Principal Occupation attorney	Name of Employer self	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$25.00	\$25.00

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE	FILING DUE DATE
Glassman For Lt. Governor	Original 07/12/2010

B. Itemized Contributions from Individuals

Last Name Simoff	First Name Debra	MI A	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Contribution ID # 0080	Amount of Contribution
Residential Street Address 136 Holcomb St .	City Simsbury	State CT	Zip Code 06070	Date Received 06/29/2010	
Principal Occupation Engineer	Name of Employer OFS	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$100.00	\$100.00
Last Name Pepin	First Name David	MI R	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Contribution ID # 0079	Amount of Contribution
Residential Street Address 42 Laurel Dr	City Willington	State CT	Zip Code 06279	Date Received 06/29/2010	
Principal Occupation venture capital	Name of Employer self	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$100.00	\$100.00
Last Name de Brigard	First Name RaÃ¶l	MI	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Contribution ID # 0074	Amount of Contribution
Residential Street Address 8 Christian Hill Rd	City Higganum	State CT	Zip Code 06441	Date Received 06/29/2010	
Principal Occupation retired	Name of Employer retired	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$10.00	\$10.00
Last Name Lamont	First Name Emily	MI	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Contribution ID # 0076	Amount of Contribution
Residential Street Address 4 Ashton Dr	City Greenwich	State CT	Zip Code 06831	Date Received 06/29/2010	
Principal Occupation intern	Name of Employer Ned Lamont for Governor	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$100.00	\$100.00

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE	FILING DUE DATE
Glassman For Lt. Governor	Original 07/12/2010

B. Itemized Contributions from Individuals

Last Name Lamont	First Name Lindsay	MI	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Contribution ID # 0077	Amount of Contribution
Residential Street Address 4 Ashton Dr	City Greenwich	State CT	Zip Code 06831	Date Received 06/29/2010	
Principal Occupation Student	Name of Employer Lindsay Lamont	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$100.00	\$100.00
Last Name Fabiani	First Name Nicholas	MI	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Contribution ID # 0085	Amount of Contribution
Residential Street Address 80 Autumn Ct	City Cheshire	State CT	Zip Code 06410	Date Received 06/30/2010	
Principal Occupation Facilities Maintenance	Name of Employer Albertus Magnus College	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$50.00	\$50.00
Last Name Cibes	First Name William	MI	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Contribution ID # 0082	Amount of Contribution
Residential Street Address 31 Woodland St # 12B	City Hartford	State CT	Zip Code 06105	Date Received 06/30/2010	
Principal Occupation none	Name of Employer none	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$100.00	\$100.00
Last Name Elash	First Name Andrew	MI W	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Contribution ID # 0084	Amount of Contribution
Residential Street Address 42 Crossroads Ln	City Glastonbury	State CT	Zip Code 06033	Date Received 06/30/2010	
Principal Occupation Server	Name of Employer Bellini's Italian Eatery	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$25.00	\$25.00

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE	FILING DUE DATE
Glassman For Lt. Governor	Original 07/12/2010

B. Itemized Contributions from Individuals

Last Name Geitz	First Name Brenda	MI	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Contribution ID # 0086	Amount of Contribution
Residential Street Address 318 Strickland St .	City Glastonbury	State CT	Zip Code 06033	Date Received 06/30/2010	
Principal Occupation Sales	Name of Employer Antico Management	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$50.00	\$50.00
Last Name McGrath	First Name Barbara	MI	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Contribution ID # 0087	Amount of Contribution
Residential Street Address PO Box 116 29 Windham Center Rd	City Windham	State CT	Zip Code 06280	Date Received 06/30/2010	
Principal Occupation attorney	Name of Employer CT Urban Legal Initiative, Inc.	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$50.00	\$50.00
Last Name messenger	First Name miles	MI	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Contribution ID # 0088	Amount of Contribution
Residential Street Address 650 Cherry Brook Rd .	City Canton	State CT	Zip Code 06019	Date Received 06/30/2010	
Principal Occupation none	Name of Employer none	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$25.00	\$25.00
Last Name Saddlemire	First Name Patricia	MI M	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Contribution ID # 0090	Amount of Contribution
Residential Street Address 235 Woodhaven Rd .	City Glastonbury	State CT	Zip Code 06033	Date Received 06/30/2010	
Principal Occupation Educator	Name of Employer Retired	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$50.00	\$50.00

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE	FILING DUE DATE
Glassman For Lt. Governor	Original 07/12/2010

B. Itemized Contributions from Individuals

Last Name Saddlemire	First Name Richard	MI D	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Contribution ID # 0091	Amount of Contribution
Residential Street Address 235 Woodhaven Rd /	City Glastonbury	State CT	Zip Code 06033	Date Received 06/30/2010	
Principal Occupation Educator	Name of Employer Retired	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$50.00	\$50.00
Last Name Salafia	First Name Ann	MI	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Contribution ID # 0092	Amount of Contribution
Residential Street Address 210 Taunton Rd .	City Fairfield	State CT	Zip Code 06824	Date Received 06/30/2010	
Principal Occupation none	Name of Employer none	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$25.00	\$25.00
Last Name Duarte	First Name Elizabeth	MI S	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Contribution ID # 0083	Amount of Contribution
Residential Street Address 54 Cottage St .	City Groton	State CT	Zip Code 06340	Date Received 06/30/2010	
Principal Occupation social worker	Name of Employer St of CT	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$25.00	\$25.00
Last Name Pressman	First Name Paula	MI G	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Contribution ID # 0089	Amount of Contribution
Residential Street Address 52 High Ridge Holw	City Avon	State CT	Zip Code 06001	Date Received 06/30/2010	
Principal Occupation lawyer	Name of Employer Presscott Associates	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$100.00	\$100.00
Total of Section B					\$7,870.00
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A & B) (Total on Line 14 of Summary Page)					\$7,870.00

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE	FILING DUE DATE
Glassman For Lt. Governor	Original 07/12/2010

C1. Contributions from Other Committees

Name of Committee	Name of Treasurer
-------------------	-------------------

Address	Is this contribution associated with a fundraising event listed in Section J1?	Yes No	If yes, list Event # Amount of Contribution	
City	State	Zip Code	Date Received	Aggregate Contributions
Total of Section C1				

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE	FILING DUE DATE
Glassman For Lt. Governor	Original 07/12/2010

C2. Reimbursements or Payments from other Committees

Name of Committee Mary For Connecticut			Name of Treasurer George A Ingram	
Address 20 Stafford Rd			Date Received 05/08/2010	Amount of Receipt \$20,000.00
City Simsbury	State CT	Zip Code 06070	<input type="checkbox"/> Reimbursement for shared expense <input checked="" type="checkbox"/> Payment for goods and services	
Name of Committee Mary For Connecticut			Name of Treasurer George A Ingram	
Address 20 Stafford Rd			Date Received 06/02/2010	Amount of Receipt \$26,956.83
City Simsbury	State CT	Zip Code 06070	<input type="checkbox"/> Reimbursement for shared expense <input checked="" type="checkbox"/> Payment for goods and services	
Total of Section C2				\$46,956.83

I. MONETARY RECEIPTS (Section A-K)						
NAME OF COMMITTEE					FILING DUE DATE	
Glassman For Lt. Governor					Original 07/12/2010	
D. Loans Received this Period						
Name of Lender				Source of Loan:	Is there a cosigner or Guarantor of this loan?	Amount Received
Street Address	City	State	Zip Code	Bank	Yes No	
				Candidate		
Name of Cosigner/Guarantor				Individual		
				Other Committee		
Street Address	City	State	Zip Code	Date Received		
Total of Section D						

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE	FILING DUE DATE
Glassman For Lt. Governor	Original 07/12/2010

E. Personal Funds of the Candidate Received this Period

Date Received	Amount	Method of Payment		
		Cash	Personal Check	Credit/Debit Card

Total of Section E

I. MONETARY RECEIPTS (Section A-I)					
NAME OF COMMITTEE					FILING DUE DATE
Glassman For Lt. Governor					Original 07/12/2010
F. Anonymous Contributions					
Date Received	\$ 1 bills	\$ 5 bills	\$ 10 bill	coins	Amount
Total of Section F					

I. Monetary Receipts (Section A-I)				
NAME OF COMMITTEE	FILING DUE DATE			
Glassman For Lt. Governor	Original 07/12/2010			
G. Interest from Deposits in Authorized Accounts				
Name of Institution	Date Received	Total Amount Received		
Street Address	City	State	Zip Code	
Total of Section G				

I. MONETARY RECEIPTS (Section A-K)			
NAME OF COMMITTEE			FILING DUE DATE
Glassman For Lt. Governor			Original 07/12/2010
H. Public Grant Funds Received from the Citizen's Election Fund			
Purpose of Grant:	Supplemental/Independent Expenditure	Date Received	Amount
Initial	Primary General or Special Election		
Primary	Primary General or Special Election		
Supplemental/Post Election Deficit	Supplemental/Excess Expenditure		
General or Special Election	Primary General or Special Election		
Total of Section H			

I. MONETARY RECEIPTS (Section A-K)					
NAME OF COMMITTEE				FILING DUE DATE	
Glassman For Lt. Governor				Original 07/12/2010	
I. Miscellaneous Monetary Receipts not Considered Contributions					
Name			Date of Transaction		Amount Received
Street Address		City	State	Zip Code	
Description					
Total of Section I					

II. FUNDRAISING EVENT ACTIVITY

NAME OF	FILING DUE DATE
COMMITTEE Glassman For Lt. Governor	Original 07/12/2010

J1. Fundraising Event Information

Fundraising Event # Date of Fundraiser	Description Letter	Location: Street Address	City	State	Zip Code
---	-----------------------	--------------------------	------	-------	----------

Was this fundraising event hosted at a personal residence?	Yes	No
--	-----	----

Did this fundraiser include items donated by a business entity of up to \$100 or items donated by an individual of up to \$50?	Yes	No
--	-----	----

Was this fundraiser a tag sale, auction, or other sale of donated items?	Yes	No
--	-----	----

--

II. FUNDRAISING EVENT ACTIVITY

NAME OF COMMITTEE	FILING DUE DATE
Glassman For Lt. Governor	Original 07/12/2010

J2. Proceeds from Tag Sale, Auction, or Other Sale of Donated Items

Name of the Purchaser <i>(Individuals ONLY)</i>	Last Name	First Name	MI	Method of payment:			Aggregate Amount of Purchases
				Cash	Personal Check	Credit/Debit Card	
Residential Street Address		City	State	Zip Code	Date Received	Event #	
Items Purchased							

Total of Section J2

II. FUNDRAISING EVENT ACTIVITY

NAME OF COMMITTEE	FILING DUE DATE
Glassman For Lt. Governor	Original 07/12/2010

J3. In-Kind Donations Not Considered Contributions

Name of the Donor		Donation Given by:		Fair Market Value of Donation
		Individual	Business Entity	
Street Address	City	State	Zip Code	
				Aggregate value for this event
Description of Donation		Date Received	Event #	

Total of Section J3

III. NONMONETARY RECEIPTS

NAME OF COMMITTEE	FILING DUE DATE
Glassman For Lt. Governor	Original 07/12/2010

K. In-Kind Contributions

Name				Date Received		Fair Market Value of this Contribution
Street Address		City	State	Zip Code		
Type of Contributor: Individual Committee	Is Contributor a lobbyist, spouse, or dependent child of a lobbyist?	Yes No	Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with:		Yes No Executive Legislative	
Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event#		Yes No	Description of In-Kind Contribution		Aggregate contributions	

Total of Section K

III. Non Monetary Receipts

NAME OF COMMITTEE	FILING DUE DATE
Glassman For Lt. Governor	Original 07/12/2010

L. Refundable Deposit to Telephone Company

Last Name (Individuals Only)	First Name	MI	Date Received	Amount of Deposit
Street Address	City	State	Zip Code	
Name of Telephone company				
Street Address	City	State	Zip Code	
Total of Section L				

III. NONMONETARY RECEIPTS

NAME OF COMMITTEE				FILING DUE DATE	
Glassman For Lt. Governor				Original 07/12/2010	
M. Non-Monetary Receipts of Organization Expenditures Made By Legislative Leadership, Legislative Caucus, and Party Committee					
Name of Committee			Name of Treasurer		
Street Address				Date Notice Received	Fair Market Value of Donation
City		State	Zip Code	Aggregate Donations	
Description of Donation			Purpose of Expenditure		
			A	B	C
			D	E	
Total of Section M					

IV. EXPENDITURES

NAME OF COMMITTEE	FILING DUE DATE
Glassman For Lt. Governor	Original 07/12/2010

N. Expenses Paid By Committee

Name of Payee	Date of Payment	Method of Payment	Amount	
Farah Hage-Sleiman	05/08/2010	<input checked="" type="checkbox"/> Check #		
Street Address 26 Woodland Park	City Hartford	State CT		Zip Code
Purpose of Expenditure CNSLT		978		<input type="checkbox"/> Debit Card
Description Consultant		Event #		
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				
Other Candidate(s) Name		Office Sought		
			\$750.00	
AT&T	05/10/2010	<input checked="" type="checkbox"/> Check #		
Street Address PO Box 8110	City Aurora	State IL		Zip Code
Purpose of Expenditure OVHD		979		<input type="checkbox"/> Debit Card
Description phone bill		Event #		
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				
Other Candidate(s) Name		Office Sought		
			\$102.15	
T.G.M. Business Services, Inc.	05/11/2010	<input checked="" type="checkbox"/> Check #		
Street Address 717 Parker St	City Manchester	State CT		Zip Code
Purpose of Expenditure OVHD		980		<input type="checkbox"/> Debit Card
Description copier rental		Event #		
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				
Other Candidate(s) Name		Office Sought		
			\$349.50	

IV. EXPENDITURES

NAME OF COMMITTEE	FILING DUE DATE
Glassman For Lt. Governor	Original 07/12/2010

N. Expenses Paid By Committee

Name of Payee	Date of Payment	Method of Payment	Amount	
Denise Order	05/11/2010	<input checked="" type="checkbox"/> Check #		
Street Address 23 Banks Rd	City Simsbury	State CT		Zip Code
Purpose of Expenditure RCW				982 <input type="checkbox"/> Debit Card
Description RCW - food for volunteers				Event #
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				
Other Candidate(s) Name			Office Sought	
			\$55.52	
Harland & Clarke	05/12/2010	<input type="checkbox"/> Check #		
Street Address Highpoint - 4475 Premire Dr	City Greensboro	State NC		Zip Code
Purpose of Expenditure BNK				Debit <input checked="" type="checkbox"/> Debit Card
Description bank checks				Event #
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				
Other Candidate(s) Name			Office Sought	
			\$16.15	
Strategic Productions LLC	05/12/2010	<input checked="" type="checkbox"/> Check #		
Street Address 15 Horizon Ave # 12	City Venice	State CA		Zip Code
Purpose of Expenditure A-WEB				981 <input type="checkbox"/> Debit Card
Description 1/2 on-line Web film				Event #
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				
Other Candidate(s) Name			Office Sought	
			\$1,928.19	

IV. EXPENDITURES						
NAME OF COMMITTEE						FILING DUE DATE
Glassman For Lt. Governor						Original 07/12/2010
N. Expenses Paid By Committee						
Name of Payee				Date of Payment	Method of Payment	Amount
Verizon Wireless				05/19/2010	<input checked="" type="checkbox"/> Check #	
Street Address	City	State	Zip Code	Purpose of Expenditure	<u>1001</u>	
530 Bushy Hill Rd	Simsbury	CT		OVHD	<input type="checkbox"/> Debit Card	
Description					Event #	
cell phone bill						
Is this expenditure coordinated with another candidate for which reimbursement is sought?		Other Candidate(s) Name		Office Sought		
<input type="checkbox"/> Yes						
<input checked="" type="checkbox"/> No						\$415.08
Name of Payee				Date of Payment	Method of Payment	Amount
Farah Hage-Sleiman				05/19/2010	<input checked="" type="checkbox"/> Check #	
Street Address	City	State	Zip Code	Purpose of Expenditure	<u>1002</u>	
26 Woodland Park	Hartford	CT		CNSLT	<input type="checkbox"/> Debit Card	
Description					Event #	
Consultant						
Is this expenditure coordinated with another candidate for which reimbursement is sought?		Other Candidate(s) Name		Office Sought		
<input type="checkbox"/> Yes						
<input checked="" type="checkbox"/> No						\$750.00
Name of Payee				Date of Payment	Method of Payment	Amount
Stop & Shop				05/21/2010	<input type="checkbox"/> Check #	
Street Address	City	State	Zip Code	Purpose of Expenditure	<u>Debit</u>	
120 Salmon Brk	Granby	CT		FOOD	<input checked="" type="checkbox"/> Debit Card	
Description					Event #	
food						
Is this expenditure coordinated with another candidate for which reimbursement is sought?		Other Candidate(s) Name		Office Sought		
<input type="checkbox"/> Yes						
<input checked="" type="checkbox"/> No						\$197.66

IV. EXPENDITURES

NAME OF COMMITTEE	FILING DUE DATE
Glassman For Lt. Governor	Original 07/12/2010

N. Expenses Paid By Committee

Name of Payee Valley Fine Wines				Date of Payment 05/21/2010	Method of Payment <input type="checkbox"/> Check #	Amount
Street Address 830 Hopmeadow St	City Simsbury	State CT	Zip Code	Purpose of Expenditure FOOD	<u>Debit</u> <input checked="" type="checkbox"/> Debit Card	
Description Wine					Event #	
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Other Candidate(s) Name		Office Sought		\$186.57
Name of Payee DEMERS Exp				Date of Payment 05/24/2010	Method of Payment <input type="checkbox"/> Check #	Amount
Street Address 180 Johnson St	City Middletown	State CT	Zip Code	Purpose of Expenditure A-OTH	<u>Debit</u> <input checked="" type="checkbox"/> Debit Card	
Description					Event #	
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Other Candidate(s) Name		Office Sought		\$1,325.00
Name of Payee Hilton Hotel				Date of Payment 05/24/2010	Method of Payment <input type="checkbox"/> Check #	Amount
Street Address 315 Trumbull St	City Hartford	State CT	Zip Code	Purpose of Expenditure TRVL	<u>Debit</u> <input checked="" type="checkbox"/> Debit Card	
Description 1/2 rooms exp - Convention					Event #	
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Other Candidate(s) Name		Office Sought		\$653.72

IV. EXPENDITURES

NAME OF COMMITTEE	FILING DUE DATE
Glassman For Lt. Governor	Original 07/12/2010

N. Expenses Paid By Committee

Name of Payee	Date of Payment	Method of Payment	Amount
Francis, O'Neil & DelPiano	05/24/2010	<input checked="" type="checkbox"/> Check #	
Street Address 255 Main St	City Hartford	State CT	Zip Code
Purpose of Expenditure OVHD		1004 <input type="checkbox"/> Debit Card	
Description office rent		Event #	
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Other Candidate(s) Name	Office Sought
			\$400.00
Name of Payee Farah Hage-Sleiman	Date of Payment 05/26/2010	Method of Payment <input checked="" type="checkbox"/> Check #	Amount
Street Address 26 Woodland Park	City Hartford	State CT	Zip Code
Purpose of Expenditure CNSLT		1006 <input type="checkbox"/> Debit Card	
Description Consultant		Event #	
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Other Candidate(s) Name	Office Sought
			\$750.00
Name of Payee Farah Hage-Sleiman	Date of Payment 05/26/2010	Method of Payment <input checked="" type="checkbox"/> Check #	Amount
Street Address 26 Woodland Park	City Hartford	State CT	Zip Code
Purpose of Expenditure RCW		1010 <input type="checkbox"/> Debit Card	
Description Office supplies - Staples		Event #	
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Other Candidate(s) Name	Office Sought
			\$109.63

IV. EXPENDITURES						
NAME OF COMMITTEE						FILING DUE DATE
Glassman For Lt. Governor						Original 07/12/2010
N. Expenses Paid By Committee						
Name of Payee				Date of Payment	Method of Payment	Amount
Justin Bauer				05/26/2010	<input checked="" type="checkbox"/> Check #	
Street Address	City	State	Zip Code	Purpose of Expenditure	<u>1003</u>	
7 Hart Ridge Dr	Burlington	CT		WAGE	<input type="checkbox"/> Debit Card	
Description					Event #	
Wages						
Is this expenditure coordinated with another candidate for which reimbursement is sought?		Other Candidate(s) Name		Office Sought		
<input type="checkbox"/> Yes						
<input checked="" type="checkbox"/> No						\$1,108.07
Name of Payee				Date of Payment	Method of Payment	Amount
Bridge Communications, Inc				05/26/2010	<input checked="" type="checkbox"/> Check #	
Street Address	City	State	Zip Code	Purpose of Expenditure	<u>1009</u>	
50 Progress Cir Unit 7A	Newington	CT		PRNT	<input type="checkbox"/> Debit Card	
Description					Event #	
Printing						
Is this expenditure coordinated with another candidate for which reimbursement is sought?		Other Candidate(s) Name		Office Sought		
<input type="checkbox"/> Yes						
<input checked="" type="checkbox"/> No						\$1,300.00
Name of Payee				Date of Payment	Method of Payment	Amount
Chebon Marshall				05/26/2010	<input checked="" type="checkbox"/> Check #	
Street Address	City	State	Zip Code	Purpose of Expenditure	<u>1007</u>	
PO Box 485	Norman	OK		CNSLT	<input type="checkbox"/> Debit Card	
Description					Event #	
Consultant						
Is this expenditure coordinated with another candidate for which reimbursement is sought?		Other Candidate(s) Name		Office Sought		
<input type="checkbox"/> Yes						
<input checked="" type="checkbox"/> No						\$3,500.00

IV. EXPENDITURES

NAME OF COMMITTEE	FILING DUE DATE
Glassman For Lt. Governor	Original 07/12/2010

N. Expenses Paid By Committee

Name of Payee	Date of Payment	Method of Payment	Amount
Washington Promotions & Printing	05/26/2010	<input checked="" type="checkbox"/> Check #	
Street Address 5125 Macarthur Blvd NW	City Washington	State DC	Zip Code
Purpose of Expenditure A-OTH		1008 <input type="checkbox"/> Debit Card	
Description Lapel stickers		Event #	
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Other Candidate(s) Name Office Sought	\$337.91
Name of Payee	Date of Payment	Method of Payment	Amount
Michael Manning	05/26/2010	<input checked="" type="checkbox"/> Check #	
Street Address 119 Brandon Rd	City East Hartford	State CT	Zip Code
Purpose of Expenditure CNSLT		1011 <input type="checkbox"/> Debit Card	
Description Consultant		Event #	
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Other Candidate(s) Name Office Sought	\$1,655.17
Name of Payee	Date of Payment	Method of Payment	Amount
Demstore	05/27/2010	<input type="checkbox"/> Check #	
Street Address 5125 Macarthur Blvd NW # 1	City Washington	State DC	Zip Code
Purpose of Expenditure A-OTH		Debit <input checked="" type="checkbox"/> Debit Card	
Description		Event #	
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Other Candidate(s) Name Office Sought	\$357.99

IV. EXPENDITURES

NAME OF COMMITTEE	FILING DUE DATE
Glassman For Lt. Governor	Original 07/12/2010

N. Expenses Paid By Committee

Name of Payee	Date of Payment	Method of Payment	Amount
Best Buy	05/27/2010	<input type="checkbox"/> Check #	
Street Address 44 Albany Tpke	City West Simsbury	State CT	Zip Code
Purpose of Expenditure EFV *		Debit <input checked="" type="checkbox"/> Debit Card	
Description Equipment			Event #
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Other Candidate(s) Name	Office Sought
			\$221.51
Name of Payee Farah Hage-Sleiman	Date of Payment 05/28/2010	Method of Payment <input checked="" type="checkbox"/> Check #	Amount
Street Address 26 Woodland Park	City Hartford	State CT	Zip Code
Purpose of Expenditure CNSLT		1012 <input type="checkbox"/> Debit Card	
Description Consultant			Event #
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Other Candidate(s) Name	Office Sought
			\$750.00
Name of Payee Bridge Communications, Inc	Date of Payment 06/01/2010	Method of Payment <input checked="" type="checkbox"/> Check #	Amount
Street Address 50 Progress Cir Unit 7A	City Newington	State CT	Zip Code
Purpose of Expenditure PRNT		1013 <input type="checkbox"/> Debit Card	
Description 4000 palm cards			Event #
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Other Candidate(s) Name	Office Sought
			\$720.00

IV. EXPENDITURES

NAME OF COMMITTEE	FILING DUE DATE
Glassman For Lt. Governor	Original 07/12/2010

N. Expenses Paid By Committee

Name of Payee	Date of Payment	Method of Payment	Amount
First Data Merchant Services	06/03/2010	<input type="checkbox"/> Check #	
Street Address 1307 Walt Whitman Rd	City Melville	State NY	Zip Code
Purpose of Expenditure BNK		Debit <input checked="" type="checkbox"/> Debit Card	
Description Fee			Event #
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Other Candidate(s) Name	Office Sought
			\$8.00
First Data Merchant Services	06/03/2010	<input type="checkbox"/> Check #	
Street Address 1307 Walt Whitman Rd	City Melville	State NY	Zip Code
Purpose of Expenditure BNK		Debit <input checked="" type="checkbox"/> Debit Card	
Description Fee			Event #
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Other Candidate(s) Name	Office Sought
			\$48.50
First Data Merchant Services	06/03/2010	<input type="checkbox"/> Check #	
Street Address 1307 Walt Whitman Rd	City Melville	State NY	Zip Code
Purpose of Expenditure BNK		Debit <input checked="" type="checkbox"/> Debit Card	
Description Fee			Event #
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Other Candidate(s) Name	Office Sought
			\$157.33

IV. EXPENDITURES

NAME OF COMMITTEE	FILING DUE DATE
Glassman For Lt. Governor	Original 07/12/2010

N. Expenses Paid By Committee

Name of Payee	Date of Payment	Method of Payment	Amount
BJ's Wholesale	06/04/2010	<input type="checkbox"/> Check #	
Street Address 507 New Park Ave	City West Hartford	State CT	Zip Code
Purpose of Expenditure EFV *		Debit <input checked="" type="checkbox"/> Debit Card	
Description Equipment			Event #
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Other Candidate(s) Name	Office Sought
			\$91.31
Dollar Tree Stores	06/04/2010	<input type="checkbox"/> Check #	
Street Address 495 Flatbush Ave	City Hartford	State CT	Zip Code
Purpose of Expenditure OFFICE		Debit <input checked="" type="checkbox"/> Debit Card	
Description Office supplies			Event #
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Other Candidate(s) Name	Office Sought
			\$6.36
Lydia Chiappetti	06/07/2010	<input checked="" type="checkbox"/> Check #	
Street Address 2 Spruce Ln	City Simsbury	State CT	Zip Code
Purpose of Expenditure CNSLT		Debit <input type="checkbox"/> Debit Card <u>1018</u>	
Description Consultant			Event #
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Other Candidate(s) Name	Office Sought
			\$2,000.00

IV. EXPENDITURES

NAME OF COMMITTEE	FILING DUE DATE
Glassman For Lt. Governor	Original 07/12/2010

N. Expenses Paid By Committee

Name of Payee Fitzgeralds Foods				Date of Payment 06/07/2010	Method of Payment <input type="checkbox"/> Check #	Amount
Street Address 710 Hopmeadow St	City Simsbury	State CT	Zip Code	Purpose of Expenditure FOOD	<u>Debit</u> <input checked="" type="checkbox"/> Debit Card	
Description Food					Event #	
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Other Candidate(s) Name		Office Sought		\$18.07
Name of Payee Greater Hartford Peurto Rican Parade				Date of Payment 06/07/2010	Method of Payment <input checked="" type="checkbox"/> Check #	Amount
Street Address PO Box 260009	City Hartford	State CT	Zip Code	Purpose of Expenditure CHAR	<u>1014</u> <input type="checkbox"/> Debit Card	
Description Donation					Event #	
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Other Candidate(s) Name		Office Sought		\$50.00
Name of Payee Farah Hage-Sleiman				Date of Payment 06/07/2010	Method of Payment <input checked="" type="checkbox"/> Check #	Amount
Street Address 26 Woodland Park	City Hartford	State CT	Zip Code	Purpose of Expenditure CNSLT	<u>1019</u> <input type="checkbox"/> Debit Card	
Description Consultant					Event #	
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Other Candidate(s) Name		Office Sought		\$750.00

IV. EXPENDITURES

NAME OF COMMITTEE	FILING DUE DATE
Glassman For Lt. Governor	Original 07/12/2010

N. Expenses Paid By Committee

Name of Payee	Date of Payment	Method of Payment	Amount	
Chebon Marshall	06/07/2010	<input checked="" type="checkbox"/> Check #		
Street Address PO Box 485	City Norman	State OK		Zip Code
Purpose of Expenditure CNSLT				1016 <input type="checkbox"/> Debit Card
Description Consultant				Event #
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				
Other Candidate(s) Name			Office Sought	
			\$3,500.00	
Chebon Marshall	06/07/2010	<input checked="" type="checkbox"/> Check #		
Street Address PO Box 485	City Norman	State OK		Zip Code
Purpose of Expenditure RCW				1015 <input type="checkbox"/> Debit Card
Description RCW - hotel room				Event #
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				
Other Candidate(s) Name			Office Sought	
			\$323.68	
Justin Bauer	06/07/2010	<input checked="" type="checkbox"/> Check #		
Street Address 7 Hart Ridge Dr	City Burlington	State CT		Zip Code
Purpose of Expenditure WAGE				1017 <input type="checkbox"/> Debit Card
Description Wages				Event #
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				
Other Candidate(s) Name			Office Sought	
			\$1,108.07	

IV. EXPENDITURES

NAME OF COMMITTEE	FILING DUE DATE
Glassman For Lt. Governor	Original 07/12/2010

N. Expenses Paid By Committee

Name of Payee	Date of Payment	Method of Payment	Amount
Justin Bauer	06/07/2010	<input checked="" type="checkbox"/> Check #	
Street Address 7 Hart Ridge Dr	City Burlington	State CT	Zip Code
Purpose of Expenditure RCW		<u>1020</u>	<input type="checkbox"/> Debit Card
Description cell phone bill			Event #
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Other Candidate(s) Name	Office Sought
			\$80.36
Name of Payee AT&T	Date of Payment 06/11/2010	Method of Payment <input checked="" type="checkbox"/> Check #	Amount
Street Address PO Box 8110	City Aurora	State IL	Zip Code
Purpose of Expenditure OVHD		<u>1021</u>	<input type="checkbox"/> Debit Card
Description phone bill			Event #
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Other Candidate(s) Name	Office Sought
			\$102.15
Name of Payee Fitzgeralds Foods	Date of Payment 06/14/2010	Method of Payment <input type="checkbox"/> Check #	Amount
Street Address 710 Hopmeadow St	City Simsbury	State CT	Zip Code
Purpose of Expenditure FOOD		<u>Debit</u>	<input checked="" type="checkbox"/> Debit Card
Description Food			Event #
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Other Candidate(s) Name	Office Sought
			\$7.41

IV. EXPENDITURES

NAME OF COMMITTEE	FILING DUE DATE
Glassman For Lt. Governor	Original 07/12/2010

N. Expenses Paid By Committee

Name of Payee	Date of Payment	Method of Payment	Amount
Andy's Market	06/14/2010	<input type="checkbox"/> Check #	
Street Address 839 Hopmeadow St	City Simsbury	State CT	Zip Code
Purpose of Expenditure FOOD		Debit <input checked="" type="checkbox"/> Debit Card	
Description Food		Event #	
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Other Candidate(s) Name Office Sought	
		\$16.64	
Lydia Chiappetti	06/16/2010	<input checked="" type="checkbox"/> Check #	
Street Address 2 Spruce Ln	City Simsbury	State CT	Zip Code
Purpose of Expenditure CNSLT		1025 <input type="checkbox"/> Debit Card	
Description Consultant		Event #	
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Other Candidate(s) Name Office Sought	
		\$1,200.00	
Barker Specialty	06/16/2010	<input checked="" type="checkbox"/> Check #	
Street Address 27 Realty Dr	City Cheshire	State CT	Zip Code
Purpose of Expenditure A-OTH		1028 <input type="checkbox"/> Debit Card	
Description Hats		Event #	
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Other Candidate(s) Name Office Sought	
		\$492.50	

IV. EXPENDITURES							
NAME OF COMMITTEE						FILING DUE DATE	
Glassman For Lt. Governor						Original 07/12/2010	
N. Expenses Paid By Committee							
Name of Payee Barker Specialty				Date of Payment 06/16/2010	Method of Payment <input checked="" type="checkbox"/> Check #		Amount
Street Address 27 Realty Dr		City Cheshire	State CT	Zip Code	Purpose of Expenditure A-OTH <input type="checkbox"/> Debit Card		
Description t-shirts					Event #		\$1,669.06
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			Other Candidate(s) Name		Office Sought		
Name of Payee Barker Specialty				Date of Payment 06/16/2010	Method of Payment <input checked="" type="checkbox"/> Check #		Amount
Street Address 27 Realty Dr		City Cheshire	State CT	Zip Code	Purpose of Expenditure A-OTH <input type="checkbox"/> Debit Card		
Description t-shirts					Event #		\$693.77
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			Other Candidate(s) Name		Office Sought		
Name of Payee Barker Specialty				Date of Payment 06/16/2010	Method of Payment <input checked="" type="checkbox"/> Check #		Amount
Street Address 27 Realty Dr		City Cheshire	State CT	Zip Code	Purpose of Expenditure A-OTH <input type="checkbox"/> Debit Card		
Description banner					Event #		\$583.00
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			Other Candidate(s) Name		Office Sought		

IV. EXPENDITURES

NAME OF COMMITTEE	FILING DUE DATE
Glassman For Lt. Governor	Original 07/12/2010

N. Expenses Paid By Committee

Name of Payee	Date of Payment	Method of Payment	Amount
NGP Software, Inc	06/16/2010	<input checked="" type="checkbox"/> Check #	
Street Address 1225 Eye St NW Ste 1225	City Washington	State DC	Zip Code
Purpose of Expenditure WEB		1022 <input type="checkbox"/> Debit Card	
Description web site support			Event #
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Other Candidate(s) Name	Office Sought
			\$262.50
Bridge Communications, Inc	06/16/2010	<input checked="" type="checkbox"/> Check #	
Street Address 50 Progress Cir Unit 7A	City Newington	State CT	Zip Code
Purpose of Expenditure PRNT		1026 <input type="checkbox"/> Debit Card	
Description Bike signs			Event #
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Other Candidate(s) Name	Office Sought
			\$132.50
Bridge Communications, Inc	06/16/2010	<input checked="" type="checkbox"/> Check #	
Street Address 50 Progress Cir Unit 7A	City Newington	State CT	Zip Code
Purpose of Expenditure PRNT		1027 <input type="checkbox"/> Debit Card	
Description Contribution forms			Event #
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Other Candidate(s) Name	Office Sought
			\$304.75

IV. EXPENDITURES

NAME OF COMMITTEE	FILING DUE DATE
Glassman For Lt. Governor	Original 07/12/2010

N. Expenses Paid By Committee

Name of Payee	Date of Payment	Method of Payment	Amount
Farah Hage-Sleiman	06/16/2010	<input checked="" type="checkbox"/> Check #	
Street Address 26 Woodland Park	City Hartford	State CT	Zip Code
Purpose of Expenditure CNSLT		1024 <input type="checkbox"/> Debit Card	
Description Consultant		Event #	
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Other Candidate(s) Name Office Sought	\$1,500.00
Chebon Marshall	06/16/2010	<input checked="" type="checkbox"/> Check #	
Street Address PO Box 485	City Norman	State OK	Zip Code
Purpose of Expenditure CNSLT		1023 <input type="checkbox"/> Debit Card	
Description Consultant		Event #	
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Other Candidate(s) Name Office Sought	\$3,500.00
Wal-Mart	06/18/2010	<input type="checkbox"/> Check #	
Street Address 255 W Main St	City Avon	State CT	Zip Code
Purpose of Expenditure OFFICE		Debit <input checked="" type="checkbox"/> Debit Card	
Description Office supplies		Event #	
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Other Candidate(s) Name Office Sought	\$12.72

IV. EXPENDITURES

NAME OF COMMITTEE	FILING DUE DATE
Glassman For Lt. Governor	Original 07/12/2010

N. Expenses Paid By Committee

Name of Payee	Date of Payment	Method of Payment	Amount
Bicycle Cellar	06/19/2010	<input type="checkbox"/> Check #	
Street Address 532 Hopmeadow St	City Simsbury	State CT	Zip Code
Purpose of Expenditure EFV *		Debit <input checked="" type="checkbox"/> Debit Card	
Description rental equipment			Event #
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Other Candidate(s) Name	Office Sought
			\$63.60
Name of Payee Lexham Avon LLC	Date of Payment 06/23/2010	Method of Payment <input checked="" type="checkbox"/> Check #	Amount
Street Address 61 S Main St	City West Hartford	State CT	Zip Code
Purpose of Expenditure OVHD		1032 <input type="checkbox"/> Debit Card	
Description WH office rent			Event #
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Other Candidate(s) Name	Office Sought
			\$2,000.00
Name of Payee Trinity-on-Main	Date of Payment 06/23/2010	Method of Payment <input checked="" type="checkbox"/> Check #	Amount
Street Address 69 Main St	City New Britain	State CT	Zip Code
Purpose of Expenditure OVHD		1034 <input type="checkbox"/> Debit Card	
Description rental space			Event #
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Other Candidate(s) Name	Office Sought
			\$400.00

IV. EXPENDITURES						
NAME OF COMMITTEE						FILING DUE DATE
Glassman For Lt. Governor						Original 07/12/2010
N. Expenses Paid By Committee						
Name of Payee				Date of Payment	Method of Payment	Amount
Mack.Crouse Group, LLC				06/23/2010	<input checked="" type="checkbox"/> Check #	
Street Address	City	State	Zip Code	Purpose of Expenditure	<u>1035</u>	
2001 N Beauregard Ste 420	Alexandria	VA		PRNT	<input type="checkbox"/> Debit Card	
Description					Event #	
1/2 print cost						
Is this expenditure coordinated with another candidate for which reimbursement is sought?		Other Candidate(s) Name		Office Sought		
<input type="checkbox"/> Yes						
<input checked="" type="checkbox"/> No						\$2,071.63
Name of Payee				Date of Payment	Method of Payment	Amount
NGP Software, Inc				06/23/2010	<input checked="" type="checkbox"/> Check #	
Street Address	City	State	Zip Code	Purpose of Expenditure	<u>1033</u>	
1225 Eye St NW Ste 1225	Washington	DC		OVHD	<input type="checkbox"/> Debit Card	
Description					Event #	
data conversion						
Is this expenditure coordinated with another candidate for which reimbursement is sought?		Other Candidate(s) Name		Office Sought		
<input type="checkbox"/> Yes						
<input checked="" type="checkbox"/> No						\$300.00
Name of Payee				Date of Payment	Method of Payment	Amount
NGP Software, Inc				06/24/2010	<input checked="" type="checkbox"/> Check #	
Street Address	City	State	Zip Code	Purpose of Expenditure	<u>1036</u>	
1225 Eye St NW Ste 1225	Washington	DC		CNSLT	<input type="checkbox"/> Debit Card	
Description					Event #	
Consulting fee						
Is this expenditure coordinated with another candidate for which reimbursement is sought?		Other Candidate(s) Name		Office Sought		
<input type="checkbox"/> Yes						
<input checked="" type="checkbox"/> No						\$3,000.00

IV. EXPENDITURES						
NAME OF COMMITTEE						FILING DUE DATE
Glassman For Lt. Governor						Original 07/12/2010
N. Expenses Paid By Committee						
Name of Payee				Date of Payment	Method of Payment	Amount
Francis, O'Neil & DelPiano				06/24/2010	<input checked="" type="checkbox"/> Check #	
Street Address	City	State	Zip Code	Purpose of Expenditure	<u>1042</u>	
255 Main St	Hartford	CT		OVHD	<input type="checkbox"/> Debit Card	
Description					Event #	
office rent						
Is this expenditure coordinated with another candidate for which reimbursement is sought?		Other Candidate(s) Name		Office Sought		
<input type="checkbox"/> Yes						
<input checked="" type="checkbox"/> No						\$400.00
Name of Payee				Date of Payment	Method of Payment	Amount
Commissioner of Revenue Services				06/24/2010	<input checked="" type="checkbox"/> Check #	
Street Address	City	State	Zip Code	Purpose of Expenditure	<u>1038</u>	
PO Box 2931	Hartford	CT		WAGE	<input type="checkbox"/> Debit Card	
Description					Event #	
CT State WH						
Is this expenditure coordinated with another candidate for which reimbursement is sought?		Other Candidate(s) Name		Office Sought		
<input type="checkbox"/> Yes						
<input checked="" type="checkbox"/> No						\$142.80
Name of Payee				Date of Payment	Method of Payment	Amount
Farah Hage-Sleiman				06/24/2010	<input checked="" type="checkbox"/> Check #	
Street Address	City	State	Zip Code	Purpose of Expenditure	<u>1041</u>	
26 Woodland Park	Hartford	CT		CNSLT	<input type="checkbox"/> Debit Card	
Description					Event #	
Consultant						
Is this expenditure coordinated with another candidate for which reimbursement is sought?		Other Candidate(s) Name		Office Sought		
<input type="checkbox"/> Yes						
<input checked="" type="checkbox"/> No						\$750.00

IV. EXPENDITURES						
NAME OF COMMITTEE						FILING DUE DATE
Glassman For Lt. Governor						Original 07/12/2010
N. Expenses Paid By Committee						
Name of Payee				Date of Payment	Method of Payment	Amount
Simsbury Bank				06/24/2010	<input checked="" type="checkbox"/> Check #	
Street Address	City	State	Zip Code	Purpose of Expenditure	1037	
981 Hopmeadow St	Simsbury	CT		WAGE	<input type="checkbox"/> Debit Card	
Description					Event #	
941 tax						
Is this expenditure coordinated with another candidate for which reimbursement is sought?		Other Candidate(s) Name		Office Sought		
<input type="checkbox"/> Yes						
<input checked="" type="checkbox"/> No						\$1,056.60
Name of Payee				Date of Payment	Method of Payment	Amount
Staples Inc				06/24/2010	<input type="checkbox"/> Check #	
Street Address	City	State	Zip Code	Purpose of Expenditure	Debit	
15 Albany Tpke	West Simsbury	CT		OFFICE	<input checked="" type="checkbox"/> Debit Card	
Description					Event #	
paper						
Is this expenditure coordinated with another candidate for which reimbursement is sought?		Other Candidate(s) Name		Office Sought		
<input type="checkbox"/> Yes						
<input checked="" type="checkbox"/> No						\$5.29
Name of Payee				Date of Payment	Method of Payment	Amount
Administrator, Unemployment Comp				06/24/2010	<input checked="" type="checkbox"/> Check #	
Street Address	City	State	Zip Code	Purpose of Expenditure	1039	
PO Box 2940	Hartford	CT		WAGE	<input type="checkbox"/> Debit Card	
Description					Event #	
Unemployment Comp						
Is this expenditure coordinated with another candidate for which reimbursement is sought?		Other Candidate(s) Name		Office Sought		
<input type="checkbox"/> Yes						
<input checked="" type="checkbox"/> No						\$85.38

IV. EXPENDITURES							
NAME OF COMMITTEE						FILING DUE DATE	
Glassman For Lt. Governor						Original 07/12/2010	
N. Expenses Paid By Committee							
Name of Payee Adam Susaneck				Date of Payment 06/24/2010	Method of Payment <input checked="" type="checkbox"/> Check #		Amount
Street Address 1716 Wiltshire Village Dr		City Wellington	State FL	Zip Code	Purpose of Expenditure 1040 <input type="checkbox"/> Debit Card		
Description Wages						Event #	
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				Other Candidate(s) Name		Office Sought	
							\$313.99
Name of Payee Dollar Tree Stores				Date of Payment 06/25/2010	Method of Payment <input type="checkbox"/> Check #		Amount
Street Address 495 Flatbush Ave		City Hartford	State CT	Zip Code	Purpose of Expenditure Debit <input checked="" type="checkbox"/> Debit Card		
Description office supplies						Event #	
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				Other Candidate(s) Name		Office Sought	
							\$27.56
Name of Payee Wal-Mart				Date of Payment 06/25/2010	Method of Payment <input type="checkbox"/> Check #		Amount
Street Address 495 Flatbush Ave		City Hartford	State CT	Zip Code	Purpose of Expenditure Debit <input checked="" type="checkbox"/> Debit Card		
Description office supplies						Event #	
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				Other Candidate(s) Name		Office Sought	
							\$18.98

IV. EXPENDITURES						
NAME OF COMMITTEE						FILING DUE DATE
Glassman For Lt. Governor						Original 07/12/2010
N. Expenses Paid By Committee						
Name of Payee				Date of Payment	Method of Payment	Amount
Stop & Shop				06/28/2010	<input type="checkbox"/> Check #	
Street Address	City	State	Zip Code	Purpose of Expenditure	<u>Debit</u>	
498 Bushy Hill Rd	Simsbury	CT		FOOD	<input checked="" type="checkbox"/> Debit Card	
Description					Event #	
Food						
Is this expenditure coordinated with another candidate for which reimbursement is sought?		Other Candidate(s) Name		Office Sought		
<input type="checkbox"/> Yes						
<input checked="" type="checkbox"/> No						\$15.57
Name of Payee				Date of Payment	Method of Payment	Amount
Andy's Market				06/29/2010	<input type="checkbox"/> Check #	
Street Address	City	State	Zip Code	Purpose of Expenditure	<u>Debit</u>	
839 Hopmeadow St	Simsbury	CT		FOOD	<input checked="" type="checkbox"/> Debit Card	
Description					Event #	
food						
Is this expenditure coordinated with another candidate for which reimbursement is sought?		Other Candidate(s) Name		Office Sought		
<input type="checkbox"/> Yes						
<input checked="" type="checkbox"/> No						\$46.40
Name of Payee				Date of Payment	Method of Payment	Amount
Journal Inquirer				06/29/2010	<input type="checkbox"/> Check #	
Street Address	City	State	Zip Code	Purpose of Expenditure	<u>Debit</u>	
7700 Eastport Pkwy	Manchester	CT		A-NEWS	<input checked="" type="checkbox"/> Debit Card	
Description					Event #	
Is this expenditure coordinated with another candidate for which reimbursement is sought?		Other Candidate(s) Name		Office Sought		
<input type="checkbox"/> Yes						
<input checked="" type="checkbox"/> No						\$1.75
Total of Section N						\$47,258.05

IV. EXPENDITURES			
NAME OF COMMITTEE	FILING DUE DATE		
Glassman For Lt. Governor	Original 07/12/2010		
O. Campaign Expenses Paid By Candidate			
Name of Payee	Date of Payment	Is Reimbursement Claimed?	Amount
Street Address	City	State	Zip Code
Purpose of Expenditure	Description	Event #	
Total of Section O			

IV. EXPENDITURES						
NAME OF COMMITTEE					FILING DUE DATE	
Glassman For Lt. Governor					Original 07/12/2010	
P. Expenses Incurred on Committee Credit Card						
Name of Issuing Institution			Type of Credit Card:			
			Visa Master Card Discover American Other			
Name of Vendor				Date of Transaction		Amount
Street Address		City	State	Zip Code		
Purpose of Expenditure	Description			Event #		
Total of Section P						

IV. EXPENDITURES

NAME OF COMMITTEE						FILING DUE DATE		
Glassman For Lt. Governor						Original 07/12/2010		
Q. Expenses Incurred By Committee but Not Paid During this Period								
Name of Creditor Fitzgerald's Foods				Date Incurred 06/13/2010		Event #		Amount Incurred (Estimate or Actual)
Street Address 710 Hopmeadow St			City Simsbury			State CT	Zip Code 06070	
Purpose of Expenditure FOOD	Description food - volunteer event							
Is this expenditure coordinated with another candidate for which reimbursement is sought?		Other Candidate(s) Name			Office Sought			\$518.55
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No								
Name of Creditor Denise Order				Date Incurred 06/17/2010		Event #		Amount Incurred (Estimate or Actual)
Street Address 23 Banks Rd			City Simsbury			State CT	Zip Code 06070	
Purpose of Expenditure RCW	Description food - volunteer event							
Is this expenditure coordinated with another candidate for which reimbursement is sought?		Other Candidate(s) Name			Office Sought			\$65.36
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No								

IV. EXPENDITURES

NAME OF COMMITTEE							FILING DUE DATE		
Glassman For Lt. Governor							Original 07/12/2010		
Q. Expenses Incurred By Committee but Not Paid During this Period									
Name of Creditor Barker Specialty					Date Incurred 06/18/2010		Event #		Amount Incurred (Estimate or Actual)
Street Address 27 Realty Dr				City Cheshire			State CT	Zip Code 06410	
Purpose of Expenditure A-OTH	Description bumperstickers								
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			Other Candidate(s) Name			Office Sought			\$699.60
Name of Creditor Bridge Communications, Inc					Date Incurred 06/23/2010		Event #		Amount Incurred (Estimate or Actual)
Street Address 50 Progress Cir Unit 7A				City Newington			State CT	Zip Code 06111	
Purpose of Expenditure PRNT	Description direct mail								
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			Other Candidate(s) Name			Office Sought			\$2,253.61

IV. EXPENDITURES

IV. EXPENDITURES						
NAME OF COMMITTEE						FILING DUE DATE
Glassman For Lt. Governor						Original 07/12/2010
Q. Expenses Incurred By Committee but Not Paid During this Period						
Name of Creditor T.G.M. Business Services				Date Incurred 06/25/2010	Event #	
Street Address 717 Parker St			City Manchester		State CT	Zip Code 06042
Purpose of Expenditure OVHD	Description copier expense					
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				Other Candidate(s) Name		Office Sought
						\$344.50
Name of Creditor Justin Bauer				Date Incurred 06/28/2010	Event #	
Street Address 7 Hart Ridge Dr			City Burlington		State CT	Zip Code
Purpose of Expenditure WAGE	Description Wages					
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				Other Candidate(s) Name		Office Sought
						\$2,216.14

IV. EXPENDITURES

NAME OF COMMITTEE							FILING DUE DATE		
Glassman For Lt. Governor							Original 07/12/2010		
Q. Expenses Incurred By Committee but Not Paid During this Period									
Name of Creditor Chebon Marshall					Date Incurred 06/28/2010		Event #		Amount Incurred (Estimate or Actual)
Street Address PO Box 485				City Norman			State OK	Zip Code	
Purpose of Expenditure CNSLT	Description Consultant fee								
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			Other Candidate(s) Name			Office Sought			\$3,500.00
Name of Creditor Farah Hage-Sleiman					Date Incurred 06/28/2010		Event #		Amount Incurred (Estimate or Actual)
Street Address 26 Woodland Park				City Hartford			State CT	Zip Code	
Purpose of Expenditure CNSLT	Description Consultant fee								
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			Other Candidate(s) Name			Office Sought			\$750.00

IV. EXPENDITURES

IV. EXPENDITURES						
NAME OF COMMITTEE						FILING DUE DATE
Glassman For Lt. Governor						Original 07/12/2010
Q. Expenses Incurred By Committee but Not Paid During this Period						
Name of Creditor Kevin Crimmins				Date Incurred 06/28/2010	Event #	
Street Address 5 Whyndwood Rd			City Simsbury		State CT	Zip Code
Purpose of Expenditure REF	Description Refund of contribution					
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				Other Candidate(s) Name		Office Sought
						\$100.00
Name of Creditor Isabell Osborne				Date Incurred 06/28/2010	Event #	
Street Address On file			City Simsbury		State CT	Zip Code
Purpose of Expenditure REF	Description Refund of contribution					
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				Other Candidate(s) Name		Office Sought
						\$100.00

IV. EXPENDITURES

NAME OF COMMITTEE							FILING DUE DATE		
Glassman For Lt. Governor							Original 07/12/2010		
Q. Expenses Incurred By Committee but Not Paid During this Period									
Name of Creditor First Data Merchant Servi					Date Incurred 06/28/2010		Event #		Amount Incurred (Estimate or Actual)
Street Address 1307 Walt Whitman Rd				City Melville			State NY	Zip Code	
Purpose of Expenditure BNK	Description credit card fees								
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			Other Candidate(s) Name			Office Sought			\$137.44
Name of Creditor Adam Susaneck					Date Incurred 06/28/2010		Event #		Amount Incurred (Estimate or Actual)
Street Address 1716 Wiltshire Village Dr				City Wellington			State FL	Zip Code 33414	
Purpose of Expenditure WAGE	Description Wages								
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			Other Candidate(s) Name			Office Sought			\$588.98
Total of Section Q							\$11,274.18		

IV. EXPENDITURES

NAME OF COMMITTEE	FILING DUE DATE
Glassman For Lt. Governor	Original 07/12/2010

R. Itemization of Reimbursements to Committee Workers and Consultants

Name of Worker/Consultant Denise Order	Date of Payment 05/11/2010	Method of Payment <input checked="" type="checkbox"/> Check # 982	Amount
Secondary Payee Andy's Market	Purpose of Expenditure FOOD	<input type="checkbox"/> Debit Card	
Street Address 839 Hopmeadow St	City Simsbury	State CT	Zip Code
Description Food			Event #
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Other Candidate(s) Name			
Office Sought			\$17.95

Name of Worker/Consultant Denise Order	Date of Payment 05/11/2010	Method of Payment <input checked="" type="checkbox"/> Check # 982	Amount
Secondary Payee Dunkin Donuts	Purpose of Expenditure FOOD	<input type="checkbox"/> Debit Card	
Street Address 834 Hopmeadow St	City Simsbury	State CT	Zip Code
Description Food			Event #
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Other Candidate(s) Name			
Office Sought			\$37.57

IV. EXPENDITURES

NAME OF COMMITTEE	FILING DUE DATE
Glassman For Lt. Governor	Original 07/12/2010

R. Itemization of Reimbursements to Committee Workers and Consultants

Name of Worker/Consultant	Date of Payment	Method of Payment	Amount	
Farah Hage-Sleiman	05/19/2010	<input checked="" type="checkbox"/> Check # 1010		
Secondary Payee Staples, Inc.	Purpose of Expenditure OFFICE	<input type="checkbox"/> Debit Card		
Street Address 15 Albany Tpke	City West Simsbury	State CT		Zip Code
Description Office supplies				Event #
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				Other Candidate(s) Name
			Office Sought	
			\$109.63	
Chebon Marshal	06/02/2010	<input checked="" type="checkbox"/> Check # 1015		
Secondary Payee Hilton Hotel	Purpose of Expenditure TRVL	<input type="checkbox"/> Debit Card		
Street Address 315 Trumbull St	City Hartford	State CT		Zip Code
Description Hotel room				Event #
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				Other Candidate(s) Name
			Office Sought	
			\$328.68	

IV. EXPENDITURES

NAME OF COMMITTEE	FILING DUE DATE
Glassman For Lt. Governor	Original 07/12/2010

R. Itemization of Reimbursements to Committee Workers and Consultants

Name of Worker/Consultant	Date of Payment	Method of Payment	Amount
Justin Bauer	06/07/2010	<input checked="" type="checkbox"/> Check # 1020	
Secondary Payee Verizon	Purpose of Expenditure OVHD	<input type="checkbox"/> Debit Card	
Street Address 530 Bushy Hill Rd	City West Simsbury	State CT	Zip Code
Description phone bill			Event #
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Other Candidate(s) Name			
Office Sought			
			\$80.36
Total of Section R			\$574.19

IV. EXPENDITURES				
NAME OF COMMITTEE				FILING DUE DATE
Glassman For Lt. Governor				Original 07/12/2010
S. Surplus Distribution of Equipment and Furniture				
Name of Recipient				Original Purchase Amount of Item
Street Address	City	State	Zip Code	
Description				
Total of Section S				