

2005 NOV -7 A 9:42

FEC
FORM 1

STATEMENT OF
ORGANIZATION

Office Use Only

1. NAME OF
COMMITTEE (in full)

(Check if name
is changed)

Example: If typing, type
over the lines.

12FE4M5

DAVID MURFF FOR CONGRESS

ADDRESS (number and street)

P.O. Box 1028

(Check if address
is changed)

BELLAIRE

TX

77401

CITY ▲

STATE ▲

ZIP CODE ▲

COMMITTEE'S E-MAIL ADDRESS

DAVID.MURFF@CONGRESS.COM

COMMITTEE'S WEB PAGE ADDRESS (URL)

WWW.MURFF@CONGRESS.COM

COMMITTEE'S FAX NUMBER

281-335-4779

2. DATE

10 12 2005

3. FEC IDENTIFICATION NUMBER ▶

C

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

Sarah Ann Miller Cornealison

Signature of Treasurer

Sarah Ann Miller Cornealison

Date

10 12 2005

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				
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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)

25036922032

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 DAVID LEE MURFF

Candidate Party Affiliation

DEM

Office Sought:

House

Senate

President

State

TX

District

07

- (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:

Corporation

Corporation w/o Capital Stock

Labor Organization

Membership Organization

Trade Association

Cooperative

250300020015

Write or Type Committee Name

DAVID MURFF FOR CONGRESS

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 ROBERT WADE TOMLINSON

Mailing Address 16115 BARCELONA

FRIENDSWOOD TX 77546

Title or Position CITY STATE ZIP CODE

CUSTODIAN OF RECORDS Telephone number 281-648-4418

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 SARAH ANN MILLER CORNEALISON

Mailing Address 16215 CAVENDISH DR

HOUSTON TX 77059

Title or Position CITY STATE ZIP CODE

TREASURER Telephone number 832-969-7094

Full Name of Designated Agent ROBERT WADE TOMLINSON

Mailing Address 16115 BARCELONA

FRIENDSWOOD TX 77546

Title or Position CITY STATE ZIP CODE

ASST. TREASURER Telephone number 281-648-4418

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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.

GUARANTY BANK

Mailing Address

1212 BAY AREA BLVD

HOUSTON

TX

77058

CITY ▲

STATE ▲

ZIP CODE ▲

Name of Bank, Depository, etc.

Mailing Address

CITY ▲

STATE ▲

ZIP CODE ▲

25038922455

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.

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<input type="checkbox"/> USPS Express Mail	Postmarked
<input type="checkbox"/> Postmark Illegible	
<input type="checkbox"/> No Postmark	
<input type="checkbox"/> Overnight Delivery Service (Specify):	Shipping Date
Next Business Day Delivery <input type="checkbox"/>	
<input type="checkbox"/> Received from House Records & Registration Office	Date of Receipt
<input type="checkbox"/> Received from Senate Public Records Office	Date of Receipt
<input type="checkbox"/> Received from Electronic Filing Office	Date of Receipt
<input type="checkbox"/> Other (Specify):	Date of Receipt or Postmarked

Jei
 PREPARER

11/7/05
 DATE PREPARED

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