

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 Washington DC 20003

2. FEC IDENTIFICATION NUMBER C C00459925 3. IS THIS REPORT NEW (N) OR AMENDED (A)

4. TYPE OF REPORT (Choose One) (a) Quarterly Reports: April 15, July 15, October 15, January 31, July 31 Mid-Year Report (MY), Termination Report (TER) (b) Monthly Report Due On: Feb 20 (M2), Mar 20 (M3), Apr 20 (M4), May 20 (M5), Jun 20 (M6), Jul 20 (M7), Aug 20 (M8), Sep 20 (M9), Oct 20 (M10), Nov 20 (M11), Dec 20 (M12), Jan 31 (YE) (c) 12-Day PRE-Election Report for the: Primary (12P), General (12G), Runoff (12R), Convention (12C), Special (12S) (d) 30-Day POST-Election Report for the: General (30G), Runoff (30R), Special (30S)

5. Covering Period 01 / 01 / 2013 through 06 / 30 / 2013

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 07 / 29 / 2013

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
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 02/2003)

Write or Type Committee Name

MurphPAC

Report Covering the Period: From: / / To: / /

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, <input type="text" value="2013"/>		10529.51
(b) Cash on Hand at Beginning of Reporting Period.....	10529.51	
(c) Total Receipts (from Line 19)	77148.22	77148.22
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	87677.73	87677.73
7. Total Disbursements (from Line 31).....	43381.21	43381.21
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	44296.52	44296.52
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	

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

Write or Type Committee Name

MurphPAC

Report Covering the Period: From: / / To: / /

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).....	4800.00	4800.00
(ii) Unitemized	1925.00	1925.00
(iii) TOTAL (add Lines 11(a)(i) and (ii))..... ▶	6725.00	6725.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs).....	70423.22	70423.22
(d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5)	77148.22	77148.22
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))..... ▶	77148.22	77148.22
20. Total Federal Receipts (subtract Line 18(c) from Line 19)..... ▶	77148.22	77148.22

DETAILED SUMMARY PAGE
of Disbursements

II. Disbursements	COLUMN A Total This Period	COLUMN B 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	34881.21	34881.21
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	34881.21	34881.21
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	8500.00	8500.00
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)) ..	43381.21	43381.21
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	43381.21	43381.21

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) (from Line 11(d), page 3)	77148.22	77148.22
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	77148.22	77148.22
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	34881.21	34881.21
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	34881.21	34881.21

**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 27
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 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. James Boysen		Date of Receipt
Mailing Address 8708 Mendocino Dr		<input type="text" value="04"/> / <input type="text" value="25"/> / <input type="text" value="2013"/>
City	State	Zip Code
Austin	TX	78735-1424
FEC ID number of contributing federal political committee.		Transaction ID : C8233761
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Amount of Each Receipt this Period
		<input type="text" value="250.00"/>
Name of Employer	Occupation	
Austin Pulmonary Consultants	Physician	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="250.00"/>	
<input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. Kira Carter-Robertson		Date of Receipt
Mailing Address 994 Bolton Farms Lane		<input type="text" value="04"/> / <input type="text" value="25"/> / <input type="text" value="2013"/>
City	State	Zip Code
Grand Ledge	MI	48837
FEC ID number of contributing federal political committee.		Transaction ID : C8233776
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Amount of Each Receipt this Period
		<input type="text" value="250.00"/>
Name of Employer	Occupation	
Sparrow Specialty Hospital	Healthcare	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="250.00"/>	
<input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. Janice Hill		Date of Receipt
Mailing Address 942 River Landing Dr		<input type="text" value="04"/> / <input type="text" value="25"/> / <input type="text" value="2013"/>
City	State	Zip Code
Memphis	TN	38103-8894
FEC ID number of contributing federal political committee.		Transaction ID : C8233783
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Amount of Each Receipt this Period
		<input type="text" value="250.00"/>
Name of Employer	Occupation	
Baptist Memorial Care Hospital	CEO	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="250.00"/>	
<input type="checkbox"/> Other (specify) ▼		

SUBTOTAL of Receipts This Page (optional).....▶	<input type="text" value="750.00"/>
TOTAL This Period (last page this line number only).....▶	<input type="text"/>

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 7 OF 27
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

<input type="checkbox"/> 12	<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. Lawrence Hotes		Date of Receipt MM / DD / YYYY 04 / 25 / 2013 Transaction ID : C8233773
Mailing Address 13 Mayglower Lane		Amount of Each Receipt this Period 250.00
City Sharon	State MA	Zip Code 02067
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer New England Sinai Hospital	Occupation Chief Medical Officer	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

Full Name (Last, First, Middle Initial) B. Edward Kalman		Date of Receipt MM / DD / YYYY 04 / 25 / 2013 Transaction ID : C8233785
Mailing Address 49 Ocean View Rd		Amount of Each Receipt this Period 1000.00
City Swampscott	State MA	Zip Code 01907-2207
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00
Name of Employer Self-Employed	Occupation Attorney	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	

Full Name (Last, First, Middle Initial) C. Arthur Maples		Date of Receipt MM / DD / YYYY 04 / 25 / 2013 Transaction ID : C8233782
Mailing Address 8657 Oak Trl Ln		Amount of Each Receipt this Period 250.00
City Cordova	State TN	Zip Code 38018
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer Baptist Memorial Health Care	Occupation President, Director of Government Oper	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

SUBTOTAL of Receipts This Page (optional).....▶	1500.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 8 OF 27
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

<input type="checkbox"/> 12	<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. Raymond Replogle

Mailing Address 1965 S 294th East Ave

City Broken Arrow State OK Zip Code 74014-4895

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

Name of Employer Continuous Care Centers of Tulsa Occupation Administrator

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 04 / 25 / 2013
Transaction ID : C8233781

Amount of Each Receipt this Period
250.00

Full Name (Last, First, Middle Initial)
B. John Votto

Mailing Address 633 Tudor dr

City Cheshire State CT Zip Code 06410

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

Name of Employer Hospital for Special Care Occupation President

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 04 / 25 / 2013
Transaction ID : C8233770

Amount of Each Receipt this Period
1000.00

Full Name (Last, First, Middle Initial)
C. Judith Waterston

Mailing Address 7 High Street

City Marblehead State MA Zip Code 01945

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

Name of Employer New England Sinai Hospital Occupation President

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 04 / 25 / 2013
Transaction ID : C8233774

Amount of Each Receipt this Period
250.00

SUBTOTAL of Receipts This Page (optional).....▶	1500.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 9 OF 27
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
MurphPAC

A. Janine Epright
Full Name (Last, First, Middle Initial)

Mailing Address 3 Oakhill Ter

City Haddam State CT Zip Code 06438

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

Name of Employer Gaylord Hospital Occupation CFO

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **300.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
05 / 14 / 2013

Transaction ID : C8277213A

Amount of Each Receipt this Period
300.00

* Earmarked Contribution: See Below

B. ACTBLUE
Full Name (Last, First, Middle Initial)

Mailing Address P.O. Box 382110

City Cambridge State MA Zip Code 02238

FEC ID number of contributing federal political committee. **C C00401224**

Name of Employer Occupation
Conduit total listed in Agg. field

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **1050.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
05 / 23 / 2013

Transaction ID : C8277213AB

Amount of Each Receipt this Period
300.00

[MEMO ITEM]
 Note: Above Contribution earmarked through this organization.

C. Robert Saulnier
Full Name (Last, First, Middle Initial)

Mailing Address 1933 Dimon St

City Columbus State GA Zip Code 31906

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

Name of Employer Registered Nurse Occupation Columbus Specialty Hospital

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **250.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
04 / 29 / 2013

Transaction ID : C8258563A

Amount of Each Receipt this Period
250.00

* Earmarked Contribution: See Below

SUBTOTAL of Receipts This Page (optional)..... **550.00**

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 10 OF 27
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
MurphPAC

A. ACTBLUE
Full Name (Last, First, Middle Initial)
Mailing Address P.O. Box 382110

City Cambridge	State MA	Zip Code 02238
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FEC ID number of contributing federal political committee. **C** C00401224

Name of Employer	Occupation
	Conduit total listed in Agg. field

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1050.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 10 / 2013
Transaction ID : C8258563AB

Amount of Each Receipt this Period
 250.00

[MEMO ITEM]
 Note: Above Contribution earmarked through this organization.

B. Jonathan Sheiner
Full Name (Last, First, Middle Initial)
Mailing Address 510 Bellvue Pl

City Alexandria	State VA	Zip Code 22314
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FEC ID number of contributing federal political committee. **C**

Name of Employer Jonathan Sheiner LLC	Occupation Consultant
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Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 04 / 29 / 2013
Transaction ID : C8258562A

Amount of Each Receipt this Period
 500.00

* Earmarked Contribution: See Below

C. ACTBLUE
Full Name (Last, First, Middle Initial)
Mailing Address P.O. Box 382110

City Cambridge	State MA	Zip Code 02238
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FEC ID number of contributing federal political committee. **C** C00401224

Name of Employer	Occupation
	Conduit total listed in Agg. field

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1050.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 10 / 2013
Transaction ID : C8258562AB

Amount of Each Receipt this Period
 500.00

[MEMO ITEM]
 Note: Above Contribution earmarked through this organization.

SUBTOTAL of Receipts This Page (optional).....	500.00
TOTAL This Period (last page this line number only).....	4800.00

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 11 OF 27
<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. AMERICAN HEALTH CARE ASSOCIATION POLITICAL ACTION

Mailing Address 1201 L Street, NW

City Washington	State DC	Zip Code 20005
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FEC ID number of contributing federal political committee. **C** C00006080

Name of Employer _____ Occupation _____

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 5000.00

Date of Receipt: 05 / 07 / 2013
Transaction ID : C8257860
 Amount of Each Receipt this Period: 5000.00

Full Name (Last, First, Middle Initial)
B. ASSOCIATION FOR ADVANCED LIFE UNDERWRITING PAC (AALU PAC)

Mailing Address 11921 FREEDOM DRIVE
SUITE 1100

City RESTON	State VA	Zip Code 20190
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FEC ID number of contributing federal political committee. **C** C00447565

Name of Employer _____ Occupation _____

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 5000.00

Date of Receipt: 06 / 10 / 2013
Transaction ID : C8288821
 Amount of Each Receipt this Period: 5000.00

Full Name (Last, First, Middle Initial)
C. BIPARTISAN POLITICAL ACTION COMMITTEE/THE BANK OF

Mailing Address ONE MELLON BANK CENTER

City PITTSBURGH	State PA	Zip Code 15258
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FEC ID number of contributing federal political committee. **C** C00017558

Name of Employer _____ Occupation _____

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 2500.00

Date of Receipt: 05 / 21 / 2013
Transaction ID : C8277140
 Amount of Each Receipt this Period: 2500.00

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) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 12 OF 27
<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

A. DIAGEO NORTH AMERICA INC EMPLOYEES' POLITICAL PARTICIPATION COMMITTEE

Full Name (Last, First, Middle Initial)
Mailing Address 801 MAIN AVENUE
P.O. Box 778

City NORWALK State CT Zip Code 06851

FEC ID number of contributing federal political committee. **C** C00034470

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
423.22

Date of Receipt
05 / 24 / 2013
Transaction ID : C8277904

Amount of Each Receipt this Period
423.22

* In-Kind: PAC In-Kind Catering

B. ELECTRICAL CONTRACTORS POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial)
Mailing Address 3 BETHESDA METRO CENTER
SUITE 1100

City BETHESDA State MD Zip Code 20814

FEC ID number of contributing federal political committee. **C** C00113811

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
2500.00

Date of Receipt
06 / 28 / 2013
Transaction ID : C8299546

Amount of Each Receipt this Period
2500.00

C. GENERAL ELECTRIC COMPANY POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial)
Mailing Address 1299 Pennsylvania Ave NW
Suite 900W

City Washington State DC Zip Code 20004

FEC ID number of contributing federal political committee. **C** C00024869

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
2500.00

Date of Receipt
03 / 29 / 2013
Transaction ID : C8154291

Amount of Each Receipt this Period
2500.00

SUBTOTAL of Receipts This Page (optional).....▶	5423.22
TOTAL This Period (last page this line number only).....▶	

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 13 OF 27
<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. HARTFORD FINANCIAL SERVICES GROUP INC ADVOCATES FU		Date of Receipt
Mailing Address HARTFORD PLAZA		<input type="text" value="03"/> / <input type="text" value="23"/> / <input type="text" value="2013"/>
City State Zip Code HARTFORD CT 06115		Transaction ID : C8155327
FEC ID number of contributing federal political committee. <input type="text" value="C"/> <input type="text" value="C00168864"/>		Amount of Each Receipt this Period <input type="text" value="2500.00"/>
Name of Employer	Occupation	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <input type="text" value="5000.00"/>	

Full Name (Last, First, Middle Initial) B. HARTFORD FINANCIAL SERVICES GROUP INC ADVOCATES FU		Date of Receipt
Mailing Address HARTFORD PLAZA		<input type="text" value="05"/> / <input type="text" value="21"/> / <input type="text" value="2013"/>
City State Zip Code HARTFORD CT 06115		Transaction ID : C8277141
FEC ID number of contributing federal political committee. <input type="text" value="C"/> <input type="text" value="C00168864"/>		Amount of Each Receipt this Period <input type="text" value="2500.00"/>
Name of Employer	Occupation	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <input type="text" value="5000.00"/>	

Full Name (Last, First, Middle Initial) C. INDEPENDENT COMMUNITY BANKERS OF AMERICA POLITICAL		Date of Receipt
Mailing Address 1615 L Street NW Suite 900		<input type="text" value="06"/> / <input type="text" value="29"/> / <input type="text" value="2013"/>
City State Zip Code Washington DC 20036		Transaction ID : C8300653
FEC ID number of contributing federal political committee. <input type="text" value="C"/> <input type="text" value="C00032698"/>		Amount of Each Receipt this Period <input type="text" value="5000.00"/>
Name of Employer	Occupation	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <input type="text" value="5000.00"/>	

SUBTOTAL of Receipts This Page (optional).....▶	<input type="text" value="10000.00"/>
TOTAL This Period (last page this line number only).....▶	<input type="text"/>

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 14 OF 27
<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

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. INVESTMENT COMPANY INSTITUTE POLITICAL ACTION COMM

Mailing Address 1401 H STREET NW SUITE 1200

City WASHINGTON	State DC	Zip Code 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: 05 / 21 / 2013
Transaction ID : C8277142
 Amount of Each Receipt this Period: 5000.00

Full Name (Last, First, Middle Initial)
B. 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 General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 5000.00

Date of Receipt: 06 / 29 / 2013
Transaction ID : C8300556
 Amount of Each Receipt this Period: 5000.00

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 General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 5000.00

Date of Receipt: 06 / 27 / 2013
Transaction ID : C8295139
 Amount of Each Receipt this Period: 5000.00

SUBTOTAL of Receipts This Page (optional).....	15000.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 15 OF 27
<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. NATIONAL EMERGENCY MEDICINE POLITICAL ACTION COMMITTEE

Mailing Address 1125 Executive Circle

City Irving	State TX	Zip Code 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: 04 / 17 / 2013
Transaction ID : C8232033
 Amount of Each Receipt this Period: 2500.00

Full Name (Last, First, Middle Initial)
B. NATIONAL MULTI HOUSING COUNCIL POLITICAL ACTION CO

Mailing Address 1850 M Street NW Suite 540

City Washington	State DC	Zip Code 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: 02 / 19 / 2013
Transaction ID : C8119720
 Amount of Each Receipt this Period: 2500.00

Full Name (Last, First, Middle Initial)
C. NATIONAL MULTI HOUSING COUNCIL POLITICAL ACTION CO

Mailing Address 1850 M Street NW Suite 540

City Washington	State DC	Zip Code 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: 05 / 10 / 2013
Transaction ID : C8258560
 Amount of Each Receipt this Period: 2500.00

SUBTOTAL of Receipts This Page (optional).....▶	7500.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 16 OF 27
<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. NEW YORK LIFE INSURANCE COMPANY POLITICAL ACTION C

Mailing Address 51 Madison Ave.
Room 1109

City New York State NY Zip Code 10010

FEC ID number of contributing federal political committee. **C** C00158881

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 5000.00

Date of Receipt: 05 / 21 / 2013
Transaction ID : C8277143

Amount of Each Receipt this Period: 5000.00

Full Name (Last, First, Middle Initial)
B. NORTHEAST UTILITIES EMPLOYEES' POLITICAL ACTION CO

Mailing Address Federal Governmental Affairs
601 Pennsylvania Ave NW Suite 620

City Washington State DC Zip Code 20004

FEC ID number of contributing federal political committee. **C** C00102160

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 2500.00

Date of Receipt: 02 / 19 / 2013
Transaction ID : C8119721

Amount of Each Receipt this Period: 2500.00

Full Name (Last, First, Middle Initial)
C. NORTHWESTERN MUTUAL LIFE INSURANCE COMPANY FEDERAL

Mailing Address 720 E Wisconsin Ave

City Milwaukee State WI Zip Code 53202

FEC ID number of contributing federal political committee. **C** C00197095

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 5000.00

Date of Receipt: 06 / 10 / 2013
Transaction ID : C8288824

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) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 17 OF 27
<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. NUCLEAR ENERGY INSTITUTE FEDERAL POLITICAL ACTION

Mailing Address 1776 I Street NW 4th Flr

City Washington State DC Zip Code 20006

FEC ID number of contributing federal political committee. **C** C00239848

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 2500.00

Date of Receipt: 05 / 07 / 2013
Transaction ID : C8257861
 Amount of Each Receipt this Period: 2500.00

Full Name (Last, First, Middle Initial)
B. PRICEWATERHOUSECOOPERS POLITICAL ACTION COMMITTEE

Mailing Address 1301 K Street NW Suite 800W

City Washington State DC Zip Code 20005

FEC ID number of contributing federal political committee. **C** C00107235

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 5000.00

Date of Receipt: 05 / 21 / 2013
Transaction ID : C8277144
 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)..... ▶ 7500.00

TOTAL This Period (last page this line number only)..... ▶ 70423.22

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

<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

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NAME OF COMMITTEE (In Full)

MurphPAC

Full Name (Last, First, Middle Initial)

A. DIAGEO NORTH AMERICA INC EMPLOYEES' POLITICAL PARTICIPATION COMMITTEE

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
05		24		2013

Mailing Address 801 MAIN AVENUE
P.O. Box 778

City NORWALK State CT Zip Code 06851

Transaction ID : D530303

Purpose of Disbursement
PAC In-Kind Catering

Amount of Each Disbursement this Period

423.22

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

* In-Kind Received

State: District:

Full Name (Last, First, Middle Initial)

B. Dreamz Catering

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
01		24		2013

Mailing Address 1524 Red Oak Dr

City Silver Spring State MD Zip Code 20910-1549

Transaction ID : D516915

Purpose of Disbursement
PAC Fundraising Event Catering

Amount of Each Disbursement this Period

250.00

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Full Name (Last, First, Middle Initial)

C. Mrs. Allison Baker Griner

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
01		15		2013

Mailing Address 4971 Allan Road

City Bethesda State MD Zip Code 20816

Transaction ID : D515237

Purpose of Disbursement
PAC Fundraising Consulting Services

Amount of Each Disbursement this Period

2000.00

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

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

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

2673.22

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**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

<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

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NAME OF COMMITTEE (In Full)
MurphPAC

Full Name (Last, First, Middle Initial) A. Mrs. Allison Baker Griner		Date of Disbursement MM / DD / YYYY 02 / 08 / 2013
Mailing Address 4971 Allan Road		Transaction ID : D519247
City Bethesda	State MD	
Purpose of Disbursement PAC Fundraising Consulting Services		Amount of Each Disbursement this Period 2000.00
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: _____	

Full Name (Last, First, Middle Initial) B. Mrs. Allison Baker Griner		Date of Disbursement MM / DD / YYYY 03 / 22 / 2013
Mailing Address 4971 Allan Road		Transaction ID : D521810
City Bethesda	State MD	
Purpose of Disbursement PAC Fundraising Consulting Services		Amount of Each Disbursement this Period 2000.00
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: _____	

Full Name (Last, First, Middle Initial) C. Mrs. Allison Baker Griner		Date of Disbursement MM / DD / YYYY 04 / 17 / 2013
Mailing Address 4971 Allan Road		Transaction ID : D528255
City Bethesda	State MD	
Purpose of Disbursement PAC Fundraising Consulting Services		Amount of Each Disbursement this Period 2000.00
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: _____	

SUBTOTAL of Disbursements This Page (optional).....▶	6000.00
TOTAL This Period (last page this line number only).....▶	

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

<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

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NAME OF COMMITTEE (In Full)
MurphPAC

Full Name (Last, First, Middle Initial) A. Mrs. Allison Baker Griner		Date of Disbursement MM / DD / YYYY 06 / 11 / 2013
Mailing Address 4971 Allan Road		Transaction ID : D530985
City Bethesda	State MD	
Purpose of Disbursement PAC Fundraising Consulting Services		Amount of Each Disbursement this Period 2000.00
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: _____	

Full Name (Last, First, Middle Initial) B. Mrs. Allison Baker Griner		Date of Disbursement MM / DD / YYYY 05 / 08 / 2013
Mailing Address 4971 Allan Road		Transaction ID : D536636
City Bethesda	State MD	
Purpose of Disbursement PAC Fundraising Consulting Services		Amount of Each Disbursement this Period 2000.00
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2018 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Convention	
State: _____	District: _____	

Full Name (Last, First, Middle Initial) C. Joe Kelley Consulting		Date of Disbursement MM / DD / YYYY 06 / 06 / 2013
Mailing Address 30 Charlton St, Apt 4i		Transaction ID : D531781
City New York	State NY	
Purpose of Disbursement PAC Fundraising Consulting Services		Amount of Each Disbursement this Period 2500.00
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: _____	

SUBTOTAL of Disbursements This Page (optional).....▶	6500.00
TOTAL This Period (last page this line number only).....▶	

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

<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

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NAME OF COMMITTEE (In Full)
MurphPAC

Full Name (Last, First, Middle Initial)

A. Joe Kelley Consulting

Mailing Address 30 Charlton St, Apt 4i

City New York State NY Zip Code 10013

Purpose of Disbursement
PAC Fundraising Consulting Services

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

/ /

Transaction ID : D521332

Amount of Each Disbursement this Period

Category/
Type

Full Name (Last, First, Middle Initial)

B. NGP Van, Inc.

Mailing Address 1101 15th St NW
Suite 500

City Washington State DC Zip Code 20005

Purpose of Disbursement
PAC Software Licencing Fee

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

/ /

Transaction ID : D529430

Amount of Each Disbursement this Period

Category/
Type

Full Name (Last, First, Middle Initial)

C. NGP Van, Inc.

Mailing Address 1101 15th St NW
Suite 500

City Washington State DC Zip Code 20005

Purpose of Disbursement
PAC Software Licencing Fee

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

/ /

Transaction ID : D519246

Amount of Each Disbursement this Period

Category/
Type

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

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

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

<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

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NAME OF COMMITTEE (In Full)
MurphPAC

Full Name (Last, First, Middle Initial)

A. PCMS, LLC

Mailing Address 1050 17th St NW, Ste 590

City Washington State DC Zip Code 20036

Purpose of Disbursement
PAC Accounting Services

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
01 / 15 / 2013

Transaction ID : D515238

Amount of Each Disbursement this Period

312.50

Full Name (Last, First, Middle Initial)

B. PCMS, LLC

Mailing Address 1050 17th St NW, Ste 590

City Washington State DC Zip Code 20036

Purpose of Disbursement
PAC Accounting Services

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
04 / 17 / 2013

Transaction ID : D528254

Amount of Each Disbursement this Period

371.24

Full Name (Last, First, Middle Initial)

C. PCMS, LLC

Mailing Address 1050 17th St NW, Ste 590

City Washington State DC Zip Code 20036

Purpose of Disbursement
PAC Accounting Services

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
02 / 08 / 2013

Transaction ID : D519248

Amount of Each Disbursement this Period

371.70

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

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

1055.44

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

<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

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NAME OF COMMITTEE (In Full)
MurphPAC

Full Name (Last, First, Middle Initial)

A. PCMS, LLC

Mailing Address 1050 17th St NW, Ste 590

City Washington State DC Zip Code 20036

Purpose of Disbursement
PAC Accounting Services

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
06 / 21 / 2013

Transaction ID : D536386

Amount of Each Disbursement this Period

606.38

Full Name (Last, First, Middle Initial)

B. Mrs. Allison Baker Griner

Mailing Address 4971 Allan Road

City Bethesda State MD Zip Code 20816

Purpose of Disbursement
PAC Meals Reimbursement

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
04 / 22 / 2013

Transaction ID : D528556

Amount of Each Disbursement this Period

56.24

Full Name (Last, First, Middle Initial)

C. Mrs. Allison Baker Griner

Mailing Address 4971 Allan Road

City Bethesda State MD Zip Code 20816

Purpose of Disbursement
PAC Fundraising Event Advance Payment

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
04 / 29 / 2013

Transaction ID : D528748

Amount of Each Disbursement this Period

11875.00

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

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

12537.62

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

<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

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NAME OF COMMITTEE (In Full)
MurphPAC

Full Name (Last, First, Middle Initial)

A. Boston Red Sox

Mailing Address 4 Yawkey Way

City Boston State MA Zip Code 02215

Purpose of Disbursement
PAC Fundraising Event Food & Beverages, Tickets and Space Rental

Candidate Name

Office Sought: House Senate President

State: District:

Disbursement For: 2018
 Primary General
 Other (specify) Convention

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	4		2	9		2	0	1	3

Transaction ID : D536635

Amount of Each Disbursement this Period

1	1	8	7	5	.	0	0
---	---	---	---	---	---	---	---

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

B. Mrs. Allison Baker Griner

Mailing Address 4971 Allan Road

City Bethesda State MD Zip Code 20816

Purpose of Disbursement
PAC Fundraising Event Catering

Candidate Name

Office Sought: House Senate President

State: District:

Disbursement For:
 Primary General
 Other (specify) Convention

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	5		0	8		2	0	1	3

Transaction ID : D529429

Amount of Each Disbursement this Period

1	2	8	1	.	0	0
---	---	---	---	---	---	---

Full Name (Last, First, Middle Initial)

C. The Dupont Circle Hotel

Mailing Address 1500 New Hampshire Ave NW

City Washington State DC Zip Code 20036-1204

Purpose of Disbursement
PAC Fundraising Event Catering

Candidate Name

Office Sought: House Senate President

State: District:

Disbursement For:
 Primary General
 Other (specify) Convention

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	5		0	8		2	0	1	3

Transaction ID : D529431

Amount of Each Disbursement this Period

1	2	8	1	.	0	0
---	---	---	---	---	---	---

[MEMO ITEM]

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

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

1	2	8	1	.	0	0
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1	2	8	1	.	0	0
---	---	---	---	---	---	---

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

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Detailed Summary Page

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<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

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NAME OF COMMITTEE (In Full)
MurphPAC

Full Name (Last, First, Middle Initial)

A. Mrs. Allison Baker Griner

Mailing Address 4971 Allan Road

City State Zip Code
Bethesda MD 20816

Purpose of Disbursement
PAC Fundraising Event Catering

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
05	/	13	/	2013

Transaction ID : D530178

Amount of Each Disbursement this Period

892.45

Category/
Type

Full Name (Last, First, Middle Initial)

B. Charlie Palmer Steak

Mailing Address 101 Constitution Avenue NW

City State Zip Code
Washington DC 20001

Purpose of Disbursement
PAC Fundraising Event Catering

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
05	/	13	/	2013

Transaction ID : D530179

Amount of Each Disbursement this Period

892.45

Category/
Type

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
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Amount of Each Disbursement this Period

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Category/
Type

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

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

892.45

34689.73

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

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Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<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. BRALEY FOR IOWA

Mailing Address PO BOX 856

City DES MOINES State IA Zip Code 50304

Purpose of Disbursement
Contribution

Candidate Name
BRUCE L BRALEY

Office Sought: House Senate President
Disbursement For: 2014 Primary General Other (specify) ▼
State: IA District: 00

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
06 / 26 / 2013

Transaction ID : D532676

Amount of Each Disbursement this Period

2000.00

Full Name (Last, First, Middle Initial)

B. HAGAN FOR US SENATE INC

Mailing Address PO BOX 29103

City GREENSBORO State NC Zip Code 27429

Purpose of Disbursement
Contribution

Candidate Name
KAY R HAGAN

Office Sought: House Senate President
Disbursement For: 2014 Primary General Other (specify) ▼
State: NC District: 00

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
06 / 27 / 2013

Transaction ID : D532701

Amount of Each Disbursement this Period

2000.00

Full Name (Last, First, Middle Initial)

C. PETERS FOR MICHIGAN

Mailing Address PO BOX 226

City BLOOMFIELD HILLS State MI Zip Code 48303

Purpose of Disbursement
Contribution

Candidate Name
GARY PETERS

Office Sought: House Senate President
Disbursement For: 2014 Primary General Other (specify) ▼
State: MI District: 00

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
06 / 26 / 2013

Transaction ID : D532677

Amount of Each Disbursement this Period

2000.00

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

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

6000.00

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<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
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NAME OF COMMITTEE (In Full)

MurphPAC

Full Name (Last, First, Middle Initial)

A. SCHATZ FOR SENATE

Mailing Address PO BOX 3828

City HONOLULU State HI Zip Code 96812

Purpose of Disbursement
Contribution

Candidate Name
BRIAN SCHATZ

Office Sought: House
 Senate
 President
State: HI District: 00

Disbursement For: 2014
 Primary General
 Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	27	/	2013

Transaction ID : D532700

Amount of Each Disbursement this Period

2500.00

Full Name (Last, First, Middle Initial)

B.

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
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Amount of Each Disbursement this Period

--

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
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Amount of Each Disbursement this Period

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

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

2500.00

8500.00
