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FEC
FORM 1

STATEMENT OF
ORGANIZATION

Office Use Only

1. NAME OF COMMITTEE (in full) (Check if name is changed) Example: If typing, type over the lines. 12FE4M5

MARKS FOR CONGRESS

ADDRESS (number and street) 210 CLYDESDALE ROAD

(Check if address is changed) SCOTCH PLAINS NJ 07076
CITY STATE ZIP CODE

COMMITTEE'S E-MAIL ADDRESS
MARTIN@MARKSFORCONGRESS2008.COM

COMMITTEE'S WEB PAGE ADDRESS (URL)
WWW.MARKSFORCONGRESS2008.COM

COMMITTEE'S FAX NUMBER
908-322-8112

2. DATE 12 10 2007

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 KEN GREENMAN

Signature of Treasurer *Ken Greenman* Date 12 17 2007

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.

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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 MARTIN L MARKS

Candidate Party Affiliation REP Office Sought: House Senate President State NJ District 07

- (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

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Write or Type Committee Name

MARKS FOR CONGRESS

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 KEN GREENMAN

Mailing Address 20 CLYDESDALE ROAD

SCOTCH PLAINS NJ 07076

Title or Position CITY STATE ZIP CODE

TREASURER

Telephone number 908-757-9592

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 KEN GREENMAN

Mailing Address 20 CLYDESDALE ROAD

SCOTCH PLAINS NJ 07076

Title or Position CITY STATE ZIP CODE

TREASURER

Telephone number 908-757-9592

Full Name of Designated Agent KEN GREENMAN

Mailing Address 20 CLYDESDALE ROAD

SCOTCH PLAINS NJ 07076

Title or Position CITY STATE ZIP CODE

TREASURER

Telephone number 908-757-9592

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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

336 PARK AVE

SCOTCH PLAINS NJ 07076

CITY ▲

STATE ▲

ZIP CODE ▲

Name of Bank, Depository, etc.

Mailing Address

CITY ▲

STATE ▲

ZIP CODE ▲

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Federal Election Commission
ENVELOPE REPLACEMENT PAGE FOR INCOMING DOCUMENTS
 The FEC added this page to the end of this filing to indicate how it was received.

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Other (Specify): Date of Receipt or Postmarked

Jm G
 PREPARER

12/19/07
 DATE PREPARED

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