FEC FORM 1

## STATEMENT OF ORGANIZATION

RECEIVED FEC MAILCENTER

2024 JUL 13 Q se AM 10: 30

|   |                            |   | 2024 Juntice Use Chry 10. 30             |  |  |
|---|----------------------------|---|--|--|--|
| NAME OF     COMMITTEE (in full)   | (Check if name is changed) | Example:If typing, type over the lines.   | 12FE4M5                                  |  |  |
| Murghy For  | Congress                   | ((co-5), I  | 4  |  |  |
|   |                            |   |  |  |  |
| ADDRESS (number and street)   | 5 K Las                    | Viergions St.   |  |  |  |
| ☐ ◀ (Check if address is changed)   |                            | <i>,</i>  |  |  |  |
| •   | Kioilioiriaida             | Springs   | CO 80903-                                |  |  |
| COMMITTEE'S E-MAIL ADDRES   | SS                         | ****  | SIAIL ZIF CODE Z                         |  |  |
| ☐ ◀ (Check if address is changed)   | Marcushu                   | cipikiyi 1975ekio   | tmail com                                |  |  |
| e julius salah  | Optional Second E-Mail A   | Address   | en e |  |  |
| · · · · · · · · · · · · · · · · · · ·   |                            |   |  |  |  |
| COMMITTEE'S WEB PAGE ADD  (Check if address is changed)  (Check if address is changed)  |                            | .com/Murphy   | For Congression                          |  |  |
| 2. DATE 07/19/2024  |                            |   |  |  |  |
| 3. FEC IDENTIFICATION NUMBER <sup>3</sup> ▶ 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 MARCUS A. MURPHY  |                            |   |  |  |  |
| Signature of Treasurer  | laren Pan                  | <i>f</i>  | Date 67 19 2029                          |  |  |
| NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to the penalties of 52 U.S.C. §30109.  ANY CHANGE IN INFORMATION SHOULD BE REPORTED WITHIN 10 DAYS. |                            |   |  |  |  |
| Office<br>Use<br>Only   |                            | For further information<br>Federal Election Commiss<br>Toll Free 800-424-9530<br>Local 202-694-1100 | ECL. ELIBIN I                            |  |  |

| TYPE OF            | COMMITTEE:   |
|--------------------|--|
| Candida            | te Committee:  |
| (a) 👿              | This committee is a principal campaign committee. (Complete the candidate information below.)  |
| • •                | This committee is an authorized committee, and is NOT a principal campaign committee. (Complete the candidate information below.)  |
| Name o<br>Candida  |  |
| Candida<br>Party A |  |
| (c)                | This committee supports/opposes only one candidate, and is NOT an authorized committee.  |
| Name<br>Candi      |  |
| Party Co           | ommittee:  This committee is a   |
| 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.)   |
| (g)                | This committee is an independent expenditure-only political committee (Super PAC).   |
|                    | In addition, this committee is a Lobbyist/Registrant PAC.  |
| (h)                | This committee is a political committee with both contribution and non-contribution accounts (Hybrid PAC).   |
|                    | In addition, this committee is a Lobbyist/Registrant PAC.  |
|                    |  |
| Joint Fu           | undraising Representative:  This committee collects contributions, pays fundraising expenses and disburses net proceeds for two or more political  |
| (i)                | committees/organizations, at least one of which is an authorized committee of a federal candidate.   |
| 0 .                | 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. |
| Comn               | nittees Participating in Joint Fundraiser  |
| 1                  | C  |
| 2.                 | , , , , , , , , , , , , , , , , , , ,  |

any designated agent (e.g., assistant treasurer).

Full Name of Treasurer

Mailing Address

Title or Position ▼

Tirieiasivirieiri

Congress (CO-S) Inc

CITY A

FEC Form 1 (Revised 03/2022)

Write or Type Committee Name

|  | Page 3                |
|--|-----------------------|
|  |                       |
| ve, or Leadersh                              | ip PAC Sponsor        |
|  |                       |
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|  |                       |
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| <b>A</b> 2                                   | ZIP CODE ▲            |
| sentative L                                  | eadership PAC Sponsor |
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| rson in possessio                            | on of committee       |
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| <b>A</b> :                                   | ZIP CODE A            |
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|  | ZIP CODE A            |
|  | 0006 —                |

17.1.91-14.1.21-11.5.1.21

STATE A

Telephone number

9.

| Full Name of Designated Agent                      | cus Allen Murph  | <i>(</i>                    |                              |
|--|--|-----------------------------|------------------------------|
| Mailing Address                                    | 5 M. Las Viegas  | s St.                       |                              |
|  |  | <u> </u>                    |                              |
|  | Kiolioiriadoi Sipirii  | اعراب العروب                | B.0903-                      |
|  | CITY ▲   | STATE ▲                     | ZIP CODE ▲                   |
| Title or Position ▼                                |  | _                           |                              |
| Agent  |  | Telephone number $2$        | <u> </u>                     |
| Banks or Other Deposito safety deposit boxes or ma | ries: List all banks or other depositories in waintains funds. | hich the committee deposits | funds, holds accounts, rents |
| Name of Bank, Depository,                          | etc.   |                             |                              |
| [ <b>V</b> ].                                      | Bank   |                             |                              |
| Mailing Address                                    | 16 S. Tegon St.  | 1. 1 1 1 1 1 1 1            |                              |
|  |  |                             |                              |
|  | Kiolorada Spring   | ias I Ko                    | 80903-                       |
|  | CITY A   | STATE ▲                     | ZIP CODE ▲                   |
| Name of Bank, Depository                           | , etc.   |                             | ,                            |
|  | <u> </u>   |                             |                              |
| Mailing Address                                    |  |                             |                              |
|  |  | <u> </u>                    |                              |
|  |  | 1 1 1 1 1 1                 | 1 , , , , 1-1 , , , 1        |
|  | CITY A   | STATE ▲                     | ZIP CODE ▲                   |

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C MAILCENTER RECEIVED

Feberal Election Commission Washington, DC 1.050 First St, NE

Marcus Murphy S W. Las Vegas St. Colorado Springs, Co 80903

DENVER CO

| 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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| Received from Electronic Filing Office  | Date of Receipt   |  |  |  |
| Other (Specify):  | Date of Receipt or Postmarked                             |  |  |  |
| PREPARER  | 7-30-24<br>DATE PREPARED                                  |  |  |  |
| (4/2023)  | DATE PREPARED   |  |  |  |