

**FEC  
FORM 3X****REPORT OF RECEIPTS  
AND DISBURSEMENTS**  
For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) TYPE OR PRINT ▼ Example: If typing, type over the lines.

12FE4M5

MurphPAC

ADDRESS (number and street)

410 1st St SE, FL 3

☐ Check if different than previously reported. (ACC)

Washington

DC

20003

2. FEC IDENTIFICATION NUMBER ▼

CITY ▲

STATE ▲

ZIP CODE ▲

C C00459925

3. IS THIS  
REPORT☒NEW  
(N)

OR

☐AMENDED  
(A)

## 4. TYPE OF REPORT

(Choose One)

(a) Quarterly Reports:

☐ April 15  
Quarterly Report (Q1)☐ July 15  
Quarterly Report (Q2)☐ October 15  
Quarterly Report (Q3)☐ January 31  
Year-End Report (YE)☐ July 31 Mid-Year  
Report (Non-election  
Year Only) (MY)☐ Termination Report  
(TER)(b) Monthly  
Report  
Due On:☐ Feb 20 (M2)☐ May 20 (M5)☐ Aug 20 (M8)☐ Nov 20 (M11)  
(Non-Election  
Year Only)☐ Mar 20 (M3)☐ Jun 20 (M6)☐ Sep 20 (M9)☐ Dec 20 (M12)  
(Non-Election  
Year Only)☒ Apr 20 (M4)☐ Jul 20 (M7)☐ Oct 20 (M10)☐ Jan 31 (YE)

(c) 12-Day

PRE-Election

Report for the:

☐ Primary (12P)☐ Convention (12C)☐ General (12G)☐ Special (12S)☐ Runoff (12R)

Election on

M M M / D D D / Y Y Y Y Y Y

in the  
State of

(d) 30-Day

POST-Election

Report for the:

☐ General (30G)☐ Runoff (30R)☐ Special (30S)

Election on

M M M / D D D / Y Y Y Y Y Y

in the  
State of

5. Covering Period

M M M / D D D / Y Y Y Y Y Y  
03 01 2014

through

M M M / D D D / Y Y Y Y Y Y  
03 31 2014

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer Janica Kyriacopoulos

Signature of Treasurer

Janica Kyriacopoulos

[Electronically Filed]

Date

M M M / D D D / Y Y Y Y Y Y  
04 18 2014

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. §437g.

Office  
Use  
Only**FEC FORM 3X**  
Rev. 12/2004

# SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name

MurphPAC

Report Covering the Period:

From:

|     |   |     |   |           |
|-----|---|-----|---|-----------|
| M M | / | D D | / | Y Y Y Y Y |
| 03  |   | 01  |   | 2014      |

To:

|     |   |     |   |           |
|-----|---|-----|---|-----------|
| M M | / | D D | / | Y Y Y Y Y |
| 03  |   | 31  |   | 2014      |

|                                                                                                                  | COLUMN A<br>This Period | COLUMN B<br>Calendar Year-to-Date |
|------------------------------------------------------------------------------------------------------------------|-------------------------|-----------------------------------|
| 6. (a) Cash on Hand<br>January 1, <div>Y Y Y Y Y<br/>2014</div>                                                  |                         | <div>62482.20</div>               |
| (b) Cash on Hand at<br>Beginning of Reporting Period.....                                                        | <div>49421.19</div>     |                                   |
| (c) Total Receipts (from Line 19) .....                                                                          | <div>54500.00</div>     | <div>54500.00</div>               |
| (d) Subtotal (add Lines 6(b) and<br>6(c) for Column A and Lines<br>6(a) and 6(c) for Column B).....              | <div>103921.19</div>    | <div>116982.20</div>              |
| 7. Total Disbursements (from Line 31).....                                                                       | <div>39817.77</div>     | <div>52878.78</div>               |
| 8. Cash on Hand at Close of<br>Reporting Period<br>(subtract Line 7 from Line 6(d)) .....                        | <div>64103.42</div>     | <div>64103.42</div>               |
| 9. Debts and Obligations Owed <b>TO</b><br>the Committee (Itemize all on<br>Schedule C and/or Schedule D) .....  | <div>0.00</div>         |                                   |
| 10. Debts and Obligations Owed <b>BY</b><br>the Committee (Itemize all on<br>Schedule C and/or Schedule D) ..... | <div>0.00</div>         |                                   |



This committee has qualified as a multicandidate committee. (see FEC FORM 1M)

**For further information contact:**

Federal Election Commission  
999 E Street, NW  
Washington, DC 20463

Toll Free 800-424-9530  
Local 202-694-1100

# **DETAILED SUMMARY PAGE** of Receipts

FEC Form 3X (Rev. 06/2004)

Page 3

Write or Type Committee Name

**MurpPAC**

Report Covering the Period:

From:

|       |   |       |   |             |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 03    | / | 01    | / | 2014        |

To:

|       |   |       |   |             |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 03    | / | 31    | / | 2014        |

**I. Receipts**
**COLUMN A**  
Total This Period

**COLUMN B**  
Calendar Year-to-Date

## 11. Contributions (other than loans) From:

## (a) Individuals/Persons Other

Than Political Committees

(i) Itemized (use Schedule A).....

0.00

0.00

(ii) Unitemized .....

0.00

0.00

(iii) TOTAL (add

Lines 11(a)(i) and (ii)..... ▶

0.00

0.00

(b) Political Party Committees .....

0.00

0.00

(c) Other Political Committees

(such as PACs).....

54500.00

54500.00

(d) Total Contributions (add Lines

11(a)(iii), (b), and (c)) (Carry

Totals to Line 33, page 5) ..... ▶

54500.00

54500.00

## 12. Transfers From Affiliated/Other

Party Committees.....

0.00

0.00

## 13. All Loans Received .....

0.00

0.00

## 14. Loan Repayments Received.....

0.00

0.00

## 15. Offsets To Operating Expenditures

(Refunds, Rebates, etc.)

(Carry Totals to Line 37, page 5).....

0.00

0.00

## 16. Refunds of Contributions Made

to Federal Candidates and Other

Political Committees.....

0.00

0.00

## 17. Other Federal Receipts

(Dividends, Interest, etc.).....

0.00

0.00

## 18. Transfers from Non-Federal and Levin Funds

(a) Non-Federal Account

(from Schedule H3).....

0.00

0.00

(b) Levin Funds (from Schedule H5) .....

0.00

0.00

(c) Total Transfers (add 18(a) and 18(b))..

0.00

0.00

## 19. Total Receipts (add Lines 11(d),

12, 13, 14, 15, 16, 17, and 18(c)) ..... ▶

54500.00

54500.00

## 20. Total Federal Receipts

(subtract Line 18(c) from Line 19) ..... ▶

54500.00

54500.00

**DETAILED SUMMARY PAGE**

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

| II. Disbursements                                                                              | COLUMN A<br>Total This Period | COLUMN B<br>Calendar Year-to-Date |
|------------------------------------------------------------------------------------------------|-------------------------------|-----------------------------------|
| 21. Operating Expenditures:                                                                    |                               |                                   |
| (a) Allocated Federal/Non-Federal Activity (from Schedule H4)                                  |                               |                                   |
| (i) Federal Share .....                                                                        | 0.00                          | 0.00                              |
| (ii) Non-Federal Share.....                                                                    | 0.00                          | 0.00                              |
| (b) Other Federal Operating Expenditures .....                                                 | 3817.77                       | 16878.78                          |
| (c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b)) .....                        | 3817.77                       | 16878.78                          |
| 22. Transfers to Affiliated/Other Party Committees.....                                        | 0.00                          | 0.00                              |
| 23. Contributions to Federal Candidates/Committees and Other Political Committees.....         | 36000.00                      | 36000.00                          |
| 24. Independent Expenditures (use Schedule E) .....                                            | 0.00                          | 0.00                              |
| 25. Coordinated Party Expenditures (2 U.S.C. §441a(d)) (use Schedule F).....                   | 0.00                          | 0.00                              |
| 26. Loan Repayments Made.....                                                                  | 0.00                          | 0.00                              |
| 27. Loans Made.....                                                                            | 0.00                          | 0.00                              |
| 28. Refunds of Contributions To:                                                               |                               |                                   |
| (a) Individuals/Persons Other Than Political Committees .....                                  | 0.00                          | 0.00                              |
| (b) Political Party Committees .....                                                           | 0.00                          | 0.00                              |
| (c) Other Political Committees (such as PACs).....                                             | 0.00                          | 0.00                              |
| (d) Total Contribution Refunds (add Lines 28(a), (b), and (c)).....                            | 0.00                          | 0.00                              |
| 29. Other Disbursements .....                                                                  | 0.00                          | 0.00                              |
| 30. Federal Election Activity (2 U.S.C. §431(20))                                              |                               |                                   |
| (a) Allocated Federal Election Activity (from Schedule H6)                                     |                               |                                   |
| (i) Federal Share .....                                                                        | 0.00                          | 0.00                              |
| (ii) "Levin" Share.....                                                                        | 0.00                          | 0.00                              |
| (b) Federal Election Activity Paid Entirely With Federal Funds .....                           | 0.00                          | 0.00                              |
| (c) Total Federal Election Activity (add .. Lines 30(a)(i), 30(a)(ii) and 30(b))....           | 0.00                          | 0.00                              |
| 31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..      | 39817.77                      | 52878.78                          |
| 32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31)..... | 39817.77                      | 52878.78                          |

**DETAILED SUMMARY PAGE**  
of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

| III. Net Contributions/Operating Expenditures                                          | COLUMN A<br>Total This Period | COLUMN B<br>Calendar Year-to-Date |
|----------------------------------------------------------------------------------------|-------------------------------|-----------------------------------|
| 33. Total Contributions (other than loans)<br>(from Line 11(d), page 3) .....          | 54500.00                      | 54500.00                          |
| 34. Total Contribution Refunds<br>(from Line 28(d)) .....                              | 0.00                          | 0.00                              |
| 35. Net Contributions (other than loans)<br>(subtract Line 34 from Line 33) .....      | 54500.00                      | 54500.00                          |
| 36. Total Federal Operating Expenditures<br>(add Line 21(a)(i) and Line 21(b)) ..... ► | 3817.77                       | 16878.78                          |
| 37. Offsets to Operating Expenditures<br>(from Line 15, page 3).....                   | 0.00                          | 0.00                              |
| 38. Net Operating Expenditures<br>(subtract Line 37 from Line 36) ..... ►              | 3817.77                       | 16878.78                          |

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 6 OF 16  
(check only one)

☐ 11a ☐ 11b ☒ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

**MurphPAC**

Full Name (Last, First, Middle Initial)

## **A. ASSOCIATION FOR ADVANCED LIFE UNDERWRITING PAC (AALU PAC)**

Mailing Address 11921 FREEDOM DRIVE  
SUITE 1100

City State Zip Code  
RESTON VA 20190

FEC ID number of contributing  
federal political committee.

**C** C00447565

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
03 / 05 / 2014

**Transaction ID : C8598537**

Amount of Each Receipt this Period

2500.00

Full Name (Last, First, Middle Initial)

## **B. CREDIT SUISSE SECURITIES (USA) POLITICAL ACTION CO**

Mailing Address 1155 21st Street NW  
Suite 300

City State Zip Code  
Washington DC 20036

FEC ID number of contributing  
federal political committee.

**C** C00111559

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
03 / 05 / 2014

**Transaction ID : C8598536**

Amount of Each Receipt this Period

2000.00

Full Name (Last, First, Middle Initial)

## **C. HARTFORD FINANCIAL SERVICES GROUP INC ADVOCATES FU**

Mailing Address HARTFORD PLAZA

City State Zip Code  
HARTFORD CT 06115

FEC ID number of contributing  
federal political committee.

**C** C00168864

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
03 / 05 / 2014

**Transaction ID : C8598535**

Amount of Each Receipt this Period

5000.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

9500.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 7 OF 16

(check only one)

☐ 11a ☐ 11b ☒ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**MurphPAC**

Full Name (Last, First, Middle Initial)

## **A. HONEYWELL INTERNATIONAL POLITICAL ACTION COMMITTEE**

Mailing Address 101 Constitution Avenue NW  
Suite 500 West

City State Zip Code  
Washington DC 20001

FEC ID number of contributing  
federal political committee.

**C** C00096156

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

**03** / **05** / **2014**

**Transaction ID : C8598538**

Amount of Each Receipt this Period

5000.00

Full Name (Last, First, Middle Initial)

## **B. INDEPENDENT INSURANCE AGENTS OF AMERICA POLITICAL**

Mailing Address 412 First Street SE Suite 300

City State Zip Code  
Washington DC 20003

FEC ID number of contributing  
federal political committee.

**C** C00022343

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

**03** / **21** / **2014**

**Transaction ID : C8621543**

Amount of Each Receipt this Period

5000.00

Full Name (Last, First, Middle Initial)

## **C. INVESTMENT COMPANY INSTITUTE POLITICAL ACTION COMM**

Mailing Address 1401 H STREET NW SUITE 1200

City State Zip Code  
WASHINGTON DC 20005

FEC ID number of contributing  
federal political committee.

**C** C00105981

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

**03** / **31** / **2014**

**Transaction ID : C8641534**

Amount of Each Receipt this Period

5000.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

15000.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 8 OF 16

(check only one)

|                              |                              |                                         |                             |                             |                             |                             |                             |                             |
|------------------------------|------------------------------|-----------------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|
| <input type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input checked="" type="checkbox"/> 11c | <input type="checkbox"/> 12 | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 | <input type="checkbox"/> 17 |
|------------------------------|------------------------------|-----------------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|

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NAME OF COMMITTEE (In Full)

**MurphPAC**

Full Name (Last, First, Middle Initial)

**A. JPMORGAN CHASE & CO. FEDERAL POLITICAL ACTION COMM**

Mailing Address 10 S. Dearborn St

IL 1-0520

City

Chicago

State

IL

Zip Code

60603

FEC ID number of contributing  
federal political committee.**C**

C00104299

Name of Employer

Occupation

Receipt For:

☐ Primary  
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

|   |   |   |   |   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| M | M | M | / | D | D | D | / | Y | Y | Y | Y | Y | Y |
| 0 | 3 |   |   | 3 | 1 |   |   | 2 | 0 | 1 | 4 |   |   |

**Transaction ID : C8641533**

Amount of Each Receipt this Period

5000.00

Full Name (Last, First, Middle Initial)

**B. KPMG PARTNERS/PRINCIPALS & EMPLOYEES POLITICAL ACT**

Mailing Address PO BOX 18254

City

WASHINGTON

State

DC

Zip Code

20036

FEC ID number of contributing  
federal political committee.**C**

C00280222

Name of Employer

Occupation

Receipt For:

☐ Primary  
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

2500.00

Date of Receipt

|   |   |   |   |   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| M | M | M | / | D | D | D | / | Y | Y | Y | Y | Y | Y |
| 0 | 3 |   |   | 3 | 1 |   |   | 2 | 0 | 1 | 4 |   |   |

**Transaction ID : C8641536**

Amount of Each Receipt this Period

2500.00

Full Name (Last, First, Middle Initial)

**C. MASSACHUSETTS MUTUAL LIFE INSURANCE COMPANY POLITI**

Mailing Address 1295 State Street

City

Springfield

State

MA

Zip Code

01111

FEC ID number of contributing  
federal political committee.**C**

C00118943

Name of Employer

Occupation

Receipt For:

☐ Primary  
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

|   |   |   |   |   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| M | M | M | / | D | D | D | / | Y | Y | Y | Y | Y | Y |
| 0 | 3 |   |   | 0 | 5 |   |   | 2 | 0 | 1 | 4 |   |   |

**Transaction ID : C8598539**

Amount of Each Receipt this Period

5000.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

12500.00

**TOTAL** This Period (last page this line number only)..... ►

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 9 OF 16

☐ 11a ☐ 11b ☒ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**MurphPAC**

Full Name (Last, First, Middle Initial)

## **A. METLIFE INC. EMPLOYEES' POLITICAL PARTICIPATION FU**

Mailing Address 27-01 Queens Plaza North  
Area 4D

City State Zip Code  
Long Island City NY 11101

FEC ID number of contributing  
federal political committee.

**C** C00040923

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2500.00

Date of Receipt

**03** / **31** / **2014**

**Transaction ID : C8641529**

Amount of Each Receipt this Period

2500.00

Full Name (Last, First, Middle Initial)

## **B. MORTGAGE BANKERS ASSOCIATION POLITICAL ACTION COMM**

Mailing Address 1717 RHODE ISLAND AVE NW  
SUITE 400

City State Zip Code  
WASHINGTON DC 20036

FEC ID number of contributing  
federal political committee.

**C** C00004812

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2500.00

Date of Receipt

**03** / **05** / **2014**

**Transaction ID : C8598534**

Amount of Each Receipt this Period

2500.00

Full Name (Last, First, Middle Initial)

## **C. NATIONAL EMERGENCY MEDICINE POLITICAL ACTION COMMITTEE**

Mailing Address 1125 Executive Circle

City State Zip Code  
Irving TX 75038

FEC ID number of contributing  
federal political committee.

**C** C00140061

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2500.00

Date of Receipt

**03** / **31** / **2014**

**Transaction ID : C8641531**

Amount of Each Receipt this Period

2500.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

7500.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 10 OF 16  
(check only one)

☐ 11a ☐ 11b ☒ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**MurphPAC**

Full Name (Last, First, Middle Initial)

## **A. NATIONAL MULTI HOUSING COUNCIL POLITICAL ACTION CO**

Mailing Address 1850 M Street NW Suite 540

City State Zip Code  
Washington DC 20036

FEC ID number of contributing  
federal political committee.

**C** C00130773

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

**03** / **05** / **2014**

**Transaction ID : C8598540**

Amount of Each Receipt this Period

5000.00

Full Name (Last, First, Middle Initial)

## **B. PRUDENTIAL FINANCIAL INC. POLITICAL ACTION COMMITT**

Mailing Address 751 Broad Street  
14th Floor

City State Zip Code  
Newark NJ 07102

FEC ID number of contributing  
federal political committee.

**C** C00127779

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

**03** / **21** / **2014**

**Transaction ID : C8621544**

Amount of Each Receipt this Period

5000.00

Full Name (Last, First, Middle Initial)

## **C.**

Mailing Address

City State Zip Code

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

Amount of Each Receipt this Period

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

10000.00

54500.00

|                                     |     |                          |     |                          |     |                          |     |                          |    |                          |     |
|-------------------------------------|-----|--------------------------|-----|--------------------------|-----|--------------------------|-----|--------------------------|----|--------------------------|-----|
| <input checked="" type="checkbox"/> | 21b | <input type="checkbox"/> | 22  | <input type="checkbox"/> | 23  | <input type="checkbox"/> | 24  | <input type="checkbox"/> | 25 | <input type="checkbox"/> | 26  |
| <input type="checkbox"/>            | 27  | <input type="checkbox"/> | 28a | <input type="checkbox"/> | 28b | <input type="checkbox"/> | 28c | <input type="checkbox"/> | 29 | <input type="checkbox"/> | 30b |

# MurphPAC

**A. Mrs. Allison Baker Griner**

Date of Disbursement

Transaction ID : D557404

Category/  
Type

Amount of Each Disbursement this Period

3600.00

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State:  District:

### B. PCMS, LLC

Date of Disbursement

MM / DD / YYYY

Mailing Address 1050 17th St NW, Ste 590

|            |       |          |
|------------|-------|----------|
| City       | State | Zip Code |
| Washington | DC    | 20036    |

Transaction ID : D557663

## Purpose of Disbursement PAC Accounting Services

Candidate Name

Category/  
Type

Amount of Each Disbursement this Period

217.77

|                |                          |           |
|----------------|--------------------------|-----------|
| Office Sought: | <input type="checkbox"/> | House     |
|                | <input type="checkbox"/> | Senate    |
|                | <input type="checkbox"/> | President |

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State:  District:

Full Name (Last, First, Middle Initial)

Date of Disbursement

Mailing Address

| City | State | Zip Code |
|------|-------|----------|
|------|-------|----------|

### Purpose of Disbursement

A diagram of a rectangular frame with four corner joints labeled 1, 2, 3, and 4. Joint 1 is at the top-left corner, joint 2 is at the top-right corner, joint 3 is at the bottom-right corner, and joint 4 is at the bottom-left corner. The frame is represented by a rectangle with small squares at each corner indicating the joints.

Candidate Name

Category/  
Type

Amount of Each Disbursement this Period

|                |                          |           |
|----------------|--------------------------|-----------|
| Office Sought: | <input type="checkbox"/> | House     |
|                | <input type="checkbox"/> | Senate    |
|                | <input type="checkbox"/> | President |

Disbursement For:

☐ Primary ☐ General

☐ Other (specify) ▼

State:  District:

**SUBTOTAL** of Disbursements This Page (optional).....

3817.77

**TOTAL** This Period (last page this line number only).....

3817.77

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 12 OF 16

|                              |                              |                                        |                              |                             |                              |
|------------------------------|------------------------------|----------------------------------------|------------------------------|-----------------------------|------------------------------|
| <input type="checkbox"/> 21b | <input type="checkbox"/> 22  | <input checked="" type="checkbox"/> 23 | <input type="checkbox"/> 24  | <input type="checkbox"/> 25 | <input type="checkbox"/> 26  |
| <input type="checkbox"/> 27  | <input type="checkbox"/> 28a | <input type="checkbox"/> 28b           | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

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NAME OF COMMITTEE (In Full)

**MurphPAC**

Full Name (Last, First, Middle Initial)

**A. ALASKANS FOR BEGICH 2014**

Mailing Address 1231 W NORTHERN LTS #605

|           |       |          |
|-----------|-------|----------|
| City      | State | Zip Code |
| ANCHORAGE | AK    | 99503    |

Purpose of Disbursement  
Contribution

Candidate Name

**MARK BEGICH**

|                |                                            |
|----------------|--------------------------------------------|
| Office Sought: | <input type="checkbox"/> House             |
|                | <input checked="" type="checkbox"/> Senate |
|                | <input type="checkbox"/> President         |

|                                                                              |
|------------------------------------------------------------------------------|
| Disbursement For: 2014                                                       |
| <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General |
| <input type="checkbox"/> Other (specify) ▼                                   |

State: AK District: 00

Date of Disbursement

|       |   |       |   |           |
|-------|---|-------|---|-----------|
| M M M | / | D D D | / | Y Y Y Y Y |
| 03    |   | 21    |   | 2014      |

**Transaction ID : D558844**

Amount of Each Disbursement this Period

|         |
|---------|
| 2500.00 |
|---------|

Full Name (Last, First, Middle Initial)

**B. ALASKANS FOR BEGICH 2014**

Mailing Address 1231 W NORTHERN LTS #605

|           |       |          |
|-----------|-------|----------|
| City      | State | Zip Code |
| ANCHORAGE | AK    | 99503    |

Purpose of Disbursement  
Contribution

Candidate Name

**MARK BEGICH**

|                |                                            |
|----------------|--------------------------------------------|
| Office Sought: | <input type="checkbox"/> House             |
|                | <input checked="" type="checkbox"/> Senate |
|                | <input type="checkbox"/> President         |

|                                                                              |
|------------------------------------------------------------------------------|
| Disbursement For: 2014                                                       |
| <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General |
| <input type="checkbox"/> Other (specify) ▼                                   |

State: AK District: 00

Date of Disbursement

|       |   |       |   |           |
|-------|---|-------|---|-----------|
| M M M | / | D D D | / | Y Y Y Y Y |
| 03    |   | 31    |   | 2014      |

**Transaction ID : D560028**

Amount of Each Disbursement this Period

|         |
|---------|
| 2500.00 |
|---------|

Full Name (Last, First, Middle Initial)

**C. ALISON FOR KENTUCKY**

Mailing Address 340 Democrat Dr

|           |       |            |
|-----------|-------|------------|
| City      | State | Zip Code   |
| Frankfort | KY    | 40601-8209 |

Purpose of Disbursement  
Contribution

Candidate Name

**ALISON LUNDERGAN GRIMES**

|                |                                            |
|----------------|--------------------------------------------|
| Office Sought: | <input type="checkbox"/> House             |
|                | <input checked="" type="checkbox"/> Senate |
|                | <input type="checkbox"/> President         |

|                                                                              |
|------------------------------------------------------------------------------|
| Disbursement For: 2014                                                       |
| <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General |
| <input type="checkbox"/> Other (specify) ▼                                   |

State: KY District: 00

Date of Disbursement

|       |   |       |   |           |
|-------|---|-------|---|-----------|
| M M M | / | D D D | / | Y Y Y Y Y |
| 03    |   | 31    |   | 2014      |

**Transaction ID : D560029**

Amount of Each Disbursement this Period

|         |
|---------|
| 1000.00 |
|---------|

**SUBTOTAL** of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

|         |
|---------|
| 6000.00 |
|---------|

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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 13 OF 16

|                              |                              |                                        |                              |                             |                              |
|------------------------------|------------------------------|----------------------------------------|------------------------------|-----------------------------|------------------------------|
| <input type="checkbox"/> 21b | <input type="checkbox"/> 22  | <input checked="" type="checkbox"/> 23 | <input type="checkbox"/> 24  | <input type="checkbox"/> 25 | <input type="checkbox"/> 26  |
| <input type="checkbox"/> 27  | <input type="checkbox"/> 28a | <input type="checkbox"/> 28b           | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

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NAME OF COMMITTEE (In Full)

**MurphPAC**

Full Name (Last, First, Middle Initial)

**A. CHRIS COONS FOR DELAWARE**

Mailing Address PO BOX 9900

|                |             |                   |
|----------------|-------------|-------------------|
| City<br>NEWARK | State<br>DE | Zip Code<br>19714 |
|----------------|-------------|-------------------|

Purpose of Disbursement  
Contribution

Candidate Name

**CHRISTOPHER A COONS**

|                |                                            |
|----------------|--------------------------------------------|
| Office Sought: | <input type="checkbox"/> House             |
|                | <input checked="" type="checkbox"/> Senate |
|                | <input type="checkbox"/> President         |

|                                                                              |
|------------------------------------------------------------------------------|
| Disbursement For: 2014                                                       |
| <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General |
| <input type="checkbox"/> Other (specify) ▼                                   |

State: DE District: 00

Date of Disbursement

|       |   |       |   |           |
|-------|---|-------|---|-----------|
| M M M | / | D D D | / | Y Y Y Y Y |
| 03    |   | 21    |   | 2014      |

**Transaction ID : D558854**

Amount of Each Disbursement this Period

|         |
|---------|
| 2500.00 |
|---------|

Full Name (Last, First, Middle Initial)

**B. CONNECTICUT DEMOCRATIC STATE CENTRAL COMMITTEE**Mailing Address 330 Main St  
FI 3

|                  |             |                        |
|------------------|-------------|------------------------|
| City<br>Hartford | State<br>CT | Zip Code<br>06106-1851 |
|------------------|-------------|------------------------|

Purpose of Disbursement  
Contribution

Candidate Name

|                |                                    |
|----------------|------------------------------------|
| Office Sought: | <input type="checkbox"/> House     |
|                | <input type="checkbox"/> Senate    |
|                | <input type="checkbox"/> President |

|                                                                   |
|-------------------------------------------------------------------|
| Disbursement For:                                                 |
| <input type="checkbox"/> Primary <input type="checkbox"/> General |
| <input type="checkbox"/> Other (specify) ▼                        |

State: District:

Date of Disbursement

|       |   |       |   |           |
|-------|---|-------|---|-----------|
| M M M | / | D D D | / | Y Y Y Y Y |
| 03    |   | 11    |   | 2014      |

**Transaction ID : D557662**

Amount of Each Disbursement this Period

|         |
|---------|
| 2500.00 |
|---------|

Full Name (Last, First, Middle Initial)

**C. FRIENDS OF JEANNE SHAHEEN**

Mailing Address 105 N STATE STREET

|                 |             |                   |
|-----------------|-------------|-------------------|
| City<br>CONCORD | State<br>NH | Zip Code<br>03301 |
|-----------------|-------------|-------------------|

Purpose of Disbursement  
Contribution

Candidate Name

**JEANNE SHAHEEN**

|                |                                            |
|----------------|--------------------------------------------|
| Office Sought: | <input type="checkbox"/> House             |
|                | <input checked="" type="checkbox"/> Senate |
|                | <input type="checkbox"/> President         |

|                                                                              |
|------------------------------------------------------------------------------|
| Disbursement For: 2014                                                       |
| <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General |
| <input type="checkbox"/> Other (specify) ▼                                   |

State: NH District: 00

Date of Disbursement

|       |   |       |   |           |
|-------|---|-------|---|-----------|
| M M M | / | D D D | / | Y Y Y Y Y |
| 03    |   | 21    |   | 2014      |

**Transaction ID : D558850**

Amount of Each Disbursement this Period

|         |
|---------|
| 2500.00 |
|---------|

**SUBTOTAL** of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

|         |
|---------|
| 7500.00 |
|---------|

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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 14 OF 16

|                              |                              |                                        |                              |                             |                              |
|------------------------------|------------------------------|----------------------------------------|------------------------------|-----------------------------|------------------------------|
| <input type="checkbox"/> 21b | <input type="checkbox"/> 22  | <input checked="" type="checkbox"/> 23 | <input type="checkbox"/> 24  | <input type="checkbox"/> 25 | <input type="checkbox"/> 26  |
| <input type="checkbox"/> 27  | <input type="checkbox"/> 28a | <input type="checkbox"/> 28b           | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

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NAME OF COMMITTEE (In Full)

**MurphPAC**

Full Name (Last, First, Middle Initial)

**A. FRIENDS OF MARK WARNER**

Date of Disbursement

|       |   |       |   |           |
|-------|---|-------|---|-----------|
| M M M | / | D D D | / | Y Y Y Y Y |
| 03    |   | 28    |   | 2014      |

Mailing Address 201 N Union St  
Ste 300

City Alexandria State VA Zip Code 22314-2650

Purpose of Disbursement  
Contribution

Candidate Name

**MARK ROBERT WARNER**Category/  
TypeOffice Sought: ☐ House  
☒ Senate  
☐ PresidentDisbursement For: 2014  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: VA District: 00

**Transaction ID : D560021**

Amount of Each Disbursement this Period

2500.00

Full Name (Last, First, Middle Initial)

**B. FRIENDS OF MARY LANDRIEU, INC.**

Date of Disbursement

|       |   |       |   |           |
|-------|---|-------|---|-----------|
| M M M | / | D D D | / | Y Y Y Y Y |
| 03    |   | 28    |   | 2014      |

Mailing Address 700 13TH STREET NW  
SUITE 600

City WASHINGTON State DC Zip Code 20005

Purpose of Disbursement  
Contribution

Candidate Name

**MARY L LANDRIEU**Category/  
TypeOffice Sought: ☐ House  
☒ Senate  
☐ PresidentDisbursement For: 2014  
☐ Primary ☒ General  
☐ Other (specify) ▼

State: LA District: 00

**Transaction ID : D560019**

Amount of Each Disbursement this Period

2500.00

Full Name (Last, First, Middle Initial)

**C. HAGAN FOR US SENATE INC**

Date of Disbursement

|       |   |       |   |           |
|-------|---|-------|---|-----------|
| M M M | / | D D D | / | Y Y Y Y Y |
| 03    |   | 21    |   | 2014      |

Mailing Address PO BOX 29103

City GREENSBORO State NC Zip Code 27429

Purpose of Disbursement  
Contribution

Candidate Name

**KAY R HAGAN**Category/  
TypeOffice Sought: ☐ House  
☒ Senate  
☐ PresidentDisbursement For: 2014  
☐ Primary ☒ General  
☐ Other (specify) ▼

State: NC District: 00

**Transaction ID : D558848**

Amount of Each Disbursement this Period

2500.00

**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

7500.00

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 15 OF 16

|                              |                              |                                        |                              |                             |                              |
|------------------------------|------------------------------|----------------------------------------|------------------------------|-----------------------------|------------------------------|
| <input type="checkbox"/> 21b | <input type="checkbox"/> 22  | <input checked="" type="checkbox"/> 23 | <input type="checkbox"/> 24  | <input type="checkbox"/> 25 | <input type="checkbox"/> 26  |
| <input type="checkbox"/> 27  | <input type="checkbox"/> 28a | <input type="checkbox"/> 28b           | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

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NAME OF COMMITTEE (In Full)

**MurphPAC**

Full Name (Last, First, Middle Initial)

**A. MARK PRYOR FOR US SENATE**

Date of Disbursement

|       |   |       |   |             |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 03    |   | 21    |   | 2014        |

Mailing Address PO Box 2720

|             |       |            |
|-------------|-------|------------|
| City        | State | Zip Code   |
| Little Rock | AR    | 72203-2720 |

Purpose of Disbursement  
Contribution

Candidate Name

**MARK L PRYOR**

Office Sought:

☐ House  
☒ Senate  
☐ President

Disbursement For: 2014

☒ Primary ☐ General  
☐ Other (specify) ▼

State: AR District: 00

**Transaction ID : D558842**

Amount of Each Disbursement this Period

|         |
|---------|
| 2500.00 |
|---------|

Full Name (Last, First, Middle Initial)

**B. SCHATZ FOR SENATE**

Date of Disbursement

|       |   |       |   |             |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 03    |   | 21    |   | 2014        |

Mailing Address PO BOX 3828

|          |       |          |
|----------|-------|----------|
| City     | State | Zip Code |
| HONOLULU | HI    | 96812    |

Purpose of Disbursement  
Contribution

Candidate Name

**BRIAN SCHATZ**

Office Sought:

☐ House  
☒ Senate  
☐ President

Disbursement For: 2014

☐ Primary ☒ General  
☐ Other (specify) ▼

State: HI District: 00

**Transaction ID : D558845**

Amount of Each Disbursement this Period

|         |
|---------|
| 2500.00 |
|---------|

Full Name (Last, First, Middle Initial)

**C. SCHATZ FOR SENATE**

Date of Disbursement

|       |   |       |   |             |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 03    |   | 31    |   | 2014        |

Mailing Address PO BOX 3828

|          |       |          |
|----------|-------|----------|
| City     | State | Zip Code |
| HONOLULU | HI    | 96812    |

Purpose of Disbursement  
Contribution

Candidate Name

**BRIAN SCHATZ**

Office Sought:

☐ House  
☒ Senate  
☐ President

Disbursement For: 2014

☒ Primary ☐ General  
☐ Other (specify) ▼

State: HI District: 00

**Transaction ID : D560030**

Amount of Each Disbursement this Period

|         |
|---------|
| 2500.00 |
|---------|

**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

|         |
|---------|
| 7500.00 |
|---------|

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|  |
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|  |     |  |     |          |     |  |     |  |    |  |     |
|--|-----|--|-----|----------|-----|--|-----|--|----|--|-----|
|  | 21b |  | 22  | <b>X</b> | 23  |  | 24  |  | 25 |  | 26  |
|  | 27  |  | 28a |          | 28b |  | 28c |  | 29 |  | 30b |

# MurphPAC

### A. UDALL FOR COLORADO

Date of Disbursement

Transaction ID : D558852

Amount of Each Disbursement this Period

Category/  
Type

Disbursement For: 2014

☒ Primary ☐ General

☐ Other (specify) ▼

State: CO District: 00

## B. WALSH FOR MONTANA

Date of Disbursement

MM / DD / YYYY

Transaction ID : D560022

Amount of Each Disbursement this Period

2500.00

Category/  
Type

Disbursement For: 2014

☒ Primary ☐ General

☐ Other (specify) ▼

State: MT District: 00

**C.**

Date of Disbursement

| City | State | Zip Code |
|------|-------|----------|
|------|-------|----------|

|  |  |  |  |
|--|--|--|--|
|  |  |  |  |
|  |  |  |  |

Amount of Each Disbursement this Period

Category/  
Type

Disbursement For:

☐ Primary ☐ General

☐ Other (specify) ▼

State:  District:

7500.00

36000.00