

48 HOUR NOTICE OF CONTRIBUTIONS/LOANS RECEIVED

(See Reverse Side for Instructions)

To be used to report all contributions (including loans) of \$1000 or more, received within 20 days of the election.

| | | | |
|---|---|---------------------------------------|--|
| 1. NAME OF COMMITTEE IN FULL Pat Murphy for Iowa | | | |
| ADDRESS (number and street) PO BOX 692 | | | |
| CITY, STATE, and ZIP CODE DUBUQUE IA 52004 | | | |
| 2. NAME OF CANDIDATE Patrick Murphy | 3. OFFICE SOUGHT (State and District) House IA 01 | | 4. FEC IDENTIFICATION NUMBER C00541938 |
| 5. IS THIS AN AMENDMENT? <input checked="" type="checkbox"/> NO, THIS IS A NEW FILING <input type="checkbox"/> YES, IT AMENDS THE NOTICE FILED ON ____ / ____ / ____ | | | |
| A. FULL NAME, MAILING ADDRESS AND ZIP CODE BETTY PAC PO Box 14141 Saint Paul MN 55114-0141 | Name of Employer Transaction ID : VN8F9D4GP31 Occupation | Date (month, day, year) 10/20/2014 | Amount 1000.00 |
| B. FULL NAME, MAILING ADDRESS AND ZIP CODE Blue Majority PAC PO Box 327 Madison WI 53701-0327 | Name of Employer Transaction ID : VN8F9D4GN46 Occupation | Date (month, day, year) 10/20/2014 | Amount 2000.00 |
| C. FULL NAME, MAILING ADDRESS AND ZIP CODE BRIAN HIGGINS FOR CONGRESS PO Box 28 Buffalo NY 14220-0028 | Name of Employer Transaction ID : VN8F9D4GN95 Occupation | Date (month, day, year) 10/20/2014 | Amount 1000.00 |
| D. FULL NAME, MAILING ADDRESS AND ZIP CODE D.R.I.V.E. - DEMOCRAT, REPUBLICAN, INDEPENDENT VOTER EDUCATION (THE PAC OF THE INTERNATION 25 Louisiana Ave NW Washington DC 20001-2130 | Name of Employer Transaction ID : VN8F9D4GPB4 Occupation | Date (month, day, year) 10/20/2014 | Amount 5000.00 |
| E. FULL NAME, MAILING ADDRESS AND ZIP CODE DEMOCRATS WIN SEATS (DWS PAC) 1071 Twin Branch Ln Weston FL 33326-2828 | Name of Employer Transaction ID : VN8F9D4GNQ6 Occupation | Date (month, day, year) 10/20/2014 | Amount 2500.00 |
| SIGNATURE (optional) Vicki Krug <i>[Electronically Filed]</i> | | DATE 10/21/2014 | For further information contact: Federal Election Commission 999 E Street, NW, Washington, DC 20463 Toll Free 800-424-9530, Local 202-694-1100 |

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Any information copied from reports and statements filed under the Federal Election Campaign Act 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.

FEC FORM 6

(Revised 07/2011)

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| A. FULL NAME, MAILING ADDRESS AND ZIP CODE Fearless PAC PO Box 37 Boulder CO 80306-0037 | Name of Employer Transaction ID : VN8F9D4GN62 Occupation | Date (month, day, year) 10/20/2014 | Amount 2000.00 |
| B. FULL NAME, MAILING ADDRESS AND ZIP CODE LEADERSHIP OF TODAY AND TOMORROW 700 13th St NW Ste 600 Washington DC 20005-5998 | Name of Employer Transaction ID : VN8F9D4GNV8 Occupation | Date (month, day, year) 10/20/2014 | Amount 3000.00 |
| C. FULL NAME, MAILING ADDRESS AND ZIP CODE MORTGAGE BANKERS ASSOCIATION POLITICAL ACTION COMMITTEE 1717 Rhode Island Ave NW Ste 400 Washington DC 20036-3023 | Name of Employer Transaction ID : VN8F9D4GNK4 Occupation | Date (month, day, year) 10/20/2014 | Amount 1500.00 |
| D. FULL NAME, MAILING ADDRESS AND ZIP CODE NATIONAL ASSOCIATION OF POSTAL SUPERVISORS PAC 1727 King St Ste 400 Alexandria VA 22314-2700 | Name of Employer Transaction ID : VN8F9D4GKK1 Occupation | Date (month, day, year) 10/20/2014 | Amount 1000.00 |
| E. FULL NAME, MAILING ADDRESS AND ZIP CODE NATIONAL BEER WHOLESALERS ASSOCIATION POLITICAL ACTION COMMITTEE 1101 King St Ste 600 Alexandria VA 22314-2965 | Name of Employer Transaction ID : VN8F9D4GNY1 Occupation | Date (month, day, year) 10/20/2014 | Amount 2500.00 |

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| A. FULL NAME, MAILING ADDRESS AND ZIP CODE SYNERGY PAC 6849 Old Dominion Dr Ste 222 McLean VA 22101-3705 | Name of Employer Transaction ID : VN8F9D4GNA3 Occupation | Date (month, day, year) 10/20/2014 | Amount 2000.00 |
| B. FULL NAME, MAILING ADDRESS AND ZIP CODE | Name of Employer Occupation | Date (month, day, year) | Amount |
| C. FULL NAME, MAILING ADDRESS AND ZIP CODE | Name of Employer Occupation | Date (month, day, year) | Amount |
| D. FULL NAME, MAILING ADDRESS AND ZIP CODE | Name of Employer Occupation | Date (month, day, year) | Amount |
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