

SECRETARY OF THE SENATE

10 APR 19 AM 11:27
RQ-1



FEDERAL ELECTION COMMISSION
WASHINGTON, D.C. 20463

March 2, 2010

Joseph Manuele, Treasurer
Committee to Elect Vincent Forras to U.S. Senate
54 Danbury Road, #1776
Ridgefield, CT 06877

Response Due Date:
April 6, 2010

Identification Number: C00463356

Reference: Filing(s) dated 1/30/10

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:

On your Statement of Organization (FEC FORM 1) you have selected multiple committee types. Please be advised that your committee may only select **one** Type of Committee. The Statement of Organization must provide the name, address and type of committee. (11 CFR § 102.2(a)(1)(i))

Please clarify your committee type by amending your Statement of Organization to disclose the correct committee type. This can be done in Section 5 "TYPE OF COMMITTEE" on the FEC Form 1 by checking **one** of the boxes labeled (a) – (h) and providing any additional information requested for the selected committee type.

A copy of FEC FORM 1 can be downloaded from the FEC website at <http://www.fec.gov>, or requested through the FEC Faxline at (202) 501-3413. Electronic filers must file amendments (to include statements, designations and reports) in an electronic format and must submit an amended report in its entirety, rather than just those portions of the report that are being amended.

Please note you will not receive an additional notice from the Commission on this matter. Adequate responses received on or before this date will be taken into consideration in determining whether audit action will be initiated. **Requests for extensions of time in which to respond will not be considered.** Failure to provide an adequate response by this date may result in an audit of the committee. Failure to comply

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with the provisions of the Act may also result in an enforcement action against the 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) 694-1170.

Sincerely,

A handwritten signature in black ink that reads "Robin Kelly". The signature is written in a cursive style with a long, sweeping tail on the letter "y".

Robin Kelly
Senior Campaign Finance Analyst
Reports Analysis Division

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FEC
FORM 1

STATEMENT OF
ORGANIZATION

SECRETARY OF THE SENATE
10 APR 19 AM 11:27

Office Use Only

1. NAME OF
COMMITTEE (in full)

(Check if name
is changed)

Example: If typing, type
over the lines.

12FE4M5

COMMITTEE TO ELECT VINCENT FORRAS TO US SENATE

ADDRESS (number and street)

154 DANBURY RD #1776

(Check if address
is changed)

RIDGEFIELD

CT

06877

CITY

STATE

ZIP CODE

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

X (Check if address
is changed)

JOE@VINCENTFORRAS.COM

COMMITTEE'S WEB PAGE ADDRESS (URL)

(Check if address
is changed)

2. DATE

01 ' 30 ' 2010

3. FEC IDENTIFICATION NUMBER

C 00463356

4. IS THIS STATEMENT

NEW (N)

OR

X

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

Joseph Manuele

Signature of Treasurer

Manuele

Date

01 ' 30 ' 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)

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5. TYPE OF COMMITTEE

Candidate Committee:

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

Name of Candidate VINCENT FORRAS

Candidate Party Affiliation REP Office Sought: House Senate President State CT District

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

Name of Candidate _____

Party Committee:

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

Political Action Committee (PAC):

- (e) This committee is a separate segregated fund. (Identify connected organization on line 6.) Its connected organization is a:
 - Corporation Corporation w/o Capital Stock Labor Organization
 - Membership Organization Trade Association Cooperative

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

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Write or Type Committee Name

COMMITTEE TO ELECT VINCENT FORRAS TO US SENATE

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

Joseph MANUELE

Mailing Address

122 HILDACAR LANE

CARMEL

NY

1105121-

Title or Position

CITY

STATE

ZIP CODE

TREASURER

Telephone number

845-1216-18921

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

Joseph Manuele

Mailing Address

122 HILDACAR LANE

CARMEL

NY

1105121-

Title or Position

CITY

STATE

ZIP CODE

TREASURER

Telephone number

845-1216-18921

10020270854

Full Name of Designated Agent

[Grid]

Mailing Address

[Grid]

[Grid]

[Grid]

CITY

STATE

ZIP CODE

Title or Position

[Grid]

Telephone number

[Grid]

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.

CHASE

Mailing Address

BOX 293 CROSS RIVER PLAZA

[Grid]

CROSS RIVER NY 11051

CITY

STATE

ZIP CODE

Name of Bank, Depository, etc.

[Grid]

Mailing Address

[Grid]

[Grid]

[Grid]

CITY

STATE

ZIP CODE

10020270855



Mailing Envelope

For Domestic and International Use

PLEASE PRESS FIRMLY

EXTREMELY URGENT

Please Rush To Addressee

Visit us at usps.com

Tel. No.: ()



PRESS HARD, YOU ARE MAKING 3 COPIES.

ORIGIN (POSTAL SERVICE USE ONLY)			
PO ZIP Code	Day of Delivery <input type="checkbox"/> Next <input type="checkbox"/> 2nd <input type="checkbox"/> 2nd Del. Day	Postage \$ 15.00	
Date Accepted	Scheduled Date of Delivery Month Day	Return Receipt Fee \$	
Mo. Day Year	Scheduled Time of Delivery <input type="checkbox"/> Noon <input type="checkbox"/> 3 PM	COD Fee \$	Insurance Fee \$
Time Accepted <input type="checkbox"/> AM <input type="checkbox"/> PM	Military <input type="checkbox"/> 2nd Day <input type="checkbox"/> 3rd Day	Total Postage & Fees \$ 17.46	
Flat Rate <input type="checkbox"/> or Weight lbs. ozs.	Int'l Alpha Country Code	Acceptance Emp. Initials	

FROM: (PLEASE PRINT) PHONE ()

*Inventory to Eric
10/10/07
10/10/07
10/10/07*

FOR PICKUP OR TRACKING
Visit www.usps.com
Call 1-800-222-1811



Addressee
Label 11-B, V

Post Office To Address

DELIVERY (POSTAL USE ONLY)		
Delivery Attempt	Time <input type="checkbox"/> AM <input type="checkbox"/> PM	Employee Signature
Mo. Day		
Delivery Attempt	Time <input type="checkbox"/> AM <input type="checkbox"/> PM	Employee Signature
Mo. Day		
Delivery Date	Time <input type="checkbox"/> AM <input type="checkbox"/> PM	Employee Signature
Mo. Day		

CUSTOMER USE ONLY

WAIVER OF SIGNATURE (Domestic Mail Only)
Additional merchandise insurance is void if customer requests waiver of signature. I wish delivery to be made without obtaining signature of addressee or addressee's agent (if delivery employee judges that article can be left in secure location) and I authorize that delivery employee's signature constitutes valid proof of delivery.

NO DELIVERY
 Weekend Holiday Mailer Signature

TO: (PLEASE PRINT) PHONE ()

*Inventory to Eric
10/10/07
10/10/07
10/10/07*

ZIP + 4 (U.S. ADDRESSES ONLY. DO NOT USE FOR FOREIGN POSTAL CODES.)
325101+

FOR INTERNATIONAL DESTINATIONS, WRITE COUNTRY NAME BELOW.

1002 PLEASE PRESS FIRMLY

Plac

United States Senate

OFFICE OF THE SECRETARY

OFFICE OF PUBLIC RECORDS

THE PRECEDING DOCUMENT WAS:

HAND DELIVERED _____

Date of Receipt

USPS FIRST CLASS MAIL _____

Postmark

USPS REGISTERED/CERTIFIED _____

Postmark

USPS PRIORITY MAIL _____

Postmark

DELIVERY CONFIRMATION OR SIGNATURE CONFIRMATION LABEL

USPS EXPRESS MAIL _____

04-15-10

Postmark

OVERNIGHT DELIVERY SERVICE:

SHIPPING DATE

NEXT BUSINESS DAY DELIVERY

FEDERAL EXPRESS _____

UPS _____

DHL _____

AIRBORNE EXPRESS _____

RECEIVED FROM FEDERAL ELECTION COMMISSION _____

Date of Receipt

POSTMARK ILLEGIBLE

NO POSTMARK

FAX _____

Date of Receipt

OTHER _____

Date of Receipt or Postmark

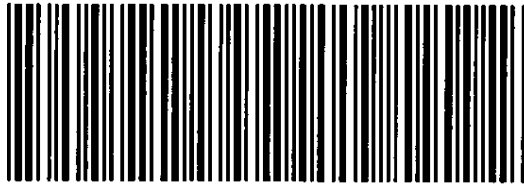
PREPARER

RD

DATE PREPARED

04.19.10

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