

2010 MAR 26 AM 8:51

FEC FORM 2

STATEMENT OF CANDIDACY

1. (a) Name of Candidate (in full) JUSTIN MICHAEL MURPHY		2. Candidate's FEC Identification Number C00445536
(b) Address (number and street) <input type="checkbox"/> Check if address changed 100 SHAWNEE PASS		3. Is This Statement <input checked="" type="checkbox"/> New (N) OR <input type="checkbox"/> Amended (A)
(c) City, State, and ZIP Code MEDFORD, NJ 08055		6. State & District of Candidate NJ-3RD
4. Party Affiliation REPUBLICAN	5. Office Sought HOUSE OF REPRESENTATIVES	

DESIGNATION OF PRINCIPAL CAMPAIGN COMMITTEE

7. I hereby designate the following named political committee as my Principal Campaign Committee for the 2010 election(s).
(year of election)

NOTE: This designation should be filed with the appropriate office listed in the instructions.

(a) Name of Committee (in full) THE COMMITTEE TO ELECT JUSTIN MURPHY 2010
(b) Address (number and street) 100 SHAWNEE PASS
(c) City, State, and ZIP Code MEDFORD, NJ 08055

DESIGNATION OF OTHER AUTHORIZED COMMITTEES

(Including Joint Fundraising Representatives)

8. I hereby authorize the following named committee, which is NOT my principal campaign committee, to receive and expend funds on behalf of my candidacy.

NOTE: This designation should be filed with the principal campaign committee.

(a) Name of Committee (in full) NONE
(b) Address (number and street)
(c) City, State, and ZIP Code

I certify that I have examined this Statement and to the best of my knowledge and belief it is true, correct and complete.

Signature of Candidate Justin Michael Murphy	Date 03-15-2010
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NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to penalties of 2 U.S.C. §437g.

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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"/> Hand Delivered	Date of Receipt
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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
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<input type="checkbox"/> Received from House Records & Registration Office	Date of Receipt
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<input type="checkbox"/> Other (Specify):	Date of Receipt or Postmarked
	3/26/10
PREPARER	DATE PREPARED

(3/2005)