

2008 AUG -5 AM 9: 29

RSM! McGladrey

Affiliated with
Freed Maxick & Battaglia, CPAs, PC

July 23, 2008

Mr. Allen Norfleet
Federal Election Commission
999 E. Street NW
Washington, D.C. 20463

RE: New York State Committee for Responsible Government
ID #: C00452342
Statement of Organization, received 7/1/08

Dear Mr. Norfleet,

As the accountants for Ecology & Environment Committee for Responsible Government we are responding to the information request dated July 16, 2008. We have enclosed a copy of this request for your reference.

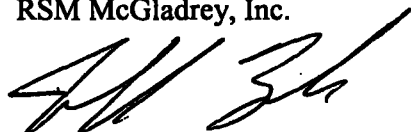
After reviewing the previously filed FEC Form 1, it was discovered that the form was incorrectly filled out. The name "New York State Committee for Responsible Government" does not exist as a FEC PAC and should have been "Ecology & Environment Committee for Responsible Government." The identification number, which was left blank on the previously filed form, should have been "C00147918." These items are highlighted for your reference on the attached copy of the request.

We kindly request you update your records to reflect this information. The correct amended Statement of Organization is enclosed.

If you have any questions please feel free to contact us at (716) 847-2561.

Sincerely,

RSM McGladrey, Inc.



Jeff Zawada
Tax Senior Manager

JZ/kmp

Enclosures

cc: Ronald Frank
Arnold Maxick

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FEC FORM 1

STATEMENT OF ORGANIZATION

RECEIVED
FEC MAIL CENTER
2008 AUG -5 AM 9:29

Office Use Only

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

E C O L O G Y & E N V I R O N M E N T C O M M I T T E E F O R
R E S P O N S I B L E G O V E R N M E N T

ADDRESS (number and street) 368 PLEASANTVIEW DRIVE

(Check if address is changed) LANCASTER NY 14086

CITY STATE ZIP CODE

COMMITTEE'S E-MAIL ADDRESS

COMMITTEE'S WEB PAGE ADDRESS (URL)

COMMITTEE'S FAX NUMBER

2. DATE 07/22/2008

3. FEC IDENTIFICATION NUMBER C00147918

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 RONALD L FRANK

Signature of Treasurer *Ronald L. Frank* Date 08/24/2008

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 Only For further information contact: Federal Election Commission Toll Free 800-424-9530 Local 202-694-1100 FEC FORM 1 (Revised 12/2007)

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5. TYPE OF COMMITTEE

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 _____

Candidate Party Affiliation _____ Office Sought: House Senate President State _____ 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:
 - Corporation Corporation w/o Capital Stock Labor Organization
 - Membership Organization Trade Association 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. | _____ | FEC ID number | C |
| 2. | _____ | FEC ID number | C |
| 3. | _____ | FEC ID number | C |
| 4. | _____ | FEC ID number | C |
| 5. | _____ | FEC ID number | C |

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Write or Type Committee Name

6. Name of Any Connected Organization, Affiliated Committee, Leadership PAC Sponsor or Joint Fundraising Representative

Two rows of vertical grid lines for text entry.

Mailing Address

Three rows of vertical grid lines for mailing address, including fields for city, state, and zip code.

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

Row of vertical grid lines for full name.

Mailing Address

Three rows of vertical grid lines for mailing address, including fields for city, state, and zip code.

CITY

STATE

ZIP CODE

Title or Position

Row of vertical grid lines for title or position.

Telephone number

Row of vertical grid lines for telephone number.

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

Row of vertical grid lines for full name of treasurer.

Mailing Address

Three rows of vertical grid lines for mailing address, including fields for city, state, and zip code.

CITY

STATE

ZIP CODE

Title or Position

Row of vertical grid lines for title or position.

Telephone number

Row of vertical grid lines for telephone number.

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Full Name of Designated Agent

J O H N M Y E

Mailing Address

3 6 8 P L E A S A N T V I E W D R I V E

L A N C A S T E R N Y 1 4 0 8 6

CITY

STATE

ZIP CODE

Title or Position

V I C E P R E S I D E N T

Telephone number

7 1 6 - 6 8 4 - 8 0 6 0

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.

Mailing Address

CITY

STATE

ZIP CODE

Name of Bank, Depository, etc.

Mailing Address

CITY

STATE

ZIP CODE

28039810059

Full Name of Designated Agent

R O N A L D S K A R E

Mailing Address

3 6 8 P L E A S A N T V I E W D R I V E

L A N C A S T E R N Y 1 4 0 8 6

CITY

STATE

ZIP CODE

Title or Position

Telephone number

7 1 6 - 6 8 4 - 8 0 6 0

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.

Mailing Address

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.

Hand Delivered Date of Receipt

USPS First Class Mail Postmarked
7/24/08

USPS Registered/Certified Postmarked (R/C)

USPS Priority Mail Postmarked
 Delivery Confirmation™ or Signature Confirmation™ Label

USPS Express Mail Postmarked

Postmark Illegible

No Postmark

Overnight Delivery Service (Specify): Shipping Date
 Next Business 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): Date of Receipt or Postmarked

JMK
 PREPARER 8/5/08
 DATE PREPARED

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