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MURPHY FOR CONGRESS 2010

March 15, 2010

Federal Election Commission
999 E Street, NW
Washington, DC 20463

Re: Amended Form 1 and Form 2 – FEC ID # - C00445536

To Whom It May Concern,

The enclosed Form 1 and Form 2 documents serve to amend the above referenced ID number. The Committee To Elect Justin Murphy 2008, is now named The Committee To Elect Justin Murphy 2010. In addition, a new Treasurer has been named, along with a new banking institution for the campaign's financial transactions. The very small amount of debt (\$194.), and candidate loan (\$2,735) will be carried over to the 2010 Committee. If you require additional information, please contact Treasurer, Valerie Tedesco – 609-654-6106.

Thank you,

Justin Murphy

Candidate – NJ 3CD HOR 2010

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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

THE COMMITTEE TO ELECT JUSTIN MURPHY, 2010

ADDRESS (number and street)

1100 SHAWNEE PALS

(Check if address
is changed)

MEDFORD

WI

08055

CITY

STATE

ZIP CODE

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

(Check if address
is changed)

COMMITTEE'S WEB PAGE ADDRESS (URL)

(Check if address
is changed)

2. DATE

MM / DD / YYYY
03 / 15 / 2010

3. FEC IDENTIFICATION NUMBER

00445536

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

Valerie Tedesco

Signature of Treasurer

Valerie Tedesco

Date

MM / DD / YYYY
03 / 16 / 2010

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)

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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: JUSTIN MICHAEL MURPHY

Candidate Party Affiliation: REP Office Sought: House Senate President State: NJ District: 03

- (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:	C
2.	_____	FEC ID number:	C
3.	_____	FEC ID number:	C
4.	_____	FEC ID number:	C

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Write or Type Committee Name

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

NONE

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

VALERIE TEDESCO

Mailing Address

116 SHAWNEE COURT

MEDFIELD

NJ

08055

Title or Position

CITY

STATE

ZIP CODE

TREASURER

Telephone number

609-654-6106

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

VALERIE TEDESCO

Mailing Address

116 SHAWNEE COURT

MEDFIELD

NJ

08055

Title or Position

CITY

STATE

ZIP CODE

TREASURER

Telephone number

609-654-6106

10030273557

Full Name of Designated Agent

MICHAEL HEBERT

Mailing Address

1374 ROUTE 206

TABERNACLE

CITY

NJ

STATE

08081

ZIP CODE

Title or Position

ASST. TREASURER

Telephone number

609-388-4605

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.

T.D. BANK

Mailing Address

517 STOKES RD

MEDFORD

CITY

STATE

NJ

080

ZIP CODE

Name of Bank, Depository, etc.

Mailing Address

CITY

STATE

ZIP CODE

10030273558

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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USPS First Class Mail Postmarked
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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

 3/26/10
PREPARER DATE PREPARED

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