

FEC FORM 3

REPORT OF RECEIPTS AND DISBURSEMENTS

For An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) **TYPE OR PRINT** ▼ Example: If typing, type over the lines.

12FE4M5

Mark Rosen for Congress

ADDRESS (number and street) ▼

PO Box 88

Check if different than previously reported. (ACC)

South Salem

NY

10590-0088

2. **FEC IDENTIFICATION NUMBER** ▼

C C00479303

CITY ▲

STATE ▲

ZIP CODE ▲

STATE ▼ DISTRICT

3. IS THIS REPORT NEW (N) OR AMENDED (A)

NY

18

4. **TYPE OF REPORT** (Choose One)

(a) Quarterly Reports:

- April 15 Quarterly Report (Q1)
- July 15 Quarterly Report (Q2)
- October 15 Quarterly Report (Q3)
- January 31 Year-End Report (YE)

Termination Report (TER)

(b) 12-Day **PRE**-Election Report for the:

- Primary (12P) General (12G) Runoff (12R)
- Convention (12C) Special (12S)

Election on 11 / 06 / 2012 in the State of NY

(c) 30-Day **POST**-Election Report for the:

- General (30G) Runoff (30R) Special (30S)

Election on 11 / 06 / 2012 in the State of NY

5. Covering Period

01 / 01 / 2012 through 03 / 31 / 2012

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

Type or Print Name of Treasurer Laura Schwartz

Signature of Treasurer Laura Schwartz

[Electronically Filed]

Date

04 / 04 / 2012

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

Office Use Only

FEC FORM 3 (Revised 02/2003)

SUMMARY PAGE
of Receipts and Disbursements

Write or Type Committee Name

Mark Rosen for Congress

Report Covering the Period: From: / / To: / /

	COLUMN A This Period	COLUMN B Election Cycle-to-Date
6. Net Contributions (other than loans)		
(a) Total Contributions (other than loans) (from Line 11(e))....	26380	68840.83
(b) Total Contribution Refunds (from Line 20(d))	17550	17550
(c) Net Contributions (other than loans) (subtract Line 6(b) from Line 6(a)).....	8830	51290.83
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17)	31846.26	49222.57
(b) Total Offsets to Operating Expenditures (from Line 14).....	0	0
(c) Net Operating Expenditures (subtract Line 7(b) from Line 7(a)).....	31846.26	49222.57
8. Cash on Hand at Close of Reporting Period (from Line 27).....	1884.87	
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D).....	0	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D).....	8905.89	

For further information contact:

Federal Election Commission
999 E Street, NW
Washington, DC 20463

Toll Free 800-424-9530
Local 202-694-1100

DETAILED SUMMARY PAGE
of Receipts

FEC Form 3 (Revised 12/2003)

Write or Type Committee Name

Mark Rosen for Congress

Report Covering the Period: From: / / To: / /

I. RECEIPTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
11. CONTRIBUTIONS (other than loans) FROM:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A).....	23150	52960.84
(ii) Unitemized.....	3230	15777.99
(iii) TOTAL of contributions from individuals ▶	26380	68738.83
(b) Political Party Committees.....	0	0
(c) Other Political Committees (such as PACs).....	0	100
(d) The Candidate.....	0	2
(e) TOTAL CONTRIBUTIONS (other than loans) (add Lines 11(a)(iii), (b), (c), and (d))..	26380	68840.83
12. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES	0	0
13. LOANS:		
(a) Made or Guaranteed by the Candidate.....	0	176000
(b) All Other Loans.....	0	0
(c) TOTAL LOANS (add Lines 13(a) and (b)).....	0	176000
14. OFFSETS TO OPERATING EXPENDITURES (Refunds, Rebates, etc.)	0	0
15. OTHER RECEIPTS (Dividends, Interest, etc.)	100.95	138.33
16. TOTAL RECEIPTS (add Lines 11(e), 12, 13(c), 14, and 15) (Carry Total to Line 24, page 4)..... ▶	26480.95	244979.16

DETAILED SUMMARY PAGE
of Disbursements

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
17. OPERATING EXPENDITURES.....	31846.26	49222.57
18. TRANSFERS TO OTHER AUTHORIZED COMMITTEES	0	0
19. LOAN REPAYMENTS:		
(a) Of Loans Made or Guaranteed by the Candidate.....	176800	176800
(b) Of All Other Loans	0	0
(c) TOTAL LOAN REPAYMENTS (add Lines 19(a) and (b)).....	176800	176800
20. REFUNDS OF CONTRIBUTIONS TO:		
(a) Individuals/Persons Other Than Political Committees	17550	17550
(b) Political Party Committees.....	0	0
(c) Other Political Committees (such as PACs).....	0	0
(d) TOTAL CONTRIBUTION REFUNDS (add Lines 20(a), (b), and (c)).....	17550	17550
21. OTHER DISBURSEMENTS	20	20
22. TOTAL DISBURSEMENTS (add Lines 17, 18, 19(c), 20(d), and 21) ►	226216.26	243592.57

III. CASH SUMMARY

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....	201620.18
24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page 3).....	26480.95
25. SUBTOTAL (add Line 23 and Line 24).....	228101.13
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....	226216.26
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25).....	1884.87

**SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 5 OF 54
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
Mark Rosen for Congress

A. Full Name (Last, First, Middle Initial)
Peckham Industries, Inc. PAC

Mailing Address 20 Haarlem Avenue

City State Zip Code
White Plains NY 10603-2223

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date
1000

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 01 / 09 / 2012

Transaction ID : A-C454

Amount of Each Receipt this Period
1000

B. Full Name (Last, First, Middle Initial)
Mr. Vincent DeGiaino

Mailing Address 31 Ridgcroft Road

City State Zip Code
Bronxville NY 10708-2408

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
Retired Financial Industry Exec.

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date
1000

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 01 / 09 / 2012

Transaction ID : A-C452

Amount of Each Receipt this Period
1000

C. Full Name (Last, First, Middle Initial)
Mr. Thomas Kavalier

Mailing Address 80 Pine Street

City State Zip Code
New York NY 10005-1702

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
self-employed taxpayer

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date
250

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 01 / 09 / 2012

Transaction ID : A-C447

Amount of Each Receipt this Period
250

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

2250.00

**SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 6 OF 54
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 11e 15	

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NAME OF COMMITTEE (In Full)
Mark Rosen for Congress

A. Full Name (Last, First, Middle Initial)
Mr. James M. Kilts

Mailing Address 16 School Street

City Rye State NY Zip Code 10580-2952

FEC ID number of contributing federal political committee. **C**

Name of Employer Centerview Partners Occupation Founding Partner

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date **1500**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
01 / 09 / 2012

Transaction ID : A-C456

Amount of Each Receipt this Period
2500

B. Full Name (Last, First, Middle Initial)
Ms. Nancy Magliari

Mailing Address 33 Kincaid Drive

City Yonkers State NY Zip Code 10710-1603

FEC ID number of contributing federal political committee. **C**

Name of Employer Phillips Construction Corp. Occupation General Manager

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date **200**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
01 / 09 / 2012

Transaction ID : A-C455

Amount of Each Receipt this Period
50

C. Full Name (Last, First, Middle Initial)
Mr. Michael Perry

Mailing Address 2500 Westchester Avenue Suite 401

City Purchase State NY Zip Code 10577-2569

FEC ID number of contributing federal political committee. **C**

Name of Employer Opus Advisory Group, LLC Occupation Financial Services

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date **500**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
01 / 09 / 2012

Transaction ID : A-C453

Amount of Each Receipt this Period
500

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

3050.00

**SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 7 OF 54
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
Mark Rosen for Congress

A. Full Name (Last, First, Middle Initial)
Mr. Charles Rockefeller

Mailing Address 125 Holbrook Lane

City Briarcliff Manor State NY Zip Code 10510-1121

FEC ID number of contributing federal political committee. **C**

Name of Employer Curry Rockefeller Group Occupation CEO

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date **500**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
01 / 31 / 2012

Transaction ID : A-C467

Amount of Each Receipt this Period
250

B. Full Name (Last, First, Middle Initial)
Mrs. Wladyslawa Rzadzki

Mailing Address 10622 78th Street

City Ozone Park State NY Zip Code 11417-1017

FEC ID number of contributing federal political committee. **C**

Name of Employer Retired Occupation retired

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date **700**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
02 / 10 / 2012

Transaction ID : A-C476

Amount of Each Receipt this Period
300

C. Full Name (Last, First, Middle Initial)
Mr. Paul Hoffmann Jr.

Mailing Address 69 Carleon Avenue

City Larchmont State NY Zip Code 10538-3221

FEC ID number of contributing federal political committee. **C**

Name of Employer Hoffman Investors Corp. Occupation Real Estate

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date **1000**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
02 / 13 / 2012

Transaction ID : A-C492

Amount of Each Receipt this Period
500

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

1050.00

**SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 8 OF 54
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 11e 15	

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NAME OF COMMITTEE (In Full)
Mark Rosen for Congress

A. Full Name (Last, First, Middle Initial)
Mr. Jeffrey Mitzner

Mailing Address 10 Berkley Court

City State Zip Code
Briarcliff Manor NY 10510-2530

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
First American Title Insurance Company Executive Vice President, Sales

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date
600

Date of Receipt
 M M / D D / Y Y Y Y Y Y
02 / 15 / 2012

Transaction ID : A-C493

Amount of Each Receipt this Period
500

B. Full Name (Last, First, Middle Initial)
Mr. James McCauley Jr.

Mailing Address 24 Highland Avenue

City State Zip Code
Chappaqua NY 10514-3413

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
self-employed investment advisor

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date
450

Date of Receipt
 M M / D D / Y Y Y Y Y Y
02 / 17 / 2012

Transaction ID : A-C495

Amount of Each Receipt this Period
250

C. Full Name (Last, First, Middle Initial)
Mr. John P. Cooney

Mailing Address 50 Hillside Road

City State Zip Code
Rye NY 10580-2013

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
Self-employed Attorney

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date
1000

Date of Receipt
 M M / D D / Y Y Y Y Y Y
02 / 22 / 2012

Transaction ID : A-C498

Amount of Each Receipt this Period
1000

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

1750.00

**SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 9 OF 54
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
Mark Rosen for Congress

A. Full Name (Last, First, Middle Initial)
Mr. Cortes DeRussy

Mailing Address 50 Hampshire Road

City State Zip Code
Bronxville NY 10708-5820

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
Northern Leasing Systems, Inc. Leasing

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date
750

Date of Receipt
 M M / D D / Y Y Y Y Y Y
02 / 27 / 2012

Transaction ID : A-C500

Amount of Each Receipt this Period
500

B. Full Name (Last, First, Middle Initial)
Mr. Paul Levy

Mailing Address 9 Hearthstone Circle

City State Zip Code
Scarsdale NY 10583-1201

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
JLL Managing Director

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date
1500

Date of Receipt
 M M / D D / Y Y Y Y Y Y
02 / 27 / 2012

Transaction ID : A-C499

Amount of Each Receipt this Period
2500

C. Full Name (Last, First, Middle Initial)
Mr. Robert Fitzsimmons

Mailing Address 575 Old Bedford Road

City State Zip Code
Mount Kisco NY 10549-3524

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
High Road Capital Partners Managing Partner

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date
500

Date of Receipt
 M M / D D / Y Y Y Y Y Y
03 / 05 / 2012

Transaction ID : A-C508

Amount of Each Receipt this Period
1000

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

4000.00

**SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 10 OF 54
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 11e 15	

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NAME OF COMMITTEE (In Full)
Mark Rosen for Congress

A. Full Name (Last, First, Middle Initial)
Mr. Paul Hoffmann Jr.

Mailing Address 69 Carleon Avenue

City Larchmont State NY Zip Code 10538-3221

FEC ID number of contributing federal political committee. **C**

Name of Employer Hoffman Investors Corp. Occupation Real Estate

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date **1000**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 06 / 2012

Transaction ID : A-C509

Amount of Each Receipt this Period
1000

B. Full Name (Last, First, Middle Initial)
Mr. Jeffrey Mitzner

Mailing Address 10 Berkley Court

City Briarcliff Manor State NY Zip Code 10510-2530

FEC ID number of contributing federal political committee. **C**

Name of Employer First American Title Insurance Company Occupation Executive Vice President, Sales

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date **600**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 08 / 2012

Transaction ID : A-C516

Amount of Each Receipt this Period
200

C. Full Name (Last, First, Middle Initial)
Mr. Erik Nicolaysen

Mailing Address PO Box 108

City Chappaqua State NY Zip Code 10514-0108

FEC ID number of contributing federal political committee. **C**

Name of Employer Self-Employed Occupation President

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date **0**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 08 / 2012

Transaction ID : A-C517

Amount of Each Receipt this Period
300

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

1500.00

**SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 11 OF 54
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
Mark Rosen for Congress

A. Full Name (Last, First, Middle Initial)
Mr. Louis DelGuercio

Mailing Address 14 Pryer Lane

City Larchmont State NY Zip Code 10538-4021

FEC ID number of contributing federal political committee. **C**

Name of Employer N/A Occupation Retired

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date **0**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
03 / 09 / 2012

Transaction ID : A-C521

Amount of Each Receipt this Period
300

B. Full Name (Last, First, Middle Initial)
Mr. Eugene Grant

Mailing Address 277 Park Avenue
Floor 47

City New York State NY Zip Code 10172-0003

FEC ID number of contributing federal political committee. **C**

Name of Employer Eugene M. Grant Company Occupation Real Estate Investor

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date **1500**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
03 / 09 / 2012

Transaction ID : A-C523

Amount of Each Receipt this Period
2500

C. Full Name (Last, First, Middle Initial)
Hon. John Perone

Mailing Address 539 Prospect Avenue

City Mamaroneck State NY Zip Code 10543-3428

FEC ID number of contributing federal political committee. **C**

Name of Employer Mcmillan, Constable, and Perone Llp. Occupation Attorney-Retired Suprme Court Judge St

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date **100**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
03 / 09 / 2012

Transaction ID : A-P11

Amount of Each Receipt this Period
200

[MEMO ITEM]
Partnership Itemization Memo

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

2800.00

**SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 12 OF 54
(check only one)
 11a 12 11b 13a 11c 13b 11d 14 15

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NAME OF COMMITTEE (In Full)
Mark Rosen for Congress

A. Full Name (Last, First, Middle Initial)
Dr. Lisa Selvaggio

Mailing Address 16 Rochambeau Road

City Scarsdale State NY Zip Code 10583-4318

FEC ID number of contributing federal political committee. **C**

Name of Employer Hospital for Special Surgery Occupation Physician

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date **0**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
03 / 09 / 2012

Transaction ID : A-C520

Amount of Each Receipt this Period
250

B. Full Name (Last, First, Middle Initial)
Mr. Robert Selvaggio

Mailing Address 16 Rochambeau Road

City Scarsdale State NY Zip Code 10583-4318

FEC ID number of contributing federal political committee. **C**

Name of Employer Rutter Associates Occupation Economist

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date **250**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
03 / 09 / 2012

Transaction ID : A-C519

Amount of Each Receipt this Period
250

C. Full Name (Last, First, Middle Initial)
Mrs. Martha Farris

Mailing Address 1310 Flagler Drive

City Mamaroneck State NY Zip Code 10543-4603

FEC ID number of contributing federal political committee. **C**

Name of Employer A. Thomas Farris & Son, Inc Occupation Office manager/treasurer

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date **750**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
03 / 13 / 2012

Transaction ID : A-C530

Amount of Each Receipt this Period
500

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

1000.00

**SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 13 OF 54
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 11e 15	

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NAME OF COMMITTEE (In Full)
Mark Rosen for Congress

A. Full Name (Last, First, Middle Initial)
Ms. Nancy Magliari

Mailing Address 33 Kincaid Drive

City State Zip Code
Yonkers NY 10710-1603

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
Phillips Construction Corp. General Manager

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date
200

Date of Receipt
 M M / D D / Y Y Y Y
03 / 13 / 2012

Transaction ID : A-C533

Amount of Each Receipt this Period
150

B. Full Name (Last, First, Middle Initial)
Mrs. Wladyslawa Rzadzki

Mailing Address 10622 78th Street

City State Zip Code
Ozone Park NY 11417-1017

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
Retired retired

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date
700

Date of Receipt
 M M / D D / Y Y Y Y
03 / 13 / 2012

Transaction ID : A-C527

Amount of Each Receipt this Period
200

C. Full Name (Last, First, Middle Initial)
Mr. Scott Andrews

Mailing Address 112 Delaplane Court

City State Zip Code
Morrisville NC 27560-6987

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
Self-employed Trader

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date
250

Date of Receipt
 M M / D D / Y Y Y Y
03 / 15 / 2012

Transaction ID : A-C551

Amount of Each Receipt this Period
250

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

600.00

**SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 14 OF 54
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 11e 15	

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NAME OF COMMITTEE (In Full)
Mark Rosen for Congress

A. Full Name (Last, First, Middle Initial)
Mr. Jon Bidwell

Mailing Address 69 Young Avenue

City Pelham State NY Zip Code 10803-1723

FEC ID number of contributing federal political committee. **C**

Name of Employer Chubb Corp. Occupation SVP and Chief Innovation Officer

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date **825**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
03 / 15 / 2012

Transaction ID : A-C548

Amount of Each Receipt this Period
100

B. Full Name (Last, First, Middle Initial)
Dr. George Ceremuga

Mailing Address PO Box 787

City Sturgis State SD Zip Code 57785-0787

FEC ID number of contributing federal political committee. **C**

Name of Employer USPHS Occupation Physician

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date **250**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
03 / 15 / 2012

Transaction ID : A-C552

Amount of Each Receipt this Period
500

C. Full Name (Last, First, Middle Initial)
Mr. Dennis Conroy

Mailing Address 1 Christie Place
Unit 201E

City Scarsdale State NY Zip Code 10583-8306

FEC ID number of contributing federal political committee. **C**

Name of Employer Computer Horizons Corp. Occupation CEO

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date **100**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
03 / 15 / 2012

Transaction ID : A-C547

Amount of Each Receipt this Period
200

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

800.00

**SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 15 OF 54
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
Mark Rosen for Congress

A. Full Name (Last, First, Middle Initial)
Mr. Glenn Pacchiana

Mailing Address 51 Route 100

City State Zip Code
Briarcliff Manor NY 10510-1441

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
Thalle Industries Principal

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date
1000

Date of Receipt
 M M / D D / Y Y Y Y Y Y
03 / 15 / 2012

Transaction ID : A-C546

Amount of Each Receipt this Period
2500

B. Full Name (Last, First, Middle Initial)
Mr. Robert Phillips

Mailing Address 148 Bradley Road

City State Zip Code
Scarsdale NY 10583-6236

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
Phillips Construction Corp. self-employed

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date
100

Date of Receipt
 M M / D D / Y Y Y Y Y Y
03 / 15 / 2012

Transaction ID : A-C545

Amount of Each Receipt this Period
300

C. Full Name (Last, First, Middle Initial)
Mr. Charles Rockefeller

Mailing Address 125 Holbrook Lane

City State Zip Code
Briarcliff Manor NY 10510-1121

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
Curry Rockefeller Group CEO

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date
500

Date of Receipt
 M M / D D / Y Y Y Y Y Y
03 / 15 / 2012

Transaction ID : A-C549

Amount of Each Receipt this Period
500

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

3300.00

**SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 16 OF 54
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
Mark Rosen for Congress

A. Full Name (Last, First, Middle Initial)
Mr. Charles LaPorta

Mailing Address 23 Glenmore Drive

City State Zip Code
New Rochelle NY 10801

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
RWE Trading Americas Inc. Senior Credit Analyst

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date
300

Date of Receipt
M M / D D / Y Y Y Y
03 / 16 / 2012

Transaction ID : A-C558

Amount of Each Receipt this Period
300

B. Full Name (Last, First, Middle Initial)
Mr. Michael McDonnell

Mailing Address 614 Thomas Avenue

City State Zip Code
Forest Park IL 60130-1966

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
Configure One, Inc. Product Manager

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date
250

Date of Receipt
M M / D D / Y Y Y Y
03 / 16 / 2012

Transaction ID : A-C556

Amount of Each Receipt this Period
250

C. Full Name (Last, First, Middle Initial)
Ms. Lydia Nioras

Mailing Address 61 Hillendale Road

City State Zip Code
Rye Brook NY 10573-1704

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
None Real Estate Investor

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date
250

Date of Receipt
M M / D D / Y Y Y Y
03 / 16 / 2012

Transaction ID : A-C555

Amount of Each Receipt this Period
250

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

800.00

**SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 17 OF 54
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
Mark Rosen for Congress

A. Full Name (Last, First, Middle Initial)
Mr. Anthony Scala

Mailing Address 254 N Ridge Street

City Rye Brook State NY Zip Code 10573-1138

FEC ID number of contributing federal political committee. **C**

Name of Employer Lowy& Donnath, Inc. Occupation Engineer

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date **250**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
03 / 16 / 2012

Transaction ID : A-C559

Amount of Each Receipt this Period
250

B. Full Name (Last, First, Middle Initial)

Mailing Address

City State Zip Code

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

C. Full Name (Last, First, Middle Initial)

Mailing Address

City State Zip Code

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

250.00

23150.00

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 18 OF 54			
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21				

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NAME OF COMMITTEE (In Full)
Mark Rosen for Congress

Full Name (Last, First, Middle Initial) A. American Express		Date of Disbursement M M / D D / Y Y Y Y 01 / 03 / 2012
Mailing Address PO Box 53773		Amount of Each Disbursement this Period 4.95
City Phoenix	State AZ	Zip Code 85072-3773
Purpose of Disbursement credit card acceptance fee	Category/ Type 001	
Candidate Name	Transaction ID : B-E-441	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) B. Merchant Bank		Date of Disbursement M M / D D / Y Y Y Y 01 / 03 / 2012
Mailing Address 2753 State Road 580 Suite 212		Amount of Each Disbursement this Period 48.83
City Clearwater	State FL	Zip Code 33761-3345
Purpose of Disbursement credit card acceptance fee	Category/ Type 001	
Candidate Name	Transaction ID : B-E-440	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) c. American Express		Date of Disbursement M M / D D / Y Y Y Y 01 / 04 / 2012
Mailing Address PO Box 53773		Amount of Each Disbursement this Period 7.24
City Phoenix	State AZ	Zip Code 85072-3773
Purpose of Disbursement credit card acceptance fee	Category/ Type 001	
Candidate Name	Transaction ID : B-E-444	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	61.02
TOTAL This Period (last page this line number only).....	

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 19 OF 54			
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21				

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NAME OF COMMITTEE (In Full)
Mark Rosen for Congress

Full Name (Last, First, Middle Initial) A. Qgiv.com		Date of Disbursement M M / D D / Y Y Y Y 01 / 04 / 2012
Mailing Address 53 Lake Morton Drive Suite 110		Amount of Each Disbursement this Period 34.68
City Lakeland	State FL	
Zip Code 33801-5344	Purpose of Disbursement credit card acceptance fee	Transaction ID : B-E-443
Candidate Name	001 Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) B. Ms. Laura Schwartz		Date of Disbursement M M / D D / Y Y Y Y 01 / 04 / 2012
Mailing Address 55 Overlook Drive		Amount of Each Disbursement this Period 500
City Ridgefield	State CT	
Zip Code 06877-3711	Purpose of Disbursement Consultant fee	Transaction ID : B-E-442
Candidate Name	001 Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) c. GoDaddy.com		Date of Disbursement M M / D D / Y Y Y Y 01 / 05 / 2012
Mailing Address 14455 N Hayden Road Suite 226		Amount of Each Disbursement this Period 109.28
City Scottsdale	State AZ	
Zip Code 85260-6993	Purpose of Disbursement website fee	Transaction ID : B-E-445
Candidate Name	001 Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	643.96
TOTAL This Period (last page this line number only).....	

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 20 OF 54	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
Mark Rosen for Congress

Full Name (Last, First, Middle Initial) A. GoDaddy.com		Date of Disbursement M M / D D / Y Y Y Y 01 / 17 / 2012
Mailing Address 14455 N Hayden Road Suite 226		Amount of Each Disbursement this Period 485.05 Transaction ID : B-E-458
City State Zip Code Scottsdale AZ 85260-6993	Purpose of Disbursement webiste fee	
Candidate Name	Category/ Type 001	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) B. Constant Contact		Date of Disbursement M M / D D / Y Y Y Y 01 / 25 / 2012
Mailing Address 1601 Trapelo Road		Amount of Each Disbursement this Period 53.69 Transaction ID : B-E-459
City State Zip Code Waltham MA 02451-7333	Purpose of Disbursement campaign emailings	
Candidate Name	Category/ Type 001	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) c. Netgains America LLC		Date of Disbursement M M / D D / Y Y Y Y 01 / 25 / 2012
Mailing Address 87 Wolfs Lane Suite C		Amount of Each Disbursement this Period 290 Transaction ID : B-E-461
City State Zip Code Pelham NY 10803-1831	Purpose of Disbursement website work	
Candidate Name	Category/ Type 001	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	485.05
TOTAL This Period (last page this line number only).....	

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 21 OF 54	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
Mark Rosen for Congress

Full Name (Last, First, Middle Initial) A. CSC Capital		Date of Disbursement M M / D D / Y Y Y Y 01 / 31 / 2012
Mailing Address 38 Condon Road		Amount of Each Disbursement this Period 3000 Transaction ID : B-E-469
City Stillwater	State NY	
Zip Code 12170-1914	Purpose of Disbursement Fundraising: Consulting fee	Category/ Type 003
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) B. American Express		Date of Disbursement M M / D D / Y Y Y Y 02 / 01 / 2012
Mailing Address PO Box 53773		Amount of Each Disbursement this Period 7.95 Transaction ID : B-E-478
City Phoenix	State AZ	
Zip Code 85072-3773	Purpose of Disbursement Fundraising: Credit card acceptance fee	Category/ Type 003
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) c. Merchant Bank		Date of Disbursement M M / D D / Y Y Y Y 02 / 03 / 2012
Mailing Address 2753 State Road 580 Suite 212		Amount of Each Disbursement this Period 31.23 Transaction ID : B-E-480
City Clearwater	State FL	
Zip Code 33761-3345	Purpose of Disbursement Fundraising: Credit card acceptance fee	Category/ Type 003
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

SUBTOTAL of Disbursements This Page (optional).....	3039.18
TOTAL This Period (last page this line number only).....	

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 22 OF 54	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
Mark Rosen for Congress

Full Name (Last, First, Middle Initial) A. Qgiv.com		Date of Disbursement MM / DD / YYYY 02 / 03 / 2012
Mailing Address 53 Lake Morton Drive Suite 110		Amount of Each Disbursement this Period 42.12 Transaction ID : B-E-479
City Lakeland	State FL	
Zip Code 33801-5344	Purpose of Disbursement Fundraising: Credit card acceptance fee	Category/ Type 003
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) B. American Express		Date of Disbursement MM / DD / YYYY 02 / 06 / 2012
Mailing Address PO Box 53773		Amount of Each Disbursement this Period 51.79 Transaction ID : B-E-483
City Phoenix	State AZ	
Zip Code 85072-3773	Purpose of Disbursement Fundraising: Credit card acceptance fee	Category/ Type 003
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) C. Ms. Laura Schwartz		Date of Disbursement MM / DD / YYYY 02 / 06 / 2012
Mailing Address 55 Overlook Drive		Amount of Each Disbursement this Period 653 Transaction ID : B-E-473
City Ridgefield	State CT	
Zip Code 06877-3711	Purpose of Disbursement Consulting fee	Category/ Type 001
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

SUBTOTAL of Disbursements This Page (optional).....	746.91
TOTAL This Period (last page this line number only).....	

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 23 OF 54	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
Mark Rosen for Congress

Full Name (Last, First, Middle Initial) A. Ms. Laura Schwartz		Date of Disbursement MM / DD / YYYY 02 / 06 / 2012
Mailing Address 55 Overlook Drive		Amount of Each Disbursement this Period 0000,000.00 1060 Transaction ID : B-E-474
City Ridgefield	State CT	
Zip Code 06877-3711	Purpose of Disbursement Consulting Fee	Category/ Type 001
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) B. CSC Capital		Date of Disbursement MM / DD / YYYY 02 / 09 / 2012
Mailing Address 38 Condon Road		Amount of Each Disbursement this Period 0000,000.00 3000 Transaction ID : B-E-489
City Stillwater	State NY	
Zip Code 12170-1914	Purpose of Disbursement Consultant fee	Category/ Type 001
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) c. CSC Capital		Date of Disbursement MM / DD / YYYY 02 / 09 / 2012
Mailing Address 38 Condon Road		Amount of Each Disbursement this Period 0000,000.00 609.5 Transaction ID : B-E-490
City Stillwater	State NY	
Zip Code 12170-1914	Purpose of Disbursement Consultant fee	Category/ Type 001
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

SUBTOTAL of Disbursements This Page (optional).....	0000,000.00 4669.50
TOTAL This Period (last page this line number only).....	0000,000.00

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 24 OF 54	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
Mark Rosen for Congress

A. New York Republican County Committee

Full Name (Last, First, Middle Initial)
Mailing Address 122 E 83rd Street
Floor 2

City New York State NY Zip Code 10028-0838

Purpose of Disbursement
Political Contribution: Contribution

Candidate Name

Office Sought: House Senate President

Disbursement For: 2012
 Primary General
 Other (specify)

State: District:

Date of Disbursement
MM / DD / YYYY
02 / 09 / 2012

Amount of Each Disbursement this Period
250

Transaction ID : B-E-488

Category/Type: 011

B. Aristotle Accounting

Full Name (Last, First, Middle Initial)
Mailing Address 3635 Ruffin Road

City San Diego State CA Zip Code 92123-1880

Purpose of Disbursement
database fee

Candidate Name

Office Sought: House Senate President

Disbursement For: 2012
 Primary General
 Other (specify)

State: District:

Date of Disbursement
MM / DD / YYYY
02 / 13 / 2012

Amount of Each Disbursement this Period
600

Transaction ID : B-E-491

Category/Type: 001

C. Aristotle Accounting

Full Name (Last, First, Middle Initial)
Mailing Address 3635 Ruffin Road

City San Diego State CA Zip Code 92123-1880

Purpose of Disbursement
database fee

Candidate Name

Office Sought: House Senate President

Disbursement For: 2012
 Primary General
 Other (specify)

State: District:

Date of Disbursement
MM / DD / YYYY
02 / 17 / 2012

Amount of Each Disbursement this Period
600

Transaction ID : B-E-497

Category/Type: 001

SUBTOTAL of Disbursements This Page (optional)..... 1450.00

TOTAL This Period (last page this line number only).....

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 25 OF 54		
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
Mark Rosen for Congress

Full Name (Last, First, Middle Initial) A. Constant Contact		Date of Disbursement M M / D D / Y Y Y Y 02 / 28 / 2012
Mailing Address 1601 Trapelo Road		Amount of Each Disbursement this Period 80.53
City Waltham	State MA	
Zip Code 02451-7333	Purpose of Disbursement Campaign mailings	Transaction ID : B-E-501
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) B. Ms. Laura Schwartz		Date of Disbursement M M / D D / Y Y Y Y 03 / 01 / 2012
Mailing Address 55 Overlook Drive		Amount of Each Disbursement this Period 1051
City Ridgefield	State CT	
Zip Code 06877-3711	Purpose of Disbursement consulting fee	Transaction ID : B-E-502
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) c. American Express		Date of Disbursement M M / D D / Y Y Y Y 03 / 02 / 2012
Mailing Address PO Box 53773		Amount of Each Disbursement this Period 7.95
City Phoenix	State AZ	
Zip Code 85072-3773	Purpose of Disbursement Credit card acceptance fee	Transaction ID : B-E-505
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	1139.48
TOTAL This Period (last page this line number only).....	

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 26 OF 54			
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21	

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NAME OF COMMITTEE (In Full)
Mark Rosen for Congress

Full Name (Last, First, Middle Initial) A. CSC Capital		Date of Disbursement M M / D D / Y Y Y Y 03 / 02 / 2012
Mailing Address 38 Condon Road		Amount of Each Disbursement this Period 601 Transaction ID : B-E-503
City Stillwater	State NY	
Zip Code 12170-1914	Purpose of Disbursement Consulting fee	Category/ Type 001
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) B. CSC Capital		Date of Disbursement M M / D D / Y Y Y Y 03 / 02 / 2012
Mailing Address 38 Condon Road		Amount of Each Disbursement this Period 3000 Transaction ID : B-E-504
City Stillwater	State NY	
Zip Code 12170-1914	Purpose of Disbursement Consulting Fee	Category/ Type 001
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) c. Qgiv.com		Date of Disbursement M M / D D / Y Y Y Y 03 / 02 / 2012
Mailing Address 53 Lake Morton Drive Suite 110		Amount of Each Disbursement this Period 21.72 Transaction ID : B-E-506
City Lakeland	State FL	
Zip Code 33801-5344	Purpose of Disbursement Administrative/Salary/Overhead: Fee	Category/ Type 001
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

SUBTOTAL of Disbursements This Page (optional).....	3622.72
TOTAL This Period (last page this line number only).....	

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 27 OF 54			
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21				

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NAME OF COMMITTEE (In Full)
Mark Rosen for Congress

Full Name (Last, First, Middle Initial) A. US Post Office		Date of Disbursement M M / D D / Y Y Y Y 03 / 02 / 2012
Mailing Address 17 Main Street		Amount of Each Disbursement this Period 86 Transaction ID : B-E-507
City South Salem	State NY	
Zip Code 10590-1421	Purpose of Disbursement PO Box fee	Category/ Type 001
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) B. American Express		Date of Disbursement M M / D D / Y Y Y Y 03 / 05 / 2012
Mailing Address PO Box 53773		Amount of Each Disbursement this Period 17.07 Transaction ID : B-E-513
City Phoenix	State AZ	
Zip Code 85072-3773	Purpose of Disbursement credit card acceptance fee	Category/ Type 001
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) c. Merchant Bank		Date of Disbursement M M / D D / Y Y Y Y 03 / 05 / 2012
Mailing Address 2753 State Road 580 Suite 212		Amount of Each Disbursement this Period 36.84 Transaction ID : B-E-512
City Clearwater	State FL	
Zip Code 33761-3345	Purpose of Disbursement credit card acceptance fee	Category/ Type 001
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

SUBTOTAL of Disbursements This Page (optional).....	139.91
TOTAL This Period (last page this line number only).....	

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 28 OF 54	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
Mark Rosen for Congress

Full Name (Last, First, Middle Initial) A. Netgains America LLC		Date of Disbursement M M / D D / Y Y Y Y 03 / 15 / 2012
Mailing Address 87 Wolfs Lane Suite C		Amount of Each Disbursement this Period 300 Transaction ID : B-E-544
City Pelham State NY Zip Code 10803-1831	Purpose of Disbursement Administrative/Salary/Overhead: Website Candidate Name Category/Type 001	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) B. Aristotle Accounting		Date of Disbursement M M / D D / Y Y Y Y 03 / 19 / 2012
Mailing Address 3635 Ruffin Road		Amount of Each Disbursement this Period 600 Transaction ID : B-E-561
City San Diego State CA Zip Code 92123-1880	Purpose of Disbursement database fee Candidate Name Category/Type 001	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) c. Clear Channel Outdoor		Date of Disbursement M M / D D / Y Y Y Y 03 / 27 / 2012
Mailing Address PO Box 402379		Amount of Each Disbursement this Period 9000 Transaction ID : B-E-564
City Atlanta State GA Zip Code 30384-2379	Purpose of Disbursement Advertising: Billboard Candidate Name Category/Type 004	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

SUBTOTAL of Disbursements This Page (optional).....	9900.00
TOTAL This Period (last page this line number only).....	

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 29 OF 54			
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21				

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NAME OF COMMITTEE (In Full)
Mark Rosen for Congress

Full Name (Last, First, Middle Initial) A. Constant Contact		Date of Disbursement M M / D D / Y Y Y Y 03 / 27 / 2012
Mailing Address 1601 Trapelo Road		Amount of Each Disbursement this Period 80.53
City Waltham	State MA	
Zip Code 02451-7333	Purpose of Disbursement Database fee	Transaction ID : B-E-565
Candidate Name	001 Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) B. Executive Star		Date of Disbursement M M / D D / Y Y Y Y 03 / 27 / 2012
Mailing Address 180 E Prospect Avenue		Amount of Each Disbursement this Period 2682.83
City Mamaroneck	State NY	
Zip Code 10543-3709	Purpose of Disbursement Letterhead	Transaction ID : B-E-563
Candidate Name	001 Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) c. American Express		Date of Disbursement M M / D D / Y Y Y Y 03 / 30 / 2012
Mailing Address PO Box 53773		Amount of Each Disbursement this Period 7.95
City Phoenix	State AZ	
Zip Code 85072-3773	Purpose of Disbursement credit card acceptance fee	Transaction ID : B-E-567
Candidate Name	001 Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	2771.31
TOTAL This Period (last page this line number only).....	

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 30 OF 54	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
Mark Rosen for Congress

Full Name (Last, First, Middle Initial) A. Mr. Mark Markian		Date of Disbursement M M / D D / Y Y Y Y 03 / 30 / 2012
Mailing Address 10 Hillside Avenue		Amount of Each Disbursement this Period 283.98
City Pleasantville	State NY	
Zip Code 10570-1910	Purpose of Disbursement Printing costs	Transaction ID : B-E-603
Candidate Name	001 Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Original vendors exceeding reporting threshold itemized as memo transactions.
State: District:		

Full Name (Last, First, Middle Initial) B. Ms. Laura Schwartz		Date of Disbursement M M / D D / Y Y Y Y 03 / 30 / 2012
Mailing Address 55 Overlook Drive		Amount of Each Disbursement this Period 2113
City Ridgefield	State CT	
Zip Code 06877-3711	Purpose of Disbursement Consulting fee--accounting	Transaction ID : B-E-568
Candidate Name	001 Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) c. Ms. Laura Schwartz		Date of Disbursement M M / D D / Y Y Y Y 03 / 30 / 2012
Mailing Address 55 Overlook Drive		Amount of Each Disbursement this Period 500
City Ridgefield	State CT	
Zip Code 06877-3711	Purpose of Disbursement Consulting fee--accounting	Transaction ID : B-E-569
Candidate Name	001 Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	2896.98
TOTAL This Period (last page this line number only).....	31566.02

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 31 OF 54	
	<input type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input checked="" type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
Mark Rosen for Congress

Full Name (Last, First, Middle Initial) A. Mr. Mark L Rosen		Date of Disbursement M M / D D / Y Y Y Y 03 / 30 / 2012
Mailing Address 744 Forest Avenue		Amount of Each Disbursement this Period 150 Transaction ID : B-R-1
City Larchmont State NY Zip Code 10538-1314	Purpose of Disbursement Loan Repayment	
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2010 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Primary 2010	
State: District:		

Full Name (Last, First, Middle Initial) B. Mr. Mark L Rosen		Date of Disbursement M M / D D / Y Y Y Y 03 / 30 / 2012
Mailing Address 744 Forest Avenue		Amount of Each Disbursement this Period 25 Transaction ID : B-R-2
City Larchmont State NY Zip Code 10538-1314	Purpose of Disbursement Loan Repayment	
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2010 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Primary 2010	
State: District:		

Full Name (Last, First, Middle Initial) C. Mr. Mark L Rosen		Date of Disbursement M M / D D / Y Y Y Y 03 / 30 / 2012
Mailing Address 744 Forest Avenue		Amount of Each Disbursement this Period 25 Transaction ID : B-R-3
City Larchmont State NY Zip Code 10538-1314	Purpose of Disbursement Loan Repayment	
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2010 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Primary 2010	
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	200.00
TOTAL This Period (last page this line number only).....	

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 32 OF 54	
	<input type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input checked="" type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
Mark Rosen for Congress

Full Name (Last, First, Middle Initial) A. Mr. Mark L Rosen		Date of Disbursement M M / D D / Y Y Y Y 03 / 30 / 2012
Mailing Address 744 Forest Avenue		Amount of Each Disbursement this Period 6000 Transaction ID : B-R-4
City Larchmont	State NY Zip Code 10538-1314	
Purpose of Disbursement Loan Repayment	Candidate Name	Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2010 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Primary 2010	
State: District:		

Full Name (Last, First, Middle Initial) B. Mr. Mark L Rosen		Date of Disbursement M M / D D / Y Y Y Y 03 / 30 / 2012
Mailing Address 744 Forest Avenue		Amount of Each Disbursement this Period 81000 Transaction ID : B-R-5
City Larchmont	State NY Zip Code 10538-1314	
Purpose of Disbursement Loan Repayment	Candidate Name	Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) C. Mr. Mark L Rosen		Date of Disbursement M M / D D / Y Y Y Y 03 / 30 / 2012
Mailing Address 744 Forest Avenue		Amount of Each Disbursement this Period 86900 Transaction ID : B-R-6
City Larchmont	State NY Zip Code 10538-1314	
Purpose of Disbursement Loan Repayment	Candidate Name	Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	173900.00
TOTAL This Period (last page this line number only).....	

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 33 OF 54	
	<input type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input checked="" type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
Mark Rosen for Congress

Full Name (Last, First, Middle Initial) A. Mr. Mark L Rosen		Date of Disbursement M M / D D / Y Y Y Y 03 / 30 / 2012
Mailing Address 744 Forest Avenue		Amount of Each Disbursement this Period 2700 Transaction ID : B-R-7
City Larchmont	State NY Zip Code 10538-1314	
Purpose of Disbursement Loan Repayment	Category/Type	
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) B.		Date of Disbursement M M / D D / Y Y Y Y
Mailing Address		Amount of Each Disbursement this Period
City	State Zip Code	
Purpose of Disbursement	Category/Type	
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) C.		Date of Disbursement M M / D D / Y Y Y Y
Mailing Address		Amount of Each Disbursement this Period
City	State Zip Code	
Purpose of Disbursement	Category/Type	
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	2700.00
TOTAL This Period (last page this line number only).....	176800.00

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 34 OF 54			
	<input type="checkbox"/> 17 <input checked="" type="checkbox"/> 20a <input type="checkbox"/> 18 <input type="checkbox"/> 20b <input type="checkbox"/> 19a <input type="checkbox"/> 20c <input type="checkbox"/> 19b <input type="checkbox"/> 21				

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NAME OF COMMITTEE (In Full)
Mark Rosen for Congress

Full Name (Last, First, Middle Initial) A. Ms. Alicja Andrejczuk		Date of Disbursement M M / D D / Y Y Y Y 03 / 31 / 2012
Mailing Address 12 Brook Lane		Amount of Each Disbursement this Period 50 Transaction ID : B-E-641
City Scarsdale	State NY	
Zip Code 10583-1406	Purpose of Disbursement Contribution Refund: Refund	Category/ Type 010
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2012	<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General	
<input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) B. Dr. George Ceremuga		Date of Disbursement M M / D D / Y Y Y Y 03 / 31 / 2012
Mailing Address PO Box 787		Amount of Each Disbursement this Period 250 Transaction ID : B-E-624
City Sturgis	State SD	
Zip Code 57785-0787	Purpose of Disbursement Contribution Refund: Refund	Category/ Type 010
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2012	<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General	
<input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) C. Mr. Dennis Conroy		Date of Disbursement M M / D D / Y Y Y Y 03 / 31 / 2012
Mailing Address 1 Christie Place Unit 201E		Amount of Each Disbursement this Period 200 Transaction ID : B-E-627
City Scarsdale	State NY	
Zip Code 10583-8306	Purpose of Disbursement Contribution Refund: Refund	Category/ Type 010
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2012	<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General	
<input type="checkbox"/> Other (specify)	State: District:	

SUBTOTAL of Disbursements This Page (optional).....	500.00
TOTAL This Period (last page this line number only).....	

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 35 OF 54			
	<input type="checkbox"/> 17 <input checked="" type="checkbox"/> 20a <input type="checkbox"/> 18 <input type="checkbox"/> 20b <input type="checkbox"/> 19a <input type="checkbox"/> 20c <input type="checkbox"/> 19b <input type="checkbox"/> 21				

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NAME OF COMMITTEE (In Full)
Mark Rosen for Congress

Full Name (Last, First, Middle Initial) A. Mr. Joseph Coughlin		Date of Disbursement M M / D D / Y Y Y Y 03 / 31 / 2012
Mailing Address 60 Park Drive N		Amount of Each Disbursement this Period 1000 Transaction ID : B-E-609
City Rye	State NY	
Zip Code 10580-1830	Purpose of Disbursement Contribution Refund: Refund	Category/ Type 010
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2012	<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General	
<input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) B. Mr. Louis DelGuercio		Date of Disbursement M M / D D / Y Y Y Y 03 / 31 / 2012
Mailing Address 14 Pryer Lane		Amount of Each Disbursement this Period 300 Transaction ID : B-E-621
City Larchmont	State NY	
Zip Code 10538-4021	Purpose of Disbursement Contribution Refund: Refund	Category/ Type 010
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2012	<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General	
<input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) C. Mr. Joseph DiGiacinto		Date of Disbursement M M / D D / Y Y Y Y 03 / 31 / 2012
Mailing Address 235 Main Street		Amount of Each Disbursement this Period 100 Transaction ID : B-E-638
City White Plains	State NY	
Zip Code 10601-2418	Purpose of Disbursement Contribution Refund: Refund	Category/ Type 010
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2012	<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General	
<input type="checkbox"/> Other (specify)	State: District:	

SUBTOTAL of Disbursements This Page (optional).....	1400.00
TOTAL This Period (last page this line number only).....	

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 36 OF 54			
	<input type="checkbox"/> 17 <input checked="" type="checkbox"/> 20a <input type="checkbox"/> 18 <input type="checkbox"/> 20b <input type="checkbox"/> 19a <input type="checkbox"/> 20c <input type="checkbox"/> 19b <input type="checkbox"/> 21				

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NAME OF COMMITTEE (In Full)
Mark Rosen for Congress

Full Name (Last, First, Middle Initial) A. Mr. Robert Fitzsimmons		Date of Disbursement M M / D D / Y Y Y Y 03 / 31 / 2012
Mailing Address 575 Old Bedford Road		Amount of Each Disbursement this Period 500 Transaction ID : B-E-619
City State Zip Code Mount Kisco NY 10549-3524	Purpose of Disbursement Contribution Refund: Refund Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Category/Type 010
State: District:		

Full Name (Last, First, Middle Initial) B. Mr. Joseph Germano		Date of Disbursement M M / D D / Y Y Y Y 03 / 31 / 2012
Mailing Address 405 Claflin Avenue		Amount of Each Disbursement this Period 100 Transaction ID : B-E-639
City State Zip Code Mamaroneck NY 10543-3907	Purpose of Disbursement Contribution Refund: Refund Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Category/Type 010
State: District:		

Full Name (Last, First, Middle Initial) c. Mr. Eugene Grant		Date of Disbursement M M / D D / Y Y Y Y 03 / 31 / 2012
Mailing Address 277 Park Avenue Floor 47		Amount of Each Disbursement this Period 1000 Transaction ID : B-E-615
City State Zip Code New York NY 10172-0003	Purpose of Disbursement Contribution Refund: Refund Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Category/Type 010
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	1600.00
TOTAL This Period (last page this line number only).....	

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 37 OF 54			
	<input type="checkbox"/> 17 <input checked="" type="checkbox"/> 20a <input type="checkbox"/> 18 <input type="checkbox"/> 20b <input type="checkbox"/> 19a <input type="checkbox"/> 20c <input type="checkbox"/> 19b <input type="checkbox"/> 21				

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NAME OF COMMITTEE (In Full)
Mark Rosen for Congress

Full Name (Last, First, Middle Initial) A. Ms. Betty J. Hengemuehler		Date of Disbursement M M / D D / Y Y Y Y 03 / 31 / 2012
Mailing Address 350 N Harrison Road Apt. 7101		Amount of Each Disbursement this Period 100 Transaction ID : B-E-640
City Tucson	State AZ Zip Code 85748-3237	
Purpose of Disbursement Contribution Refund: Refund		Category/ Type 010
Candidate Name		
Office Sought:	House Senate President	Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)
State:	District:	

Full Name (Last, First, Middle Initial) B. Mr. Paul Hoffmann Jr.		Date of Disbursement M M / D D / Y Y Y Y 03 / 31 / 2012
Mailing Address 69 Carleon Avenue		Amount of Each Disbursement this Period 500 Transaction ID : B-E-620
City Larchmont	State NY Zip Code 10538-3221	
Purpose of Disbursement Contribution Refund: Refund		Category/ Type 010
Candidate Name		
Office Sought:	House Senate President	Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)
State:	District:	

Full Name (Last, First, Middle Initial) C. Mrs. Nora Johnson		Date of Disbursement M M / D D / Y Y Y Y 03 / 31 / 2012
Mailing Address 63 Cottonwood Lane		Amount of Each Disbursement this Period 2500 Transaction ID : B-E-612
City Briarcliff Manor	State NY Zip Code 10510-2140	
Purpose of Disbursement Contribution Refund: Refund		Category/ Type 010
Candidate Name		
Office Sought:	House Senate President	Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)
State:	District:	

SUBTOTAL of Disbursements This Page (optional).....	3100.00
TOTAL This Period (last page this line number only).....	

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 38 OF 54			
	<input type="checkbox"/> 17 <input checked="" type="checkbox"/> 20a <input type="checkbox"/> 18 <input type="checkbox"/> 20b <input type="checkbox"/> 19a <input type="checkbox"/> 20c <input type="checkbox"/> 19b <input type="checkbox"/> 21				

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NAME OF COMMITTEE (In Full)
Mark Rosen for Congress

Full Name (Last, First, Middle Initial) A. Mrs. Nora Johnson		Date of Disbursement MM / DD / YYYY 03 / 31 / 2012
Mailing Address 63 Cottonwood Lane		Amount of Each Disbursement this Period 500 Transaction ID : B-E-613
City Briarcliff Manor	State NY	
Zip Code 10510-2140	Purpose of Disbursement Contribution Refund: Refund	Category/ Type 010
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2012	<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General	
State: District:	Other (specify)	

Full Name (Last, First, Middle Initial) B. Mr. Richard Johnson		Date of Disbursement MM / DD / YYYY 03 / 31 / 2012
Mailing Address 63 Cottonwood Lane		Amount of Each Disbursement this Period 2500 Transaction ID : B-E-610
City Briarcliff Manor	State NY	
Zip Code 10510-2140	Purpose of Disbursement Contribution Refund: Refund	Category/ Type 010
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2012	<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General	
State: District:	Other (specify)	

Full Name (Last, First, Middle Initial) C. Mr. Richard Johnson		Date of Disbursement MM / DD / YYYY 03 / 31 / 2012
Mailing Address 63 Cottonwood Lane		Amount of Each Disbursement this Period 500 Transaction ID : B-E-611
City Briarcliff Manor	State NY	
Zip Code 10510-2140	Purpose of Disbursement Contribution Refund: Refund	Category/ Type 010
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2012	<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General	
State: District:	Other (specify)	

SUBTOTAL of Disbursements This Page (optional).....	3500.00
TOTAL This Period (last page this line number only).....	

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 39 OF 54			
	<input type="checkbox"/> 17 <input checked="" type="checkbox"/> 20a <input type="checkbox"/> 18 <input type="checkbox"/> 20b <input type="checkbox"/> 19a <input type="checkbox"/> 20c <input type="checkbox"/> 19b <input type="checkbox"/> 21				

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NAME OF COMMITTEE (In Full)
Mark Rosen for Congress

Full Name (Last, First, Middle Initial) A. Mr. James M. Kilts		Date of Disbursement M M / D D / Y Y Y Y 03 / 31 / 2012
Mailing Address 16 School Street		Amount of Each Disbursement this Period 1000 Transaction ID : B-E-616
City Rye State NY Zip Code 10580-2952	Purpose of Disbursement Contribution Refund: Refund Category/Type 010	
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) B. Ms. Alice Lasala		Date of Disbursement M M / D D / Y Y Y Y 03 / 31 / 2012
Mailing Address 16 N Chatsworth Avenue Apt. 614		Amount of Each Disbursement this Period 200 Transaction ID : B-E-628
City Larchmont State NY Zip Code 10538-2137	Purpose of Disbursement Contribution Refund: Refund Category/Type 010	
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) c. Mr. Paul Levy		Date of Disbursement M M / D D / Y Y Y Y 03 / 31 / 2012
Mailing Address 9 Hearthstone Circle		Amount of Each Disbursement this Period 1000 Transaction ID : B-E-617
City Scarsdale State NY Zip Code 10583-1201	Purpose of Disbursement Contribution Refund: Refund Category/Type 010	
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	2200.00
TOTAL This Period (last page this line number only).....	

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 40 OF 54			
	<input type="checkbox"/> 17 <input checked="" type="checkbox"/> 20a <input type="checkbox"/> 18 <input type="checkbox"/> 20b <input type="checkbox"/> 19a <input type="checkbox"/> 20c <input type="checkbox"/> 19b <input type="checkbox"/> 21				

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NAME OF COMMITTEE (In Full)
Mark Rosen for Congress

Full Name (Last, First, Middle Initial) A. Mr. John D. Lium		Date of Disbursement M M / D D / Y Y Y Y 03 / 31 / 2012
Mailing Address PO Box 690		Amount of Each Disbursement this Period 200 Transaction ID : B-E-629
City Rye	State NY	
Zip Code 10580-0690	Purpose of Disbursement Contribution Refund: Refund	Category/ Type 010
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) B. Ms. Nancy Magliari		Date of Disbursement M M / D D / Y Y Y Y 03 / 31 / 2012
Mailing Address 33 Kincaid Drive		Amount of Each Disbursement this Period 150 Transaction ID : B-E-634
City Yonkers	State NY	
Zip Code 10710-1603	Purpose of Disbursement Contribution Refund: Refund	Category/ Type 010
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) C. Mr. Patrick Magliari		Date of Disbursement M M / D D / Y Y Y Y 03 / 31 / 2012
Mailing Address 33 Kincaid Drive		Amount of Each Disbursement this Period 150 Transaction ID : B-E-635
City Yonkers	State NY	
Zip Code 10710-1603	Purpose of Disbursement Contribution Refund: Refund	Category/ Type 010
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	500.00
TOTAL This Period (last page this line number only).....	

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 41 OF 54	
	<input type="checkbox"/> 17 <input checked="" type="checkbox"/> 20a	<input type="checkbox"/> 18 <input type="checkbox"/> 20b	<input type="checkbox"/> 19a <input type="checkbox"/> 20c	<input type="checkbox"/> 19b <input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
Mark Rosen for Congress

Full Name (Last, First, Middle Initial) A. Ms. Judy McGrath		Date of Disbursement M M / D D / Y Y Y Y 03 / 31 / 2012
Mailing Address 292 Douglas Road		Amount of Each Disbursement this Period 150 Transaction ID : B-E-636
City Chappaqua State NY Zip Code 10514-3100	Purpose of Disbursement Contribution Refund: Refund Category/Type 010	
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) B. Mr. Morgan McGrath		Date of Disbursement M M / D D / Y Y Y Y 03 / 31 / 2012
Mailing Address 292 Douglas Road		Amount of Each Disbursement this Period 150 Transaction ID : B-E-637
City Chappaqua State NY Zip Code 10514-3100	Purpose of Disbursement Contribution Refund: Refund Category/Type 010	
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) C. Mr. Jeffrey Mitzner		Date of Disbursement M M / D D / Y Y Y Y 03 / 31 / 2012
Mailing Address 10 Berkley Court		Amount of Each Disbursement this Period 200 Transaction ID : B-E-630
City Briarcliff Manor State NY Zip Code 10510-2530	Purpose of Disbursement Contribution Refund: Refund Category/Type 010	
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	500.00
TOTAL This Period (last page this line number only).....	

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 42 OF 54			
	<input type="checkbox"/> 17 <input checked="" type="checkbox"/> 20a <input type="checkbox"/> 18 <input type="checkbox"/> 20b <input type="checkbox"/> 19a <input type="checkbox"/> 20c <input type="checkbox"/> 19b <input type="checkbox"/> 21				

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NAME OF COMMITTEE (In Full)
Mark Rosen for Congress

Full Name (Last, First, Middle Initial) A. Mr. Erik Nicolaysen		Date of Disbursement M M / D D / Y Y Y Y 03 / 31 / 2012
Mailing Address PO Box 108		Amount of Each Disbursement this Period 300 Transaction ID : B-E-622
City Chappaqua	State NY	
Zip Code 10514-0108	Purpose of Disbursement Contribution Refund: Refund	Category/ Type 010
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) B. Mr. Glenn Pacchiana		Date of Disbursement M M / D D / Y Y Y Y 03 / 31 / 2012
Mailing Address 51 Route 100		Amount of Each Disbursement this Period 1500 Transaction ID : B-E-614
City Briarcliff Manor	State NY	
Zip Code 10510-1441	Purpose of Disbursement Contribution Refund: Refund	Category/ Type 010
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) C. Mr. William Paskowski		Date of Disbursement M M / D D / Y Y Y Y 03 / 31 / 2012
Mailing Address 54 Gold Rd.		Amount of Each Disbursement this Period 200 Transaction ID : B-E-631
City Wappingers Falls	State NY	
Zip Code 12590	Purpose of Disbursement Contribution Refund: Refund	Category/ Type 010
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	2000.00
TOTAL This Period (last page this line number only).....	

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 43 OF 54	
	<input type="checkbox"/> 17 <input checked="" type="checkbox"/> 20a	<input type="checkbox"/> 18 <input type="checkbox"/> 20b	<input type="checkbox"/> 19a <input type="checkbox"/> 20c	<input type="checkbox"/> 19b <input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
Mark Rosen for Congress

Full Name (Last, First, Middle Initial) A. Hon. John Perone		Date of Disbursement M M / D D / Y Y Y Y 03 / 31 / 2012
Mailing Address 539 Prospect Avenue		Amount of Each Disbursement this Period 200 Transaction ID : B-E-632
City Mamaroneck State NY Zip Code 10543-3428	Purpose of Disbursement Contribution Refund: Refund Candidate Name Category/Type 010	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) B. Mr. Robert Phillips		Date of Disbursement M M / D D / Y Y Y Y 03 / 31 / 2012
Mailing Address 148 Bradley Road		Amount of Each Disbursement this Period 300 Transaction ID : B-E-623
City Scarsdale State NY Zip Code 10583-6236	Purpose of Disbursement Contribution Refund: Refund Candidate Name Category/Type 010	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) c. Mr. Charles Rockefeller		Date of Disbursement M M / D D / Y Y Y Y 03 / 31 / 2012
Mailing Address 125 Holbrook Lane		Amount of Each Disbursement this Period 250 Transaction ID : B-E-625
City Briarcliff Manor State NY Zip Code 10510-1121	Purpose of Disbursement Contribution Refund: Refund Candidate Name Category/Type 010	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

SUBTOTAL of Disbursements This Page (optional).....	750.00
TOTAL This Period (last page this line number only).....	

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 44 OF 54	
	<input type="checkbox"/> 17 <input checked="" type="checkbox"/> 20a	<input type="checkbox"/> 18 <input type="checkbox"/> 20b	<input type="checkbox"/> 19a <input type="checkbox"/> 20c	<input type="checkbox"/> 19b <input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
Mark Rosen for Congress

Full Name (Last, First, Middle Initial) A. Dr. Lisa Selvaggio		Date of Disbursement M M / D D / Y Y Y Y 03 / 31 / 2012
Mailing Address 16 Rochambeau Road		Amount of Each Disbursement this Period 250 Transaction ID : B-E-626
City Scarsdale State NY Zip Code 10583-4318	Purpose of Disbursement Contribution Refund: Refund Candidate Name Category/Type 010	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) B. Mr. Michael Swaner		Date of Disbursement M M / D D / Y Y Y Y 03 / 31 / 2012
Mailing Address 140 Albemarle Road		Amount of Each Disbursement this Period 200 Transaction ID : B-E-633
City White Plains State NY Zip Code 10605-3304	Purpose of Disbursement Contribution Refund: Refund Candidate Name Category/Type 010	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) C. Mr. Aristidis Thanos		Date of Disbursement M M / D D / Y Y Y Y 03 / 31 / 2012
Mailing Address 268 S Highland Avenue		Amount of Each Disbursement this Period 1000 Transaction ID : B-E-618
City Ossining State NY Zip Code 10562-6104	Purpose of Disbursement Contribution Refund: Refund Candidate Name Category/Type 010	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

SUBTOTAL of Disbursements This Page (optional).....	1450.00
TOTAL This Period (last page this line number only).....	

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 45 OF 54	
	<input type="checkbox"/> 17 <input checked="" type="checkbox"/> 20a	<input type="checkbox"/> 18 <input type="checkbox"/> 20b	<input type="checkbox"/> 19a <input type="checkbox"/> 20c	<input type="checkbox"/> 19b <input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
Mark Rosen for Congress

Full Name (Last, First, Middle Initial) A. Philip Vignola		Date of Disbursement M M / D D / Y Y Y Y 03 / 31 / 2012
Mailing Address 3 Strawberry Knoll Court		Amount of Each Disbursement this Period 50
City Northport State NY Zip Code 11768-2646	Category/Type 010	
Purpose of Disbursement Contribution Refund: Refund		Transaction ID : B-E-642
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
State: District:		

Full Name (Last, First, Middle Initial) B.		Date of Disbursement M M / D D / Y Y Y Y
Mailing Address		Amount of Each Disbursement this Period
City State Zip Code	Category/Type	
Purpose of Disbursement		
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
State: District:		

Full Name (Last, First, Middle Initial) C.		Date of Disbursement M M / D D / Y Y Y Y
Mailing Address		Amount of Each Disbursement this Period
City State Zip Code	Category/Type	
Purpose of Disbursement		
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	50.00
TOTAL This Period (last page this line number only).....	17550.00

SCHEDULE C (FEC Form 3)
LOANS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

13a
 13b

NAME OF COMMITTEE (In Full)
Mark Rosen for Congress

Transaction ID : **SC/10-L1**

LOAN SOURCE Full Name (Last, First, Middle Initial)

Mr. Mark L Rosen

[PERSONAL FUNDS]

Election: 2010

Primary
 General
 Other (specify) ▼
Primary 2010

Mailing Address
744 Forest Avenue

City State ZIP Code
Larchmont NY 10538-1314

Original Amount of Loan Cumulative Payment To Date Balance Outstanding at Close of This Period
150 150 0

TERMS

Date Incurred Date Due Interest Rate Secured:
M 03 / D 11 / Y 2010 M M / D D / Y None 0.00 % (apr) Yes No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
2. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
3. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
4. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:

SUBTOTALS This Period This Page (optional)..... ▶ 0.00

TOTALS This Period (last page in this line only)..... ▶

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

SCHEDULE C (FEC Form 3)
LOANS

NAME OF COMMITTEE (In Full) **Mark Rosen for Congress** Transaction ID : **SC/10-L2**

LOAN SOURCE Full Name (Last, First, Middle Initial) Mr. Mark L Rosen	[PERSONAL FUNDS]	Election: 2010 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Primary 2010
Mailing Address 744 Forest Avenue		

City	State	ZIP Code
Larchmont	NY	10538-1314

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
25	25	0

TERMS

Date Incurred	Date Due	Interest Rate	Secured:
M 03 / D 15 / Y 2010	M / D / Y None	0.00 % (apr)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: []
2. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: []
3. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: []
4. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: []

SUBTOTALS This Period This Page (optional).....	[] 0.00
TOTALS This Period (last page in this line only).....	[]

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

SCHEDULE C (FEC Form 3)
LOANS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

13a
 13b

NAME OF COMMITTEE (In Full)

Transaction ID : SC/10-L3

Mark Rosen for Congress

LOAN SOURCE Full Name (Last, First, Middle Initial)

[PERSONAL FUNDS]

Election: 2010

Mr. Mark L Rosen

Primary

General

Other (specify) ▼

Primary 2010

Mailing Address

744 Forest Avenue

City

State

ZIP Code

Larchmont

NY

10538-1314

Original Amount of Loan

Cumulative Payment To Date

Balance Outstanding at Close of This Period

25

25

0

TERMS

Date Incurred

Date Due

Interest Rate

Secured:

03 / 16 / 2010

None

0.00 % (apr)

Yes No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

2. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

3. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

4. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

SUBTOTALS This Period This Page (optional)..... ▶

0.00

TOTALS This Period (last page in this line only)..... ▶

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

SCHEDULE C (FEC Form 3)
LOANS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

13a
 13b

NAME OF COMMITTEE (In Full)
Mark Rosen for Congress

Transaction ID : **SC/10-L4**

LOAN SOURCE Full Name (Last, First, Middle Initial)

Mr. Mark L Rosen

[PERSONAL FUNDS]

Election: 2010

Primary
 General
 Other (specify) ▼
Primary 2010

Mailing Address
744 Forest Avenue

City State ZIP Code
Larchmont NY 10538-1314

Original Amount of Loan Cumulative Payment To Date Balance Outstanding at Close of This Period
6000 6000 0

TERMS

Date Incurred Date Due Interest Rate Secured:
M 04 / D 13 / Y 2010 M M / D D / Y None 0.00 % (apr) Yes No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
2. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
3. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
4. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:

SUBTOTALS This Period This Page (optional)..... ▶ 0.00

TOTALS This Period (last page in this line only)..... ▶

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

SCHEDULE C (FEC Form 3)
LOANS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

13a
 13b

NAME OF COMMITTEE (In Full)

Transaction ID : SC/10-L5

Mark Rosen for Congress

LOAN SOURCE Full Name (Last, First, Middle Initial)

[PERSONAL FUNDS]

Election: 2012

Mr. Mark L Rosen

Primary

General

Other (specify) ▼

Mailing Address

744 Forest Avenue

City

State

ZIP Code

Larchmont

NY

10538-1314

Original Amount of Loan

81000

Cumulative Payment To Date

81000

Balance Outstanding at Close of This Period

0

TERMS

Date Incurred

M 09 / D 28 / Y 2011

Date Due

M M / D D / Y None

Interest Rate

0.00 % (apr)

Secured:

Yes No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

2. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

3. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

4. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

SUBTOTALS This Period This Page (optional)..... ▶

0.00

TOTALS This Period (last page in this line only)..... ▶

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

SCHEDULE C (FEC Form 3)
LOANS

NAME OF COMMITTEE (In Full) **Mark Rosen for Congress** Transaction ID : **SC/10-L6**

LOAN SOURCE Full Name (Last, First, Middle Initial) **Mr. Mark L Rosen** *[PERSONAL FUNDS]* Election: 2012
 Primary
 General
 Other (specify) ▼

Mailing Address
744 Forest Avenue

City State ZIP Code
Larchmont NY 10538-1314

Original Amount of Loan 86900	Cumulative Payment To Date 86900	Balance Outstanding at Close of This Period 0
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TERMS

Date Incurred M 12 / D 27 / Y 2011	Date Due M / D / Y None	Interest Rate 0.00 % (apr)	Secured: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
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List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: []
2. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: []
3. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: []
4. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: []

SUBTOTALS This Period This Page (optional).....	[] 0.00
TOTALS This Period (last page in this line only).....	[]

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

SCHEDULE C (FEC Form 3)
LOANS

NAME OF COMMITTEE (In Full) **Mark Rosen for Congress** Transaction ID : **SC/10-L7**

LOAN SOURCE Full Name (Last, First, Middle Initial) **Mr. Mark L Rosen** *[PERSONAL FUNDS]* Election: 2012
 Primary
 General
 Other (specify) ▼

Mailing Address
744 Forest Avenue

City State ZIP Code
Larchmont NY 10538-1314

Original Amount of Loan 7100	Cumulative Payment To Date 2700	Balance Outstanding at Close of This Period 4400
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TERMS

Date Incurred: M 12 / D 28 / Y 2011
Date Due: M / D / Y None
Interest Rate: 0.00 % (apr)
Secured: Yes No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: []
2. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: []
3. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: []
4. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: []

SUBTOTALS This Period This Page (optional)..... ▶ 4400.00

TOTALS This Period (last page in this line only)..... ▶ []

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

SCHEDULE C (FEC Form 3)
LOANS

NAME OF COMMITTEE (In Full) **Mark Rosen for Congress** Transaction ID : **SC/10-L8**

LOAN SOURCE Full Name (Last, First, Middle Initial) **Mr. Mark L Rosen** *[PERSONAL FUNDS]* Election: 2012
 Primary
 General
 Other (specify) ▼

Mailing Address
744 Forest Avenue

City State ZIP Code
Larchmont NY 10538-1314

Original Amount of Loan 1000	Cumulative Payment To Date 0	Balance Outstanding at Close of This Period 1000
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TERMS

Date Incurred: M 12 / D 29 / Y 2011
 Date Due: M / D / Y None
 Interest Rate: 0.00 % (apr)
 Secured: Yes No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: []
2. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: []
3. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: []
4. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: []

SUBTOTALS This Period This Page (optional).....	▶	[] 1000.00
TOTALS This Period (last page in this line only).....	▶	[] 5400.00

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

SCHEDULE D (FEC Form 3)
DEBTS AND OBLIGATIONS
Excluding Loans

NAME OF COMMITTEE (In Full)

Mark Rosen for Congress

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor Mr. Mark L Rosen		Nature of Debt (Purpose): Administrative/Salary/Overhead: Printing
Mailing Address 744 Forest Avenue		
City State Zip Code Larchmont NY 10538-1314		

Outstanding Balance Beginning This Period 2041.29		Transaction ID : SD10-DEBT557	
Amount Incurred This Period 1464.6	Payment This Period 0	Outstanding Balance at Close of This Period 3505.89	

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor		Nature of Debt (Purpose):
Mailing Address		
City State Zip Code		

Outstanding Balance Beginning This Period		Outstanding Balance at Close of This Period	
Amount Incurred This Period	Payment This Period		

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor		Nature of Debt (Purpose):
Mailing Address		
City State Zip Code		

Outstanding Balance Beginning This Period		Outstanding Balance at Close of This Period	
Amount Incurred This Period	Payment This Period		

1) SUBTOTALS This Period This Page (optional)	3505.89
2) TOTALS This Period (last page this line number only)	3505.89
3) TOTAL OUTSTANDING LOANS from Schedule C (last page only).....	5400.00
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only) ▶	8905.89