

STATEMENT OF ORGANIZATION

(See reverse side for instructions)

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 FEDERAL ELECTION
 COMMISSION MAIL ROOM
 2002 MAY -8 P 2:08

1. (a) NAME OF COMMITTEE IN FULL <input type="checkbox"/> (Check if name is changed) <i>McMURRAY for Congress</i>	2. DATE <i>4-28-2002</i>
(b) Number and Street Address <input checked="" type="checkbox"/> (Check if address is changed) <i>P.O. Box 702</i>	3. FEC Identification Number <i>000346676</i>
(c) City, State and ZIP Code <i>Boise, ID 83701</i>	4. Is This Report An Amendment? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO

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 | Candidate Party Affiliation | Office Sought | State/District |
|---------------------|-----------------------------|-------------------|------------------|
| <i>RON McMURRAY</i> | <i>Republican</i> | <i>U.S. House</i> | <i>Idaho 1st</i> |
- (c) This committee supports/opposes only one candidate _____ and is NOT an authorized committee. (name of candidate)
- (d) This committee is a _____ committee of the _____ Party. (National, State or Multistate) (Democratic, Republican, etc.)
- (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 a party committee.

6. Name of Any Connected Organization or Affiliated Committee	Mailing Address and ZIP Code	Relationship
<i>RON McMURRAY for Congress C00286385</i>	<i>611 Brydon Avenue Lewiston, ID 83501</i>	<i>affiliate</i>

Type of Connected Organization

- Corporation Corporation w/o Capital Stock Labor Organization Membership Organization Trade Association Cooperative

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
<i>ZOLA McMURRAY</i>	<i>611 Brydon Ave. Lewiston, ID 83501</i>	<i>ASST. TREASURER</i>

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	Mailing Address	Title or Position
<i>Sandra Mitchell</i>	<i>10012 Lakshore Dr. Nampa, ID 83686</i>	<i>Treasurer</i>
<i>Zola McMurray</i>	<i>(Boise)</i>	<i>Asst. Treasurer</i>

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.	Mailing Address and ZIP Code
<i>US BANK</i>	<i>835 Main Street Lewiston, ID 83501</i>

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 <i>Sandra Mitchell</i>	SIGNATURE OF TREASURER <i>Sandra Mitchell</i>	DATE <i>5-1-2002</i>
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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.

For further information contact:
Federal Election Commission
Toll-free 800-424-9530
Local 202 210 3430

FEBAN044

FEC FORM 1

(revised 4/87)

Federal Election Commission

**ENVELOPE REPLACEMENT PAGE
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The Commission has added this page to the end of this filing to indicate how it was received.

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