

JOHN MURPHY FOR CONGRESS

18 Somerset Drive
610.384.4460(O)

East Fallowfield, PA 19320
610.384.4461(F)

www.johnmurphyforcongress.org
johnamurphy@comcast.net

RECEIVED

2012 APR -5 AM 11:30

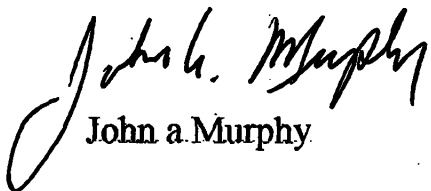
FEC MAIL CENTER

March 27, 2012

To Whom It May Concern:

Please find enclosed "Statement of Organization" (FEC Form 1) and "Statement of Candidacy" (FEC Form 2) as statements of my intention and being a candidate for Representative in Congress. I plan to run as an independent candidate in Pennsylvania's 16th Congressional District. If you require any further information please do not hesitate to contact me at (610) 384-4460.

Sincerely,


John A. Murphy

12030763427

FEC
FORM 1

STATEMENT OF
ORGANIZATION

RECEIVED

2012 APR 5 AM 11:30

1. NAME OF
COMMITTEE (in full)

(Check if name
is changed)

Example: If typing, type
over the lines.

12FE4M5 FEC MAIL CENTER

John Murphy For Congress

ADDRESS (number and street)

15 SOMERSET DRIVE

(Check if address
is changed)

EAST FALLOWFIELD PA 19320-4211

CITY

STATE

ZIP CODE

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

(Check if address
is changed)

JOHN.MURPHY@SOMERSET.PA.NET

COMMITTEE'S WEB PAGE ADDRESS (URL)

(Check if address
is changed)

WWW.JOHNMURPHYFORCONGRESS.ORG

2. DATE

03 / 15 / 2012

3. FEC IDENTIFICATION NUMBER

C00421933

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

JOAN DEMING-MURPHY

Signature of Treasurer

Joan Deming-Murphy

Date

03 / 15 / 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.

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)

12030763428

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 John Murphy

Candidate Party Affiliation IND Office Sought: House Senate President State PA District 16

- (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>

12030763429

Write or Type Committee Name

John Murphy For Congress

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

N/A

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

JOAN DEMING MURPHY

Mailing Address

18 SOMERSET DRIVE

EAST FALLOWFIELD

PA

19320-4211

Title or Position

CITY

STATE

ZIP CODE

Treasurer

Telephone number

610-384-8031

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

JOAN DEMING MURPHY

Mailing Address

18 SOMERSET DRIVE

EAST FALLOWFIELD

PA

19320-4211

Title or Position

CITY

STATE

ZIP CODE

Treasurer

Telephone number

610-384-8031

12030763430

Full Name of Designated Agent

N/A

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.

SOVEREIGN BANK

Mailing Address

214 W. FIRST AVE

PARKERSBURG

PA

19365

CITY

STATE

ZIP CODE

Name of Bank, Depository, etc.

Mailing Address

CITY

STATE

ZIP CODE

12030763431

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

USPS Registered/Certified Postmarked (R/C)
3/28/12

USPS Priority Mail Postmarked
Delivery Confirmation™ or Signature Confirmation™ Label

USPS Express Mail Postmarked

Postmark Illegible

No Postmark

Overnight Delivery Service (Specify): Shipping Date
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


PREPARER

4/5/12
DATE PREPARED

12030763432