

FEC FORM 2

STATEMENT OF CANDIDACY

1. (a) Name of Candidate (in full) DANIEL GELBER			2. Identification Number	
(b) Address (number and street) 5445 LA GORCE DRIVE			<input type="checkbox"/> Check if address changed	
(c) City, State and ZIP Code MIAMI BEACH FL 33140			3. Is This Statement <input checked="" type="checkbox"/> New (N) OR <input type="checkbox"/> Amended (A)	
4. Party Affiliation DEMOCRATIC PARTY	5. Office Sought Senate	6. State & District of Candidate FL		

DESIGNATION OF PRINCIPAL CAMPAIGN COMMITTEE

7. I hereby designate the following named political committee as my Principal Campaign Committee for the 2010 election(s).
(year of election)

NOTE: This designation should be filed with the appropriate office listed in the instructions.

(a) Name of Committee (in full) DAN GELBER FOR SENATE		
(b) Address (number and street) 1521 ALTON ROAD SUITE 780		
(c) City, State and ZIP Code MIAMI BEACH FL 33139		

DESIGNATION OF OTHER AUTHORIZED COMMITTEES (Including Joint Fundraising Representatives)

8. I hereby authorize the following named committee, which is NOT my principal campaign committee, to receive and expend funds on behalf of my candidacy.

NOTE: This designation should be filed with the principal campaign committee.

(a) Name of Committee (in full)		
(b) Address (number and street)		
(c) City, State and ZIP Code		

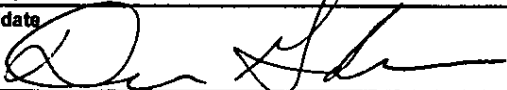
DECLARATION OF INTENT TO EXPEND PERSONAL FUNDS (House or Senate Only)

9. I intend to expend personal funds exceeding the threshold amount (see 11 C.F.R. 400.9) by

9A for the primary election, and
9B for the general election.

If you do not intend to expend personal funds exceeding the threshold amount for either election, you must enter "0.00" for each.

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

Signature of Candidate 	Date 1-27-09
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NOTE: Submission of false, erroneous or incomplete information may subject the person signing this Statement to penalties of 2 U.S.C. §437g.

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1521 Alton Road
Suite 780
Miami Beach, FL 33139

RETURN RECEIPT
REQUESTED



7002 2030 0004 2389 5605

Secretary of the Senate
Office of Public Records
PO Box 5109
Alexandria, VA 22301-0109

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POST OFFICE

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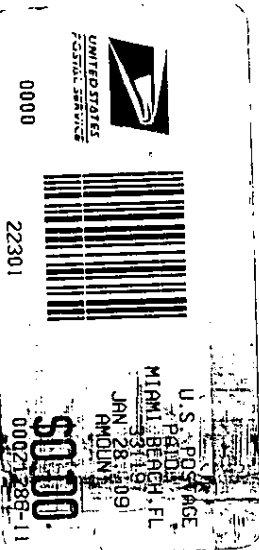


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0004237606
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\$ 05.490

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United States Senate

OFFICE OF THE SECRETARY

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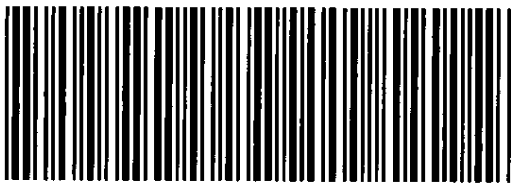
PREPARER

RD

DATE PREPARED

02-03-09

29020081007



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