

FEC FORM 1

STATEMENT OF ORGANIZATION

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2009 FEB 18 PM 8:48

Office Use Only

1. NAME OF COMMITTEE (in full)

(Check if name is changed)

Example: If typing, type over the lines.

12FE4M5

MIKE MURPHY FOR CONGRESS

ADDRESS (number and street)

(Check if address is changed)

C/O PSW 9449 PRIORITY WAY
WEST DRIVE SUITE 150
INDIANAPOLIS IN 46240

CITY

STATE

ZIP CODE

COMMITTEE'S E-MAIL ADDRESS

MIKEMURPHY2010@YAHOO.COM

COMMITTEE'S WEB PAGE ADDRESS (URL)

WWW.MIKEMURPHY2010.COM

COMMITTEE'S FAX NUMBER

317-574-4286

2. DATE

02 13 2009

3. FEC IDENTIFICATION NUMBER

C

4. IS THIS STATEMENT

X

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

Jon W. McInerdy

Signature of Treasurer

[Handwritten Signature]

Date

02 13 2009

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 12/2007)

29030031214

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: MICHAEL MURPHY

Candidate Party Affiliation: REP Office Sought: House Senate President State: IN District: 05

- (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
- (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 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
5. _____ FEC ID number C

29030031215

Write or Type Committee Name

MIKE MURPHY FOR CONGRESS

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

[Empty grid lines for organization name]

Mailing Address

[Empty grid lines for mailing address]

CITY

STATE

ZIP CODE

Relationship:

Connected Organization

Affiliated Committee

Leadership PAC Sponsor

Joint Fundraising Representative

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

JOHN W. WEINGARDT

Mailing Address

C/O PSW 9449 PRIORITY WAY WEST DR
SUITE 150
INDIANAPOLIS IN 46240

CITY

STATE

ZIP CODE

Title or Position

TREASURER

Telephone number

317 574 4280

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

JOHN W. WEINGARDT

Mailing Address

9449 PRIORITY WAY WEST DRIVE
SUITE 150
INDIANAPOLIS IN 46240

CITY

STATE

ZIP CODE

Title or Position

TREASURER

Telephone number

317 574 4280

29030031216

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.

NATIONAL BANK OF INDIANAPOLIS

Mailing Address

1107 N PENNSYLVANIA SUITE 700

INDIANAPOLIS

IN

46204

CITY

STATE

ZIP CODE

Name of Bank, Depository, etc.

Mailing Address

CITY

STATE

ZIP CODE

29030031217

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

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 Delivery Confirmation™ or Signature Confirmation™ Label

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No Postmark

Overnight Delivery Service (Specify): *ups* Shipping Date
1/13/07
 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

JMP

PREPARER

2/18/07

DATE PREPARED

29030031218