

**FEC
FORM 1**

STATEMENT OF ORGANIZATION

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FEC MAIL CENTER
2010 JAN 13 PM 12:33

Office Use Only

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

Rose Izzo For Congress

Example: If typing, type over the lines.

12FE4M5

ADDRESS (number and street)	2115 Coventry Drive			
(Check if address is changed)	<input type="checkbox"/>			
Wilmington	DE	19810	-	2851

CITY

STATE

ZIP CODE

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

ElectIzzo@aol.com

**(Check if address
is changed)**

COMMITTEE'S WEB PAGE ADDRESS (URL)

**(Check if address
is changed)**

2. DATE 01st / 08th / 2010

3. FEC IDENTIFICATION NUMBER

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 Kevin Izzo

Signature of Treasurer

M M / D D / Y Y Y Y
Date 01 08 2010

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

ANY CHANGE IN INFORMATION SHOULD BE REPORTED WITHIN 10 DAYS.

**Office
Use
Only**

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

FEC FORM 1
(Revised 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

Rose Izzo

Candidate Party Affiliation	REP	Office Sought:	<input checked="" type="checkbox"/> House	Senate	President	State	DE
						District	01

(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

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

[REDACTED]

[REDACTED]

Mailing Address

[REDACTED]

[REDACTED]

[REDACTED] [REDACTED] [REDACTED]

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

[REDACTED]

Mailing Address

[REDACTED]

[REDACTED]

[REDACTED] [REDACTED] [REDACTED]

Title or Position

CITY

STATE

ZIP CODE

[REDACTED]

Telephone number

[REDACTED] - [REDACTED] - [REDACTED]

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

Kevin Izzo [REDACTED]

Mailing Address

2115 Coventry Drive [REDACTED]

[REDACTED]

Wilmington [REDACTED] DE [REDACTED] 19810 [REDACTED] - 2851

CITY

STATE

ZIP CODE

Title or Position

Treasurer

Telephone number

302 - 439 - 3536

Full Name of
Designated
Agent

Mailing Address

CITY

STATE

ZIP CODE

Title or Position

Telephone number

 - -

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.

 TD Bank

Mailing Address

2502 Marsh Road

Wilmington

DE

19810

- 1641

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.

<input type="checkbox"/>	Hand Delivered	Date of Receipt
<input type="checkbox"/>	USPS First Class Mail	Postmarked
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Delivery Confirmation™ or Signature Confirmation™ Label		<input type="checkbox"/>
<input type="checkbox"/>	USPS Express Mail	Postmarked
<input type="checkbox"/>	Postmark Illegible	
<input type="checkbox"/>	No Postmark	
<input type="checkbox"/>	Overnight Delivery Service (Specify):	Shipping Date
		Next Business Day Delivery <input type="checkbox"/>
<input type="checkbox"/>	Received from House Records & Registration Office	Date of Receipt
<input type="checkbox"/>	Received from Senate Public Records Office	Date of Receipt
<input type="checkbox"/>	Received from Electronic Filing Office	Date of Receipt
<input type="checkbox"/>	Other (Specify):	Date of Receipt or Postmarked

PREPARER
(3/2005)