

**FEC
FORM 1****STATEMENT OF
ORGANIZATION**

(See instructions)

Office use only

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

12FE4M5

Mittleman for Congress Election Committee

ADDRESS (number and street)

PO Box 8598☐(Check if address
is changed)**Albany****NY****12208**

CITY ▲

STATE ▲

ZIP CODE ▲

COMMITTEE'S E-MAIL ADDRESS

gmittlem@nycap.rr.com

COMMITTEE'S WEB PAGE ADDRESS (URL)

www.Mittlemanforcongress.com

COMMITTEE'S FAX NUMBER

5184654881

2. DATE

02**12****2008**

3. FEC IDENTIFICATION NUMBER

C C00445486

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

Gary Mittleman

Signature of Treasurer

Electronically Filed by **Gary Mittleman**

Date

03**24****2008**

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

ANY CHANGE IN INFORMATION SHOULD BE REPORTED WITHIN 10 DAYS

Office
Use
OnlyFor further information contact:
Federal Election Commission
Toll Free 800-424-9530
Local 202-694-1100**FEC FORM 1**
(Revised 02/2003)

5. TYPE OF COMMITTEE (Check One)

- (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

Gary Mittleman

Candidate
Party Affiliation

DEM

Office
Sought:☒

House

☐

Senate

☐

President

State

NY

District

21

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

Name of
Candidate

- (d) ☐ This committee is a (National, State (or subordinate) committee of the (Democratic, Republican, etc.) Party.

- (e) ☐ This committee is a separate segregated fund

- (f) ☐ This committee supports/opposes more than one Federal candidate, and is NOT a separate segregated fund or party committee.

6. Name of Any Connected Organization or Affiliated Committee

Mailing Address

-

CITY ▲

STATE ▲

ZIP CODE ▲

Relationship

Type of Connected Organization:

☐

Corporation

☐

Corporation w/o Capital Stock

☐

Labor Organization

☐

Membership Organization

☐

Trade Association

☐

Cooperative

Write or Type Committee Name

Mittleman for Congress Election Committee

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 **Gary Mittleman**

Mailing Address **33 Old Niskayuna Road**

Loudonville **NY** **12211** -

Title or Position ▼ **CITY ▲** **STATE ▲** **ZIP CODE ▲**

Telephone number **518** - **465** - **8670**

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 **Gary Mittleman**

Mailing Address **33 Old Niskayuna Road**

Loudonville **NY** **12211** -

Title or Position ▼ **CITY ▲** **STATE ▲** **ZIP CODE ▲**

Treasurer Telephone number **518** - **465** - **8670**

Full Name of Designated Agent **Gary Mittleman**

Mailing Address **33 Old Niskayuna Road**

Loudonville **NY** **12211** -

Title or Position ▼ **CITY ▲** **STATE ▲** **ZIP CODE ▲**

Treasurer Telephone number **518** - **465** - **8670**

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.

KeyBank National Assoc

Mailing Address

66 S. Pearl Street

Alabny

NY

12207

CITY ▲

STATE ▲

ZIP CODE ▲

Name of Bank, Depository, etc.

Mailing Address

CITY ▲

STATE ▲

ZIP CODE ▲

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.

[ADDITIONAL]

Mailing Address

CITY ▲

STATE ▲

ZIP CODE ▲

Name of Any Connected Organization or Affiliated Committee

[ADDITIONAL]

Mailing Address

CITY ▲

STATE ▲

ZIP CODE ▲

Relationship

Type of Connected Organization:

☐

Corporation

☐

Corporation w/o Capital Stock

☐

Labor Organization

☐

Membership Organization

☐

Trade Association

☐

Cooperative

Designated Agent

[ADDITIONAL]

Full Name | Marilyn Mittleman |

Mailing Address | 33 Old Niskayuna Road |

| Loudonville | NY | 12211 - |

Title or Position ▼

CITY ▲

STATE ▲

ZIP CODE ▲

Asst. Treasurer

Telephone number | 518 | 465 | 8670 |