

**FLORIDA DEPARTMENT OF STATE DIVISION OF ELECTIONS  
CAMPAIGN TREASURER'S REPORT SUMMARY**

**OFFICE USE ONLY** 57

(1) Mark J. Glassman  
**Name**  
 (2) 29534 Fog Hollow Dr, Wesley Chapel, FL 33543  
**Address (number and street)**  
 \_\_\_\_\_  
**City, State, Zip Code**

CHECK IF ADDRESS HAS CHANGED

(3) ID Number: \_\_\_\_\_

**(4) Check appropriate box(es):**

- Candidate (office sought): CDD Meadow Pointe II, Seat 2  
 Political Committee  CHECK IF PC HAS DISBANDED  
 Committee of Continuous Existence  CHECK IF CCE HAS DISBANDED  
 Party Executive Committee  
 Electioneering Communication  CHECK IF NO OTHER ELECTIONEERING COMMUNICATION REPORTS WILL BE FILED

**(5) REPORT IDENTIFIERS**

Cover Period: From 8/12/2006 To 8/31/2006 / \_\_\_\_\_ Report Type P3-06

Original  Amendment  Special Election Report  Independent Expenditure Report

**(6) CONTRIBUTIONS THIS REPORT**

Cash & Checks	\$	0.00
Loans	\$	0.00
Total Monetary	\$	0.00
In-Kind	\$	10.00

**(7) EXPENDITURES THIS REPORT**

Monetary Expenditures	\$	0.00
Transfers to Office Account	\$	0.00
Total Monetary	\$	0.00

**(8) Other Distributions**  
 \$ \_\_\_\_\_ 0.00

**(9) TOTAL Monetary Contributions To Date**  
 \$ \_\_\_\_\_ 20.00

**(10) TOTAL Monetary Expenditures To Date**  
 \$ \_\_\_\_\_ 2.80

**(11) CERTIFICATION**

**It is a first degree misdemeanor for any person to falsify a public record (ss. 839.13, F.S.)**

I certify that I have examined this report and it is true, correct, and complete.  
 \_\_\_\_\_  
 (Type name)  
 Individual (only for electioneering commun.)  Treasurer  Deputy Treasurer  
**X**  
 \_\_\_\_\_  
 Signature

I certify that I have examined this report and it is true, correct, and complete.  
 \_\_\_\_\_  
 (Type name)  
 Candidate  Chairperson (only for PC, PTY & electioneering commun. organization)  
**X**  
 \_\_\_\_\_  
 Signature

## CAMPAIGN TREASURER'S REPORT – ITEMIZED CONTRIBUTIONS

(1) Name Mark J. Glassman (2) I.D. Number 57

(3) Cover Period 8/12/2006 through 8/31/2006 (4) Page 1 of 1

(5) Date	(7) Full Name (Last, Suffix, First, Middle) Street Address & City, State, Zip Code	(8) Contributor		(9) Contribution	(10) In-kind	(11) Amendment	(12) Amount
(6) Sequence Number		Type	Occupation	Type	Description		
8/21/2006 / /	glassman, mark j 29534 fog hollow dr wesley chapel, fl 33543	I		IK	4 reams of paper		\$10.00
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**CAMPAIGN TREASURER'S REPORT – ITEMIZED EXPENDITURES**

(1) Name Mark J. Glassman

(2) I.D. Number 57

(3) Cover Period 8/12/2006 through 8/31/2006

(4) Page 1 of 0

(5) Date	(7) Full Name (Last, Suffix, First, Middle) Street Address & City, State, Zip Code	(8) Purpose (add office sought if contribution to a candidate)	(9) Expenditure Type	(10) Amendment	(11) Amount
(6) Sequence Number					
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