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FEC
FORM 1

STATEMENT OF ORGANIZATION

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

12FE4M5

URSULA ROZUM FOR CONGRESS

ADDRESS (number and street) C/O URSULA ROZUM

(Check if address is changed) 162 CAMBRIDGE ST

SYRACUSE NY 13210

CITY STATE ZIP CODE

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

(Check if address is changed) URSULA@URSULAFORCONGRESS.COM

COMMITTEE'S WEB PAGE ADDRESS (URL)

(Check if address is changed)

2. DATE 06 21 2012

3. FEC IDENTIFICATION NUMBER C00522987

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 Amelia Ramsey-Lefevre

Signature of Treasurer *Amelia Ramsey-Lefevre*

Date 06 21 2012

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.

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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)

12030824956

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: URSULA ROZUM

Candidate Party Affiliation: GRE Office Sought: House Senate President State: NY District: 24

- (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	<u>C</u> _____
2.	_____	FEC ID number	<u>C</u> _____
3.	_____	FEC ID number	<u>C</u> _____
4.	_____	FEC ID number	<u>C</u> _____

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Write or Type Committee Name

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

[Empty grid for organization name]

[Empty grid for organization name]

Mailing Address

[Empty grid for mailing address]

[Empty grid for mailing address]

[Empty grid 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

[Empty grid for full name]

Mailing Address

[Empty grid for mailing address]

[Empty grid for mailing address]

[Empty grid for mailing address]

Title or Position

CITY STATE ZIP CODE

[Empty grid for title or position]

Telephone number

[Empty grid for telephone number]

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

AMELIA RAMSEY-LEFEVRE

Mailing Address

505 HAWLEY AVE

[Empty grid for mailing address]

SYRACUSE NY 13203

CITY STATE ZIP CODE

Title or Position

TREASURER

Telephone number

[Empty grid for telephone number]

12030824958

Full Name of Designated Agent

FRANK CETERA

Mailing Address

162 CAMBRIDGE ST

SYRACUSE

NY

13210

Title or Position

ASST. TREASURER

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.

COOPERATIVE FEDERAL CREDIT UNION

Mailing Address

723 WESTCOTT ST

SYRACUSE

NY

13210

Name of Bank, Depository, etc.

Mailing Address

CITY

STATE

ZIP CODE

12030824959

Federal Election Commission
ENVELOPE REPLACEMENT PAGE FOR INCOMING DOCUMENTS
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Jmp
PREPARER

7/2/12
DATE PREPARED

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