

FEC  
FORM 1

# STATEMENT OF ORGANIZATION

(See instructions)

SECRETARY OF THE SENATE  
09 FEB -3 AM 11:47

Office use only

1. NAME OF  
COMMITTEE (in full)  (Check if name  
is changed) Example: If typing, type  
over the lines

12FE4M5

DAN GELBER FOR SENATE

ADDRESS (number and street)  
1521 ALTON ROAD

(Check if address  
is changed)

SUITE 780

MIAMI BEACH

FL

33139

CITY ▲

STATE ▲

ZIP CODE ▲

COMMITTEE'S E-MAIL ADDRESS

INFO@DANGELBER.COM

COMMITTEE'S WEB PAGE ADDRESS (URL)

WWW.DANGELBER.COM

COMMITTEE'S FAX NUMBER

8884479567

2. DATE 

M	M	/	D	D	/	Y	Y	Y	Y
0	1		2	7		2	0	0	9

3. FEC IDENTIFICATION NUMBER

C

4. IS THIS STATEMENT  NEW (N) OR  AMENDED (A)

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

Type or Print Name of Treasurer

BRENDA SCHWARTZ

Signature of Treasurer



Date

M	M	/	D	D	/	Y	Y	Y	Y
0	1		2	7		2	0	0	9

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to the penalties of 2 U.S.C. §437g.

IT IS THE POLICY THAT ANY CHANGE IN INFORMATION SHOULD BE REPORTED WITHIN 10 DAYS

Office Use Only					
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For further information contact:  
Federal Election Commission  
Toll Free 800-424-9530  
Local 202-694-1100

FEC FORM 1

(Revised 12/2007)

## 5. TYPE OF COMMITTEE (Check One)

## Candidate Committee:

- (a)  This committee is a principal campaign committee. (Complete the candidate information below.)
- (b)  This committee is an authorized committee, and is NOT a principal campaign committee. (Complete the candidate information below.)

Name of Candidate

DANIEL GELBER

Candidate Party Affiliation

DEM

Office Sought:

House

Senate

President

State

FL

District

- (c)  This committee supports/opposes only one candidate, and is NOT an authorized committee.

Name of Candidate

## Party Committee:

- (d)  This committee is a  (National, State (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 connected organization is a:
- |  |  |   |
|--|--|---|
| <input type="checkbox"/> Corporation             | <input type="checkbox"/> Corporation w/o Capital Stock | <input type="checkbox"/> Labor Organization |
| <input type="checkbox"/> Membership Organization | <input type="checkbox"/> Trade Association             | <input type="checkbox"/> Cooperative        |
- (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 Leadership PAC. (Identify sponsor on line 6.)

## Joint Fundraising 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 federal candidate.
- (h)  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.

## Committees Participating in Joint Fundraiser

- |                             |  |  |
|-----------------------------|--|--|
| 1. <input type="checkbox"/> | FEC ID number <input type="checkbox"/> C |  |
| 2. <input type="checkbox"/> | FEC ID number <input type="checkbox"/> C |  |
| 3. <input type="checkbox"/> | FEC ID number <input type="checkbox"/> C |  |
| 4. <input type="checkbox"/> | FEC ID number <input type="checkbox"/> C |  |
| 5. <input type="checkbox"/> | FEC ID number <input type="checkbox"/> C |  |

Write or Type Committee Name

**DAN GELBER FOR SENATE****6. Name of Any Connected Organization, Affiliated Committee, Leadership PAC Sponsor or Joint Fundraising Representative****NONE**

Mailing Address

CITY▲

STATE▲

ZIP CODE ▲

Relationship:

Connected Organization     Affiliated Committee     Leadership PAC Sponsor     Joint Fundraising Representative

**7. Custodian of Records:** Identify by name, address, (phone number – optional), and position of the person in possession of Committee books and records.

Full Name

**BRENDA SCHWARTZ**

Mailing Address

**80 NORTH HIBISCUS DRIVE****MIAMI BEACH****FL****33139**

Title or Position ▼

CITY▲

STATE▲

ZIP CODE ▲

**TREASURER**Telephone number **305 - 532 - 2230****8. Treasurer:** List the name and address (phone number – optional) of the treasurer of the committee; and the name and address of any designated agent (e.g., assistant treasurer).Full Name  
of Treasurer**BRENDA SCHWARTZ**

Mailing Address

**80 NORTH HIBISCUS DRIVE****MIAMI BEACH****FL****33139**

Title or Position ▼

CITY▲

STATE▲

ZIP CODE ▲

**TREASURER**Telephone number **305 - 532 - 2230**

Full Name of  
Designated  
Agent

**ED SQUIRE**

Mailing Address

**1000 SHORE LANE**

**MIAMI BEACH**

**FL**

**33141**

Title or Position ▲

**CITY ▲**

**STATE ▲**

**ZIP CODE ▲**

**ASSISTANT TREASURER**

Telephone number

**786**

**877**

**1818**

9. **Banks or Other Depositories:** List all banks or other depositories in which the committee deposits funds, holds accounts, rents safety deposit boxes or maintains funds.

Name of Bank, Depository, etc.

**BANK OF AMERICA**

Mailing Address

**401 LINCOLN ROAD**

**MIAMI BEACH**

**FL**

**33139**

**CITY ▲**

**STATE ▲**

**ZIP CODE ▲**

Name of Bank, Depository, etc.

Mailing Address

**CITY ▲**

**STATE ▲**

**ZIP CODE ▲**

1521 Alton Road  
Suite 780  
Miami Beach, FL 33139

CEKUTTEU MAIL

7002 2030 0004 2389 5605



RETURN RECEIPT  
REQUESTED

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

UNITED STATES POSTAGE  
0.21 PM  
0004237606 JAN 28 2009  
MAILED FROM ZIP CODE 33139  
PAYMENT BY AIR MAIL

# X-RATED IN THE SENATE POST OFFICE

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NANCY ERICKSON  
SECRETARY

PAMELA B. GAVIN  
SUPERINTENDENT

HART SENATE OFFICE BUILDING  
SUITE 232  
WASHINGTON, DC 20510-7118  
PHONE: (202) 224-0322

# United States Senate

OFFICE OF THE SECRETARY

OFFICE OF PUBLIC RECORDS

THE PRECEDING DOCUMENT WAS:

HAND DELIVERED

Date of Receipt

USPS FIRST CLASS MAIL

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USPS REGISTERED/CERTIFIED

01.28.09

Postmark

USPS PRIORITY MAIL

Postmark

DELIVERY CONFIRMATION OR SIGNATURE CONFIRMATION LABEL

USPS EXPRESS MAIL

Postmark

## OVERNIGHT DELIVERY SERVICE:

SHIPPING DATE

NEXT BUSINESS DAY DELIVERY

FEDERAL EXPRESS

UPS

DHL

AIRBORNE EXPRESS

RECEIVED FROM FEDERAL ELECTION COMMISSION

Date of Receipt

POSTMARK ILLEGIBLE

NO POSTMARK

FAX

Date of Receipt

OTHER

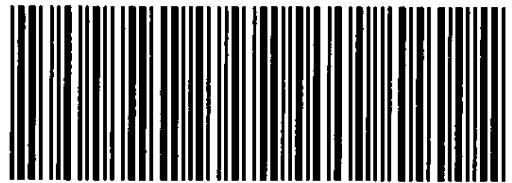
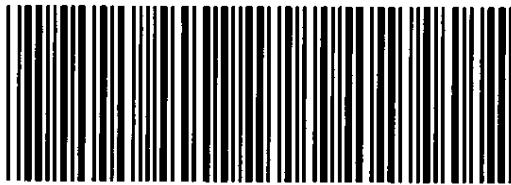
Date of Receipt or Postmark

PREPARER

RD

DATE PREPARED

02.03.09



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