

**FEC  
FORM 1**

**STATEMENT OF  
ORGANIZATION**

(See Instructions)

Office Use Only

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

ADDRESS (Number and street) (Check if address is changed)  
PO Box 1077  
Callna TX 75009  
CITY STATE ZIP CODE

COMMITTEE'S E-MAIL ADDRESS  
Info@murphy4texas.com

COMMITTEE'S WEB PAGE ADDRESS (URL)  
www.murphy4texas.com

COMMITTEE'S FAX NUMBER  
4695190555

2. DATE 02 / 11 / 2004

3. FEC IDENTIFICATION NUMBER **C** C00392092

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 Lemont Nodwell

Signature of Treasurer Electronically Filed by Lemont Nodwell Date 02 / 11 / 2004

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to the penalties of 2 U.S.C. 5437g.

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 02/2003)

5. TYPE OF COMMITTEE (Check One)

- (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 Mr. Michael Murphy

Candidate Party Affiliation	<b>R</b>	Office Sought:	<input checked="" type="checkbox"/> House	<input type="checkbox"/> Senate	<input type="checkbox"/> President	State	<b>TX</b>
						District	<b>04</b>

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

Name of Candidate \_\_\_\_\_

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

- (e)  This committee is a separate segregated fund

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

6. Name of Any Connected Organization or Affiliated Committee

\_\_\_\_\_  
\_\_\_\_\_

Mailing Address \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_ CITY STATE ZIP CODE

Relationship \_\_\_\_\_

- Type of Connected Organization:
- |                                                  |                                                        |                                             |
|--------------------------------------------------|--------------------------------------------------------|---------------------------------------------|
| <input type="checkbox"/> Corporation             | <input type="checkbox"/> Corporation w/o Capital Stock | <input type="checkbox"/> Labor Organization |
| <input type="checkbox"/> Membership Organization | <input type="checkbox"/> Trade Association             | <input type="checkbox"/> Cooperative        |

Write or Type Committee Name

Texans for Murphy

- 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 **Lemont Nodwell**

Mailing Address **P. O. Box 1077**

**Celina TX 75009**

Title or Position ▼ CITY ▲ STATE ▲ ZIP CODE ▲

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 **Lemont Nodwell**

Mailing Address **P.O. Box 1077**

**Celina TX 75009**

Title or Position ▼ CITY ▲ STATE ▲ ZIP CODE ▲

Telephone number

Full Name of Designated Agent

Mailing Address

CITY ▲ STATE ▲ ZIP CODE ▲

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.

First Nat'l. Bank - Mid-Cities

Mailing Address

P. O. Box 1299

Bedford

TX

76021 - 6123

CITY ▲

STATE ▲

ZIP CODE ▲