

FEC
FORM 1

STATEMENT OF
ORGANIZATION

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Office Use Only

1. NAME OF
COMMITTEE (In full)

☐

(Check if name
is changed)

Example: If typing, type
over the lines.

12FE4M5

JOHN MURPHY FOR CONGRESS

ADDRESS (number and street)

18 SOMERSET DR

☐

(Check if address
is changed)

EAST FALLOWFIELD

PA

19320-4211

CITY ▲

STATE ▲

ZIP CODE ▲

COMMITTEE'S E-MAIL ADDRESS

JOHNAMURPHY@COMCAST.NET

COMMITTEE'S WEB PAGE ADDRESS (URL)

WWW.JOHNMURPHYFORCONGRESS.ORG

COMMITTEE'S FAX NUMBER

610-384-4461

2. DATE

03

23

2006

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

JOAN DEMING-MURPHY

Signature of Treasurer

Joan Deming-Murphy

Date

03

24

2006

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 02/2003)

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

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

John Murphy

(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

NONE

Mailing Address

CITY ▲

STATE ▲

ZIP CODE ▲

Relationship

Type of Connected Organization:

☐

Corporation

☐

Corporation w/o Capital Stock

☐

Labor Organization

☐

Membership Organization

☐

Trade Association

☐

Cooperative

Write or Type Committee Name

JOHN MURPHY 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

JOAN DEMING-MURPHY

Mailing Address

118 SOMERSET DR

EAST FALLOWFIELD

PA

19320-4211

Title or Position ▼

CITY ▲

STATE ▲

ZIP CODE ▲

TREASURER

Telephone number

610-384-4460

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

118 SOMERSET DR

EAST FALLOWFIELD

PA

19320-4211

Title or Position ▼

CITY ▲

STATE ▲

ZIP CODE ▲

TREASURER

Telephone number

610-384-4460

Full Name of
Designated
Agent

NONE

Mailing Address

Title or Position ▼

CITY ▲

STATE ▲

ZIP CODE ▲

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

1214 W FIRST AVE

PARKESBURG PA 19365

CITY ▲

STATE ▲

ZIP CODE ▲

Name of Bank, Depository, etc.

Mailing Address

CITY ▲

STATE ▲

ZIP CODE ▲

Federal Election Commission
ENVELOPE REPLACEMENT PAGE FOR INCOMING DOCUMENTS
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Jm p

PREPARER

(3/2005)

3-31-06

DATE PREPARED

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