## STATEMENT OF

FORM 1		ORGANIZATION				Office Use Only		
1. NAME OF COMMITTEE (in	n full)	(Check if name is changed)		mple:If typing, type the lines.	12FE4M			
ITAMAR.	GELI	BMAN, FOR	C,ON,	FRESS				
ADDRESS (number and street) POBOX 7414								
(Check if address is changed)		WEATHER	= O R D		TX	76086-		
			CITY		STATE	ZIP CODE		
COMMITTEE'S E-MA	AIL ADDRE	SS (Please provide only o	ne e-mail ad	dress)				
		INFOGFE			G, R, E,S,S	COM		
(Check if is change		1						
				<u></u>				
COMMITTEE'S WEE	B PAGE AD	DRESS (URL)				•		
	(Check if address is changed)  [H,T,T,P: /, /, WWW.,G,E,L,B,M,A,N,F,O,R,C,O,N,G,R,E,S,S,.,C,O,M,							
2. DATE	<b>5</b> ′3	1 20 11						
3. FEC IDENTIFIC	CATION N	UMBER C	004	95937				
4. IS THIS STATE	MENT	NEW (N)	R 🛚	AMENDED (A)				
I certify that I have	examined ti	his Statement and to the	best of my	knowledge and belief	it is true, corre	ect and complete.		
Type or Print Name	of Treasure	- Itama	~ (	selbman	1			
Signature of Treasur	rer				Date j	3.1 2011		
NOTE: Submission of	false, erron	eous, or incomplete informa	•			to the penalties of 2 U.S.C. §437g.		
Office Use			-	For further Information Federal Election Commiss Toll Free 800-424-9530		FEC FORM 1 (Revised 02/2009)		

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TYPE OF COMMITTEE	
Candidate Committee:	
(a) This committee is a principal campaign committee. (Complete the candidate information below	v.)
(b) This committee is an authorized committee, and is NOT a principal campaign committee. (Co information below.)	mplete the candidate
Name of Candidate FTAMAIR, GELBMAN, I I I I I I I I I I I I I I I I I I I	
Candidate Party Affiliation  REP  Office Sought:  House  Senate  President	State TX District
(c) This committee supports/opposes only one candidate, and is NOT an authorized committee.	
Name of Candidate	
Party Committee:	
(Mational, State  (d) This committee is a or subordinate) committee of the	(Democratic, Republican, etc.) Party.
Political Action Committee (PAC):	
(e) This committee is a separate segregated fund. (Identify connected organization on line 6.) Its co	onnected organization is a:
Corporation Corporation w/o Capital Stock	Labor Organization
Membership Organization Trade Association	Cooperative
In addition, this committee is a Lobbyist/Registrant PAC.	
(f) This committee supports/opposes more than one Federal candidate, and is NOT a separate committee. (i.e., nonconnected committee)	segregated fund or party
In addition, this committee is a Lobbyist/Registrant PAC.	
In addition, this committee is a Leadership PAC. (Identify sponsor on line 6.)	
Joint Fundraising Representative:	
(g) This committee collects contributions, pays fundraising expenses and disburses net proceeds for committees/organizations, at least one of which is an authorized committee of a federal candidate	
(h) This committee collects contributions, pays fundraising expenses and disburses net proceeds for	
Committees Participating in Joint Fundraiser	ege og mog mog m
1. FEC ID number C	alianali raficantena eral e la taliana apartena
2. FEC ID number C	green de la company
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4.	e programani un entre en
the territorial and the te	efractionals (factor)

Title or Position

CANDITIONTE-

I	FEC Form 1 (Revised	02/2009)			Page <b>3</b>
٧	Vrite or Type Committee Nar	e			
_					- Inc.
6.	Name of Any Connected	Organization, Affiliated Commit	tee, Joint Fundraising Rep	resentative, or l	eadership PAC Sponsor
L					
L					
	Mailing Address				11111111
				ا لياً	<u> </u>
		CITY		STATE	ZIP CODE
	Relationship: Connect	d Organization Affiliated Com	mittee Joint Fundraisin	g Representative	Leadership PAC Sponsor
7.		ntify by name, address (phone m	umber optional) and posi	tion of the perso	n in possession of committee
	books and records.				
	Full Name	MAR GELBMAN			
	Mailing Address	1PO BOX 744			
		W.E.A.T.H.E.R.F.O.R	<b>D</b> , , , , , , ,	T_X	7,6,0,86]-[
	Title or Position	CITY		STATE	ZIP CODE
	KANDIDATE		Telephone nu	mber [	J-L
8.	Treasurer: List the name a any designated agent (e.g.,	nd address (phone number opti assistant treasurer).	ional) of the treasurer of th	e committee; and	the name and address of
	Full Name of Treasurer	MAR GELBMAN			
	Mailing Address	1PO BOX 744			
		WEATHERFOR	0	TX	76086-
		CITY		STATE	ZIP CODE

Telephone number

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Full Name of Designated Agent	FITAMAR GELBMAN		
Mailing Address	PO BOX 744		
	WEATHER FORD	TX	76086-
Title on Decition	CITY	STATE	ZIP CODE
Title or Position	ATE Telephone nu	mber	
Banks or Other I	Depositories: List all banks or other depositories in which the committees or maintains funds.	ttee deposits	funds, holds accounts, rents
Name of Bank, D	epository, etc.		
;	C, H, A, S, E, , , , , , , , , , , , , , , , ,		
Mailing Address	2201, CROSS, TIMBERS		
	FILIONER MOUND	KT	75,028-
	CITY	STATE	ZIP CODE
Name of Bank, D	epository, etc.		
	1		•
	<u> </u>		
Mailing Address	<u> </u>		
		<del>                                     </del>	
			<u> </u>
	· CITY	STATE	ZIP CODE

Federal Election Commission ENVELOPE REPLACEMENT PAGE FOR INCOMING The FEC added this page to the end of this filing to indicate the second sec	
Hand Delivered	Date of Receipt
USPS First Class Mail	Postmarked 6/7/11
USPS Registered/Certified	Postmarked (R/C)
USPS Priority Mail	Postmarked
Delivery Confirmation™ or Signature Con	nfirmation™ Label
USPS Express Mail	Postmarked
Postmark Illegible	
No Postmark	
Overnight Delivery Service (Specify):	Shipping Date
Next Busin	ess Day Delivery
Received from House Records & Registration Office	Date of Receipt
Received from Senate Public Records Office	Date of Receipt
Received from Electronic Filing Office	Date of Receipt
Other (Specify):	Receipt or Postmarked
Er	6/15/11
PREPARER (3/2005)	DATE PREPARED