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FEC FORM 3

Office

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FE5AN018

REPORT OF RECEIPTS AND DISBURSEMENTS

For An Authorized Committee

RECEIVED

2011 OCT 17 PM 12: 10

Office Use Only

FEC FORM 3

(Revised 02/2003)

1.	NAME OF COMMITTEE (in full)	TYPE OR PRIN		ample: If typing, type er the lines.	12FE4M5	EN FCK
L	Check if different than previously reported. (ACC) FEC IDENTIFICATION NO. 10. 10. 10. 10. 10. 10. 10. 10. 10. 10	240 E Rot \	flim Stir	rieiss eiet ioin New (N) OR		ZIP CODE STATE V DISTRICT
4.	TYPE OF REPORT (Ch (a) Quarterly Reports: April 15 Quarterly I July 15 Quarterly F October 15 Quarter	Report (Q1) Report (Q2)	(b) 12-Day PRE	-Election Report for th Primary (12P) Convention (12C)	e: General (12G) Special (12S)	Runoff (12R) in the State of
-	January 31 Year-Ei Termination Report		(c) 30-Day POS		Runoff (30R)	Special (30S) in the State of
	ertify that I have examined th	nis Report and to		nowledge and belief it		
	nature of Treasure	Timo	ing kich	and Murph		09'2011

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

	SUMMARY PAGE
FC Form 3 (Revised 02/2003)	of Receipts and Disbursements

Page 2

Write or Type Committee Name
Timothy Murphy For Congress

Report Covering the Period:

From:

07'01'2011

то: 00/30/20

			COLUMN A This Period	COLUMN B Election Cycle-to-Date
6.	Net	Contributions (other than loans)		
	(a)	Total Contributions (other than loans) (from Line 11(e))	1,509.94	, 1,509.94
	(b)	Total Contribution Refunds (from Line 20(d))	en e	The second of th
	(c)	Net Contributions (other than loans) (subtract Line 6(b) from Line 6(a))	1,509,94	, 1,50994
7.	Net	Operating Expenditures		
	(a)	Total Operating Expenditures (from Line 17)	1,931.65	1,93165
	(p)	Total Offsets to Operating Expenditures (from Line 14)	en e	
	(c)	Net Operating Expenditures (subtract Line 7(b) from Line 7(a))	1.931.65	, 1,931.65
8.	-	sh on Hand at Close of porting Period (from Line 27)	, 1,57 8.29	
9.	the Committee (Itemize all on Schedule C and/or Schedule D)		, , , , , , , , , , , , , , , , , , , ,	
10.	the	ots and Obligations Owed BY Committee (Itemize all on nedule C and/or Schedule D)	, 2,000,00	

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

ts Page 3

FEC Form 3 (Revised 12/2003)

Write or Type Committee Name

Timothy Murphy For Congress

Report Covering the Period:

From:

07'01'2011

то: Öğ 30 2011

I. RECEIPTS		COLUMN A Total This Period	COLUMN B Election Cycle-to-Date	
11.	CONTRIBUTIONS (other than loans) FROM:			
	(a) Individuals/Persons Other Than Political Committees (i) Itemized (use Schedule A)	, ,25000	, ,250.06	
	(ii) Uniternized (iii) TOTAL of contributions from individuals	, 1,259.94 , 1,509.94	, 1,259.94 , 1,509.94	
	(b) Political Party Committees (c) Other Political Committees (such as PACs)			
	(d) The Candidate	1,509.94	1,509.94	
12.	TRANSFERS FROM OTHER AUTHORIZED COMMITTEES	en en en el estado en la completación de la comple	The Artist Control of the Control of	
13.	LOANS: (a) Made or Guaranteed by the Candidate	, 2,000.00	, 2,000.60	
	(b) All Other Loans	, 2,600.00	, 2,000.00	
14. OFFSETS TO OPERATING EXPENDITURES (Refunds, Rebates, etc.)				
15.	OTHER RECEIPTS (Dividends, Interest, etc.)	es in the experience of experience of the second of the se		
16. TOTAL RECEIPTS (add Lines 11(e), 12, 13(c), 14, and 15) (Carry Total to Line 24, page 4)		, 3,509.94	, 3,509.94	

DETAILED SUMMARY PAGE

of Disbursements

Page 4

	II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
17.	OPERATING EXPENDITURES	, 1,931.65	, 1,931.65
18.	TRANSFERS TO OTHER AUTHORIZED COMMITTEES		en de la companya de La companya de la co
19.	LOAN REPAYMENTS: (a) Of Loans Made or Guaranteed by the Candidate		
	(b) Of All Other Loans		· ·
20.	REFUNDS OF CONTRIBUTIONS TO: (a) Individuals/Persons Other Than Political Committees	in the second area of the company of the design of the company of	en e
	(b) Political Party Committees		
	(d) TOTAL CONTRIBUTION REFUNDS (add Lines 20(a), (b), and (c))		
21.	OTHER DISBURSEMENTS	en de la companya de La companya de la co	o grande de la escala en la esca La formación de la escala en la
22.	TOTAL DISBURSEMENTS (add Lines 17, 18, 19(c), 20(d), and 21)	, 1,931.65	, 1,931.65
	III. CASH SI	UMMARY	
23.	CASH ON HAND AT BEGINNING OF REPO	PRTING PERIOD	, , , 000
24	24 TOTAL RECEIPTS THIS PERIOD (from Line 16, page 3)		, 3,509.94
25.	SUBTOTAL (add Line 23 and Line 24)		, 3,509.94
26.	26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22)		, 1,931.65
27.	CASH ON HAND AT CLOSE OF REPORTIN (subtract Line 26 from Line 25)	IG PERIOD	, 1,57829

11030673804

SCHEDULE A (FEC Form 3)

FOR LINE NUMBER: PAGE OF Use separate schedule(s) (check only one)

ITEMIZED RECEIPTS	Detailed Summary Page	11a 11b 11c 11d 11d 12 13a 13b 14 15
Any information copied from such Reports and Statemer or for commercial purposes, other than using the name	nts may not be sold or used by any pe and address of any political committee	rson for the purpose of soliciting contributions
NAME OF COMMITTEE (In Full) Timothy Mu	rphy For Congr	-e55
A. Schaefer, Gregory Mailing Address 5136 Evergreen Dr	, p	Date of Receipt
City Ckinney T		- 0.0 3-1. A-21-1.
FEC ID number of contributing federal political committee.	Section (Company) in a company of the company of th	Amount of Each Receipt this Period
	pation	Jacobson (1977) Aller State (1977)
Primary General Characteristics Other (specify)	ion Cycle-to-Date	
Full Name (Last, First, Middle Initial) B.		Date of Receipt
Mailing Address		MOM / D D / YOY YOY
City Stat	<u>'</u>	
federal political committee.		Amount of Each Receipt this Period
Name of Employer Occup	pation	The second of th
Primary General	ion Cycle-to-Date	
Full Name (Last, First, Middle Initial)		Date of Receipt
C. Mailing Address		/M N / D D / Y Y Y Y
City Stat	te Zip Code	
FEC ID number of contributing federal political committee.	n de la companya de l	Amount of Each Receipt this Period
	pation	That was a sign of the distriction of the districti
Primary General	ion Cycle-to-Date	
SUBTOTAL of Receipts This Page (optional)		
TOTAL This Period (last page this line number only)		

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 2 OF 2 (check only one) 11a 11b 11c 11d 11d 12 113a 13b 14 15
Any information copied from such Reports and Stater or for commercial purposes, other than using the name		
NAME OF COMMITTEE (In Full) Timothy Muy	Thy For Congress	
	State Zip Code	Date of Receipt
Rutherford ton	NC 28139	
FEC ID number of contributing federal political committee.		Amount of Each Receipt this Period
Receipt For/ Primary General Other (specify)	cupation APCH Carrier action Cycle-to-Date 2,600.00	
Full Name (Last, First, Middle Initial)	Date of Receipt	
Mailing Address		M M / D D / Y Y Y Y
City	State Zip Code	
		Amount of Each Receipt this Period
Name of Employer Oc	cupation	The Ser Dar West 1 - North and Sur Jay 4 (1997)
Primary General	ection Cycle-to-Date	
Full Name (Last, First, Middle Initial)		Date of Receipt
C. Mailing Address		M M / D D / Y Y Y
City	state Zip Code	
FEC ID number of contributing federal political committee.		Amount of Each Receipt this Period
Name of Employer Oc	cupation	Construction of the Section And Construction Construction Construction
	ection Cycle-to-Date	
CURTOTAL of Descripts This Descripts		
TOTAL This Period (last page this line number only).	, 2,250.00	

SCHEDULE B (FEC Form 3)	Use separate schedule(s)	(check only one)
ITEMIZED DISBURSEMENTS	for each category of the Detailed Summary Page	17 18 19a 19b
	<u> </u>	20a 20b 20c 21
Any information copied from such Reports and Statements mor for commercial purposes, other than using the name and a	ay not be sold or used by any paddress of any political committee	person for the purpose of soliciting contributions to solicit contributions from such committee.
NAME OF COMMITTEE (In Full)		
Timothy Murphy F	or Congress	•
Full Name (Last, First, Middle Initial)	•]
A. Tom Christopherson /ASCon	rdable Buttons.Co	Pare of Dispursement
Mailing Address 19th St NW		09 08 2011
City Roch ester State	Zip Code 5590	Amount of Each Disbursement this Period
Purnose of Dishursement	33401	25520
Promotional Materials	00.6	
Candidat∌ Name	Category/ Type	
Office Sought: House Disbursement For Senate Primary	: General	
President Other (s	لـــا	
State: District: Full Name (Last, First, Middle Initial)	·	
B. 2 1 1 A C C		Date of Disbursement
Build Asigh. Com		- DO DO DO TO
11525B Stone hollo	w Drive	
City	Zip Code	Amount of Each Disbursement this Period
Purpose of Disbursement	78758	62274
Promotional Materials	006	
Candidate Name	Category/ Type	
Office Sought: House Disbursement For	:	
Senate Primary President Other (s	General specify)	
State: District:		
Full Name (Last, First, Middle Initial)		Date of Dishursement
C.		Date of Disbursement
Mailing Address		
City State Zi	p Code	Amount of Each Disbursement this Period
Purpose of Disbursement		
Candidate Name	Cotonomi	
	Category/ Type	
Office Sought: House Disbursement For Senate Primary		
President Other (s	L	
State: District:		
CURTOTAL of Dishumaments This Days (self-car)		
SUBTOTAL of Disbursements This Page (optional)		
TOTAL This Period (last page this line number only)		0.194

SCHEDULE C	(FEC	Form	3)
LOANS			

Use separate schedule(s) for each category of the

PAGE FOR LINE NUMBER: (check only one)

OANS	for each category of the Detailed Summary Page			
IAME OF COMMITTEE (In Full) Timothy Murphy For Congr LOAN SOURCE Full Name (Last, First, Middle Initial)	ess			
Murphy, Timothy R Mailing Address 240 Elm ST	Primary General Other (specify) ▼			
City State ZIP Con Rutherfordton NC 25				
Original Amount of Loan Cumulative Payment To	Date Balance Outstanding at Close of This Period , 2,00000			
Date Incurred Date Due 0日 25 20 11 04 15 2	Interest Rate Secured: O.OO % (apr)			
List All Endorsers or Guarantors (if any) to Loan Source	Name of Employer			
Full Name (Last, First, Middle Initial)	Name of Employer			
Mailing Address	Occupation			
City State ZIP Code	Amount Guaranteed Outstanding:			
2. Full Name (Last, First, Middle Initial)	Name of Employer			
Mailing Address	Occupation			
City State ZIP Code	Amount Guaranteed Outstanding:			
3. Full Name (Last, First, Middle Initial)	Name of Employer			
Mailing Address	Occupation			
City State ZIP Code	Amount Guaranteed Outstanding:			
4. Full Name (Last, First, Middle Initial)	Name of Employer			
Mailing Address	Occupation			
City State ZIP Code	Amount Guaranteed Outstanding:			
SUBTOTALS This Period This Page (optional) TOTALS This Period (last page in this line only)				
Carry outstanding balance only to LINE 3. Schedule D. for this line. If no Schedule D. carry forward to appropriate line of Summary.				

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