

**FEC
FORM 1**

**STATEMENT OF
ORGANIZATION**

(See Instructions)

Of file only

1. NAME OF COMMITTEE (in full) (Check if name is changed) Example: If typing, type over the lines 12FE4M5
 Arizona Supports Rick Murphy

ADDRESS (Home or street) 2068 McCulloch Blvd
 (Check if address is changed) Lake Havasu City AZ 86403
 CITY STATE ZIP CODE

COMMITTEE'S E-MAIL ADDRESS
 chris.rolando@rickmurphyforcongress.com

COMMITTEE'S WEB PAGE ADDRESS (URL)
 www.rickmurphyforcongress.com

COMMITTEE'S FAX NUMBER
 413-556-2588

2. DATE 11 / 09 / 2003

3. FEC IDENTIFICATION NUMBER C C00391763

4. IS THIS STATEMENT X 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 Christopher Rolando

Signature of Treasurer Electronically Filed by Christopher Rolando Date 09 / 09 / 2004

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to the penalties of 2 U.S.C. 5437g.

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 202-894-1100

FEC FORM 1
 (Revised 02/2003)

Write or Type Committee Name

Arizona Supports Rick Murphy

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 _____

Mailing Address _____

Title or Position ▼ CITY ▲ STATE ▲ ZIP CODE ▲

_____ Telephone number _____ - _____ - _____

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 **Christopher Rolando**

Mailing Address **2908 Saratoga Ave**

Lake Havasu City **AZ** **86403** - _____

Title or Position ▼ CITY ▲ STATE ▲ ZIP CODE ▲

Treasurer Telephone number **928** - **486** - **6526**

Full Name of Designated Agent _____

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.

Mohave State Bank

Mailing Address

1771 McCulloch Blvd

Lake Havasu City

AZ

86403

CITY Δ

STATE Δ

ZIP CODE Δ