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FEC FORM 1

STATEMENT OF ORGANIZATION

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NAME OF COMMITTEE (in full)	(Check i		Example:If typing, type over the lines.	12FE4M5	santaristi essi Nema imilesi
ITAMAR GEL	BMANF	OR CO	VGRESS		
		1111			
ADDRESS (number and street)	PO BO	X &3,2			
(Check if address is changed)	FOSHVA	4		LX i	76058-
		CIT	Y	STATE	ZIP CODE
COMMITTEE'S E-MAIL ADDR (Check if address is changed)	ESS (Please provide		il address) ELBMANFO	2coNGR	ESS, COM
COMMITTEE'S WEB PAGE A	HTTP		OBELBMANT	ORCON	GRESS.COM
2. DATE 09	3 201				
3. FEC IDENTIFICATION I	NUMBER	C 0.0	495937		
4. IS THIS STATEMENT	NEW (N)	OR	X AMENDED (A)		
I certify that I have examined	this Statement and	to the best of	my knowledge and belief i	t is true, correct	and complete.
Type or Print Name of Treasu	rer ITAN	UAR G	ELBUAN	·······························	
Signature of Treasurer	J			Date O G	132011
NOTE: Submission of false, erro	•	-	subject the person signing SHOULD BE REPORTED W		the penalties of 2 U.S.C. §437g.
Office Use Only			For further information of Federal Election Commiss Toll Free 800-424-9530 Local 202-694-1100		FEC FORM 1 (Revised 02/2009)

	2010	rage 2
		OMMITTEE
Can		Committee:
(a)	X	This committee is a principal campaign committee. (Complete the candidate information below.)
(b)	(52)	This committee is an authorized committee, and is NOT a principal campaign committee. (Complete the candidate information below.)
Name Cand		ETAMAR GELBMAN
Cand		$\rho \in \mathcal{P}$ Office State $\mathcal{T} X$
Party	Affiliati	on REP Office State Senate President District 06
(c)		This committee supports/opposes only one candidate, and is NOT an authorized committee.
Name Cand		
Parl	ty Con	nmittee:
(d)		(National, State or subordinate) committee of the (Democratic, Republican, etc.) Party.
Poli	tical A	ction Committee (PAC):
(e)		This committee is a separate segregated fund. (Identify connected organization on line 6.) Its connected organization is a:
		Corporation Corporation w/o Capital Stock Labor Organization
		TY (Fr)
		W^{\star}
	: •	
(f)	-:·,	This committee supports/opposes more than one Federal candidate, and is NOT a separate segregated fund or party committee. (i.e., nonconnected committee)
		In addition, this committee is a Lobbyist/Registrant PAC.
		In addition, this committee is a Leadership PAC. (Identify sponsor on line 6.)
Join	t Fund	raising Representative:
(g)		This committee collects contributions, pays fundraising expenses and disburses net proceeds for two or more political committees/organizations, at least one of which is an authorized committee of a Inderal candidate.
(h)	[1]	This committee collects contributions, pays fundraising expenses and disburses net proceeds for two or more political committees/organizations, none of which is an authorized committee of a federal candidate.
		mittees Participating in Joint Fundraiser
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	3.	FEC ID number C
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CITY

GELBMAN FOR CONGRESS

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

Page 3

ZIP CODE

STATE

Telephone number

FEC Form 1 (Revised 02/2009)

Write or Type Committee Name

ITAMAR

Full Name of Treasurer

Mailing Address

Title or Position

Page 4

Name of Bank, Depository, etc.

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