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FEC FORM 2

STATEMENT OF CANDIDACY

1. (a) Name of Candidate (in full) Murphy, Carol, , ,		
(b) Address (number and street) 43 Overlook Dr		<input type="checkbox"/> Check if address changed
(c) City, State, and ZIP Code Mount Laurel NJ 08054		2. Candidate's FEC Identification Number H4NJ03205
4. Party Affiliation DEMOCRATIC PARTY		5. Office Sought House
6. State & District of Candidate NJ 03		3. Is This Statement <input checked="" type="checkbox"/> New (N) OR <input type="checkbox"/> Amended (A)

DESIGNATION OF PRINCIPAL CAMPAIGN COMMITTEE

7. I hereby designate the following named political committee as my Principal Campaign Committee for the 2024 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) CAROL MURPHY FOR CONGRESS		
(b) Address (number and street) 43 OVERLOOK DRIVE		
(c) City, State, and ZIP Code MOUNT LAUREL NJ 08054		

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)		
(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 Murphy, Carol, , ,	Date 01/05/2024
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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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