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FEC
FORM 1

STATEMENT OF ORGANIZATION

(See instructions)

Office Use Only

1. NAME OF COMMITTEE (In Full)

(Check if name is changed)

Example: If typing, type over five lines.

12FE4M5

MURRAY LEVIN FOR CONGRESS

ADDRESS (number and street)

205 McClenaghan Mill Road

(Check if address is changed)

Wynnewood PA 19096

CITY ▲

STATE ▲

ZIP CODE ▲

COMMITTEE'S E-MAIL ADDRESS

COMMITTEE'S WEB PAGE ADDRESS (URL)

2. DATE

01 31 2002

3. FEC IDENTIFICATION NUMBER ▶

C00345108

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

David B. Lepkin

Signature of Treasurer

David B. Lepkin

Date

01 31 2002

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				
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For further information contact:
Federal Election Commission
Toll Free 800-424-9530
Local 202-504-1100

FEC FORM 1
(Revised 1/01)

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 MURRAY LEVIN

Candidate Party Affiliation DEM Office Sought: House Senate President State PA District 6

- (c) This committee supports/opposes only one candidate, and is NOT an authorized committee.

Name of Candidate _____

- (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

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

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 DAVID B LIPKIN

Mailing Address 436 BRYN MAWR AVENUE
BALACYNWYD PA

Title or Position TREASURER CITY PA STATE PA ZIP CODE 19004

Telephone number 610-668-3667

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 DAVID B LIPKIN

Mailing Address 436 BRYN MAWR AVENUE
BALACYNWYD PA 19004

Title or Position TREASURER CITY PA STATE PA ZIP CODE 19004

Telephone number 610-668-3667

Full Name of Designated Agent JAMONID LEVIN

Mailing Address 205 MacGinnigham Mill Road
Wynnewood PA 19096

Title or Position Asst. Treasurer CITY PA STATE PA ZIP CODE 19096

Telephone number 610-649-9927

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.

Hudson United Bank

Mailing Address

Two Logan Square

18th & Arch

Philadelphia Pa 19103

CITY ▲

STATE ▲

ZIP CODE ▲

Name of Bank, Depository, etc.

Mailing Address

CITY ▲

STATE ▲

ZIP CODE ▲

Federal Election Commission

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FOR INCOMING DOCUMENTS**

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