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2010 APR -7 AM 11:52

Laura Schwartz
55 Overlook Drive
Ridgefield, Connecticut 06877
(203) 241-5130
lauschw@comcast.net

By Overnight Mail

April 6, 2010

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

Re: Mark Rosen for Congress

To Whom It May Concern:

Please find enclosed the fully executed, amended FEC Form 1 for Mark Rosen for Congress. The Statement of Organization has been amended to reflect the state and district of the election, the email address of the committee and to insert the committee number.

If you have any comments or concerns, please do not hesitate to contact me. I represent the Rosen Committee.

Sincerely,



Laura Schwartz,
Treasurer
Mark Rosen for Congress

Enclosure

See enclosed.



FEDERAL ELECTION COMMISSION
WASHINGTON, D.C. 20463

RQ-1

April 1, 2010

Laura Schwartz, Treasurer
Mark Rosen for Congress
PO Box 88
South Salem, NY 10590

**Response Due Date:
May 6, 2010**

Identification Number: C00479303

Reference: Filing(s) dated 3/20/10

Dear Treasurer:

This letter is prompted by the Commission's preliminary review of the filing(s) referenced above. This notice requests information essential to full public disclosure of your federal election campaign finances. **An adequate response must be received at the Commission by the response date noted above.** An itemization of the information needed follows:

1. Your Statement of Organization (FEC FORM 1), dated 3/20/10, reports information about a Principal Campaign Committee; however, your filing fails to disclose information about the candidate. Commission Regulations require that the Statement of Organization disclose the name of the candidate, the office sought (including State and Congressional district, when applicable) and party affiliation of the candidate. (11 CFR 102.2(a)(v)). Please amend your Statement of Organization to include the state and district.

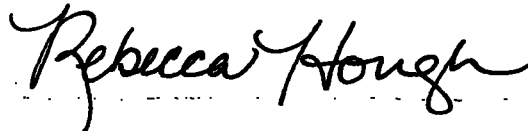
2. You have failed to disclose an electronic mail address for your committee on your Statement of Organization (FEC Form 1). Commission Regulations require that all House and Senate committees provide the Commission with an electronic mail address. (11 CFR 102.2(a)(1)(vii) & (viii))

As of January 1, 2007, the Federal Election Commission will begin sending all courtesy mailings **exclusively by electronic mail**. Reporting reminders and mailings concerning changes in the law will no longer be sent to committees by U.S. mail. Please amend your Statement of Organization to include a current electronic mail address.

committee. Any response submitted by your committee will be placed on the public record and will be considered by the Commission prior to taking enforcement action.

If you should have any questions regarding this matter or wish to verify the adequacy of your response, please contact me on our toll-free number (800) 424-9530 (at the prompt press 5 to reach the Reports Analysis Division) or my local number (202) 694-1165.

Sincerely,



Rebecca Hough
Senior Campaign Finance Analyst
Reports Analysis Division

469

10030281787

FEC
FORM 1

STATEMENT OF ORGANIZATION

Office Use Only

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

M A R K R O S E N F O R C O N G R E S S

ADDRESS (number and street) P O B O X 8 8

(Check if address is changed)

S O U T H S A L E M N Y 1 0 5 9 0

CITY STATE ZIP CODE

COMMITTEE'S E-MAIL ADDRESS (Please provide only one e-mail address)

(Check if address is changed)

L A U S C H W @ C O M C A S T . N E T

COMMITTEE'S WEB PAGE ADDRESS (URL)

(Check if address is changed)

2. DATE 0 3 / 1 0 / 2 0 1 0

3. FEC IDENTIFICATION NUMBER C 0 0 4 7 9 3 0 3

4. IS THIS STATEMENT NEW (N) OR AMENDED (A)

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

Type or Print Name of Treasurer LAURA SCHWARTZ

Signature of Treasurer 

Date 0 4 / 0 6 / 2 0 1 0

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to the penalties of 2 U.S.C. §437g. ANY CHANGE IN INFORMATION SHOULD BE REPORTED WITHIN 10 DAYS.

Office Use Only				
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For further information contact:
Federal Election Commission
Toll Free 800-424-9530
Local 202-694-1100

FEC FORM 1
(Revised 02/2009)

5. TYPE OF COMMITTEE

Candidate Committee:

- (a) This committee is a principal campaign committee. (Complete the candidate information below.)
- (b) This committee is an authorized committee, and is NOT a principal campaign committee. (Complete the candidate information below.)

Name of Candidate M A R K R O S E N

Candidate Party Affiliation R E P Office Sought: House Senate President State N Y District 1 8

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

Name of Candidate _____

Party Committee:

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

Political Action Committee (PAC):

- (e) This committee is a separate segregated fund. (Identify connected organization on line 6.) Its connected organization is a:

Corporation Corporation w/o Capital Stock Labor Organization
 Membership Organization Trade Association Cooperative

In addition, this committee is a Lobbyist/Registrant PAC.

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

In addition, this committee is a Lobbyist/Registrant PAC.

In addition, this committee is a Leadership PAC. (Identify sponsor on line 6.)

Joint Fundraising Representative:

- (g) This committee collects contributions, pays fundraising expenses and disburses net proceeds for two or more political committees/organizations, at least one of which is an authorized committee of a federal candidate.
- (h) This committee collects contributions, pays fundraising expenses and disburses net proceeds for two or more political committees/organizations, none of which is an authorized committee of a federal candidate.

Committees Participating in Joint Fundraiser

- 1. _____ FEC ID number C
- 2. _____ FEC ID number C
- 3. _____ FEC ID number C
- 4. _____ FEC ID number C

Write or Type Committee Name

MARK ROSEN FOR CONGRESS, INC.

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

[Empty grid lines for organization name]

Mailing Address

[Empty grid lines for mailing address]

CITY

STATE

ZIP CODE

Relationship: Connected Organization Affiliated Committee Joint Fundraising Representative Leadership PAC Sponsor

7. Custodian of Records: Identify by name, address (phone number -- optional) and position of the person in possession of committee books and records.

Full Name

L A U R A S C H W A R T Z

Mailing Address

5 5 O V E R L O O K D R I V E
R I D G E F I E L D C T 0 6 8 7 7

Title or Position

CITY

STATE

ZIP CODE

T R E A S U R E R

Telephone number 203-241-5130

8. Treasurer: List the name and address (phone number -- optional) of the treasurer of the committee; and the name and address of any designated agent (e.g., assistant treasurer).

Full Name of Treasurer

L A U R A S C H W A R T Z

Mailing Address

5 5 O V E R L O O K D R I V E
R I D G E F I E L D C T 0 6 8 7 7

Title or Position

CITY

STATE

ZIP CODE

T R E A S U R E R

Telephone number

06716305007

Full Name of Designated Agent

L A U R A S C H W A R T Z

Mailing Address

5 5 O V E R L O O K D R I V E

R I D G E F I E L D C T 0 6 8 7 7

CITY

STATE

ZIP CODE

Title or Position

T R E A S U R E R

Telephone number

203-241-5130

9. Banks or Other Depositories: List all banks or other depositories in which the committee deposits funds, holds accounts, rents safety deposit boxes or maintains funds.

Name of Bank, Depository, etc.

J P M O R G A N C H A S E B A N K

Mailing Address

C R O S S R I V E R P L A Z A

C R O S S R I V E R N Y 1 0 5 1 8

CITY

STATE

ZIP CODE

Name of Bank, Depository, etc.

Mailing Address

CITY

STATE

ZIP CODE

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

Hand Delivered Date of Receipt

USPS First Class Mail Postmarked

USPS Registered/Certified Postmarked (R/C)

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

USPS Express Mail Postmarked
4/6/10

Postmark Illegible

No Postmark

Overnight Delivery Service (Specify): Shipping Date
Next Business Day Delivery

Received from House Records & Registration Office Date of Receipt

Received from Senate Public Records Office Date of Receipt

Received from Electronic Filing Office Date of Receipt

Other (Specify): Date of Receipt or Postmarked

Jm W *4/7/10*
PREPARER DATE PREPARED