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FEC FORM 2

STATEMENT OF CANDIDACY

1. (a) Name of Candidate (in full) MARK L. ROSEN		2. Candidate's FEC Identification Number C00479303
(b) Address (number and street) <input type="checkbox"/> Check if address changed 744 FOREST AVENUE		3. Is This Statement <input type="checkbox"/> New (N) OR <input checked="" type="checkbox"/> Amended (A)
(c) City, State, and ZIP Code LARCHMONT, NY 10538		
4. Party Affiliation REPUBLICAN	5. Office Sought HOUSE OF REPRESENTATIVES	6. State & District of Candidate NEW YORK, 18

DESIGNATION OF PRINCIPAL CAMPAIGN COMMITTEE

7. I hereby designate the following named political committee as my Principal Campaign Committee for the 2012 election(s).
(year of election)

NOTE: This designation should be filed with the appropriate office listed in the instructions.

(a) Name of Committee (in full) MARK ROSEN FOR CONGRESS
(b) Address (number and street) P.O. Box 88
(c) City, State, and ZIP Code SOUTH SALEM, NY 10590

DESIGNATION OF OTHER AUTHORIZED COMMITTEES

(Including Joint Fundraising Representatives)

8. I hereby authorize the following named committee, which is NOT my principal campaign committee, to receive and expend funds on behalf of my candidacy.

NOTE: This designation should be filed with the principal campaign committee.

(a) Name of Committee (in full)
(b) Address (number and street)
(c) City, State, and ZIP Code

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

Signature of Candidate Mark L. Rosen	Date 1 JULY 2011
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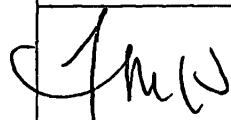
NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to penalties of 2 U.S.C. §437g.

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Federal Election Commission
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(3/2005)

7/18/11
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