

RECEIVED  
FED MAIL  
OPERATIONS CENTER

**MURPAC**  
**MURPHY OIL CORPORATION**  
**POLITICAL ACTION COMMITTEE**  
**P.O. BOX 602**  
**EL DORADO, ARKANSAS 71731-0602**

January 13, 2006

CERTIFIED MAIL  
7004 2510 0000 5510 9445


Federal Election Commission  
999 E Street, N.W.  
Washington, DC 20463

Identification Number: C00145722

Ladies and Gentlemen:

Enclosed is a copy of the January 31 Year-End Report for the  
Murphy Oil Corporation Political Action Committee.

Sincerely,

  
Kevin G. Fitzgerald  
Treasurer

Enclosures

26038951913

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS For Other Than An Authorized Committee

RECEIVED FEC MAIL OPERATIONS CENTER

2006 JAN 20 A 9:10 Office Use Only

1. NAME OF COMMITTEE (in full)

TYPE OR PRINT

Example: If typing, type over the lines.

12FE4M5

MURPHY OIL CORPORATION POLITICAL ACTION COMMITTEE

ADDRESS (number and street)

200 PEACH STREET

PO BOX 7000

Check if different than previously reported. (ACC)

EL DORADO AR 71731-7000

2. FEC IDENTIFICATION NUMBER

CITY

STATE

ZIP CODE

C00145722

3. IS THIS REPORT

NEW (N) OR

AMENDED (A)

4. TYPE OF REPORT (Choose One)

(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) (Non-Election Year Only), Dec 20 (M12) (Non-Election Year Only), Jan 31 (YE)

(a) Quarterly Reports:

April 15 Quarterly Report (Q1), July 15 Quarterly Report (Q2), October 15 Quarterly Report (Q3), [X] January 31 Year-End Report (YE), July 31 Mid-Year Report (Non-election Year Only) (MY), Termination Report (TER)

(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

07 01 2005

through

12 31 2005

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

KEVIN S FITZGERALD

Signature of Treasurer

[Handwritten Signature]

Date

01 13 2006

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

26038951914

**SUMMARY PAGE  
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name

*MURPHY OIL CORPORATION POLITICAL ACTION COMMITTEE*

Report Covering the Period: From:    To:

|   | COLUMN A<br>This Period              | COLUMN B<br>Calendar Year-to-Date    |
|---|--------------------------------------|--------------------------------------|
| 6. (a) Cash on Hand<br>January 1, <input type="text" value="2005"/>                                       |                                      | <input type="text" value="1852844"/> |
| (b) Cash on Hand at<br>Beginning of Reporting Period.....   | <input type="text" value="2544652"/> |                                      |
| (c) Total Receipts (from Line 19) .....   | <input type="text" value="691608"/>  | <input type="text" value="1387216"/> |
| (d) Subtotal (add Lines 6(b) and<br>6(c) for Column A and Lines<br>6(a) and 6(c) for Column B) .....      | <input type="text" value="3236260"/> | <input type="text" value="3240060"/> |
| 7. Total Disbursements (from Line 31) .....   | <input type="text" value="350000"/>  | <input type="text" value="353800"/>  |
| 8. Cash on Hand at Close of<br>Reporting Period<br>(subtract Line 7 from Line 6(d)) .....                 | <input type="text" value="2886260"/> | <input type="text" value="2886260"/> |
| 9. Debts and Obligations Owed TO<br>the Committee (Itemize all on<br>Schedule C and/or Schedule D) .....  | <input type="text" value="—"/>       |                                      |
| 10. Debts and Obligations Owed BY<br>the Committee (Itemize all on<br>Schedule C and/or Schedule D) ..... | <input type="text" value="—"/>       |                                      |

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

26038951915

**DETAILED SUMMARY PAGE**  
of Receipts

Write or Type Committee Name

*MURPHY OIL CORPORATION POLITICAL ACTION COMMITTEE*

Report Covering the Period: From: **07** / **01** / **2005** To: **12** / **31** / **2005**

**I. Receipts**

**COLUMN A**  
Total This Period

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

|   | COLUMN A<br>Total This Period | COLUMN B<br>Calendar Year-to-Date |
|---|-------------------------------|-----------------------------------|
| 11. Contributions (other than loans) From:  |                               |                                   |
| (a) Individuals/Persons Other Than Political Committees   |                               |                                   |
| (i) Itemized (use Schedule A).....  | 6,280.00                      | 11,800.00                         |
| (ii) Unitemized.....  | 636.00                        | 2,072.00                          |
| (iii) TOTAL (add Lines 11(a)(i) and (ii)).....▶   | 6,916.00                      | 13,872.00                         |
| (b) Political Party Committees.....   |                               |                                   |
| (c) Other Political Committees (such as PACs).....  |                               |                                   |
| (d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5).....▶  | 6,916.00                      | 13,872.00                         |
| 12. Transfers From Affiliated/Other Party Committees.....   |                               |                                   |
| 13. All Loans Received.....   |                               |                                   |
| 14. Loan Repayments Received.....   |                               |                                   |
| 15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5)..... |                               |                                   |
| 16. Refunds of Contributions Made to Federal Candidates and Other Political Committees.....           |                               |                                   |
| 17. Other Federal Receipts (Dividends, Interest, etc.).....   |                               |                                   |
| 18. Transfers from Non-Federal and Levin Funds  |                               |                                   |
| (a) Non-Federal Account (from Schedule H3).....   |                               |                                   |
| (b) Levin Funds (from Schedule H5).....   |                               |                                   |
| (c) Total Transfers (add 18(a) and 18(b))..   |                               |                                   |
| 19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c)).....▶                         | 6,916.00                      | 13,872.00                         |
| 20. Total Federal Receipts (subtract Line 18(c) from Line 19).....▶                                   | 6,916.00                      | 13,872.00                         |

26038951916

**DETAILED SUMMARY PAGE**  
of Disbursements

| 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 .....  |                               |                                   |
| (ii) Non-Federal Share.....  |                               |                                   |
| (b) Other Federal Operating Expenditures .....   |                               |                                   |
| (c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b)) .....                        |                               |                                   |
| 22. Transfers to Affiliated/Other Party Committees.....  |                               |                                   |
| 23. Contributions to Federal Candidates/Committees and Other Political Committees.....         | 1,000.00                      | 1,000.00                          |
| 24. Independent Expenditures (use Schedule E) .....  |                               |                                   |
| 25. Coordinated Party Expenditures (2 U.S.C. §441a(d)) (use Schedule F) .....                  |                               |                                   |
| 26. Loan Repayments Made.....  |                               |                                   |
| 27. Loans Made.....  |                               |                                   |
| 28. Refunds of Contributions To:   |                               |                                   |
| (a) Individuals/Persons Other Than Political Committees .....                                  |                               |                                   |
| (b) Political Party Committees .....   |                               |                                   |
| (c) Other Political Committees (such as PACs).....   |                               |                                   |
| (d) Total Contribution Refunds (add Lines 28(a), (b), and (c)).....                            |                               |                                   |
| 29. Other Disbursements <i>Cont. to non-federal candidates, per form sent</i> .....            | 2,500.00                      | 2,538.00                          |
| 30. Federal Election Activity (2 U.S.C. §431(20))  |                               |                                   |
| (a) Allocated Federal Election Activity (from Schedule H6)                                     |                               |                                   |
| (i) Federal Share .....  |                               |                                   |
| (ii) "Levin" Share .....   |                               |                                   |
| (b) Federal Election Activity Paid Entirely With Federal Funds .....                           |                               |                                   |
| (c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b)) .....            |                               |                                   |
| 31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) .....   | 3,500.00                      | 3,538.00                          |
| 32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31)..... | 3,500.00                      | 3,538.00                          |

26038951917

**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) .....
- 34. Total Contribution Refunds  
(from Line 28(d)) .....
- 35. Net Contributions (other than loans)  
(subtract Line 34 from Line 33) .....
- 36. Total Federal Operating Expenditures  
(add Line 21(a)(i) and Line 21(b)) .....
- 37. Offsets to Operating Expenditures  
(from Line 15, page 3) .....
- 38. Net Operating Expenditures  
(subtract Line 37 from Line 36) .....

|           |
|-----------|
| 69,160.00 |
|           |
| 69,160.00 |
|           |
|           |
|           |

|           |
|-----------|
| 13,872.16 |
|           |
| 13,872.16 |
|           |
|           |
|           |

26038951918

**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 1 OF 6

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

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)

**MURPHY OIL CORPORATION POLITICAL ACTION COMMITTEE**

Full Name (Last, First, Middle Initial)

**A. Boudreau, Lawrence J.**

Mailing Address

118 METAVIE COURT

City

Lafayette

State

LA

Zip Code

70503

FEC ID number of contributing federal political committee.

C

Name of Employer  
Murphy Exploration  
& Production Company - USA

Occupation

GENERAL MANAGER

Receipt For:

Primary  General

Other (specify) **MEMBER CONTRIBUTION**

Aggregate Year-to-Date

300.00

Date of Receipt

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

Amount of Each Receipt this Period

1500.00

Payroll deduction 1  
\$ 12<sup>50</sup>/<sub>100</sub> per pay period.

Full Name (Last, First, Middle Initial)

**B. PODRATZ DAVID J.**

Mailing Address

810 E 2<sup>ND</sup> STREET

City

Superior

State

WI

Zip Code

54180

FEC ID number of contributing federal political committee.

C

Name of Employer

Murphy Oil USA, Inc

Occupation

REFINERY MANAGER

Receipt For:

Primary  General

Other (specify) **MEMBER CONTRIBUTION**

Aggregate Year-to-Date

2400.00

Date of Receipt

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

Amount of Each Receipt this Period

1200.00

Payroll deduction 1  
\$ 10<sup>00</sup>/<sub>100</sub> per pay period.

Full Name (Last, First, Middle Initial)

**C. HULSE WILLIAM M.**

Mailing Address

625 E 19<sup>TH</sup> STREET, APT. B6

City

EL DORADO

State

AR

Zip Code

71730

FEC ID number of contributing federal political committee.

C

Name of Employer

Murphy Oil USA, Inc

Occupation

PRESIDENT

Receipt For:

Primary  General

Other (specify) **MEMBER CONTRIBUTION**

Aggregate Year-to-Date

1200.00

Date of Receipt

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

Amount of Each Receipt this Period

600.00

Payroll deduction 1  
\$ 50<sup>00</sup>/<sub>100</sub> per pay period.

SUBTOTAL of Receipts This Page (optional)

8700.00

TOTAL This Period (last page this line number only)

26038951910

**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 2 OF 6                  |
|   | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
|   | <input 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)

*MURPHY OIL CORPORATION POLITICAL ACTION COMMITTEE*

Full Name (Last, First, Middle Initial)

A. *BAINES JAMES E.*

Mailing Address

*P.O. Box 1024*

City

*EL DORADO*

State

*AR*

Zip Code

*71731*

FEC ID number of contributing federal political committee.

*C*

Name of Employer

*MURPHY OIL CORPORATION*

Occupation

*GENERAL ATTORNEY*

Receipt For:

Primary  General  
 Other (specify) *MEMBER CONTRIBUTION*

Aggregate Year-to-Date

*2001.6*

Date of Receipt

MM / DD / YYYY

Amount of Each Receipt this Period

*10008*

*Payroll deduction 1  
\$8<sup>34</sup>/<sub>100</sub> per pay period.*

Full Name (Last, First, Middle Initial)

B. *PULKOWSKI STEPHEN S.*

Mailing Address

*3426 CYPRESS ST*

City

*METairie*

State

*LA*

Zip Code

*70001*

FEC ID number of contributing federal political committee.

*C*

Name of Employer

*MURPHY EXPLORATION + PRODUCTION COMPANY - USA*

Occupation

*DRILLING MANAGER*

Receipt For:

Primary  General  
 Other (specify) *MEMBER CONTRIBUTION*

Aggregate Year-to-Date

*1200.00*

Date of Receipt

MM / DD / YYYY

Amount of Each Receipt this Period

*600.00*

*Payroll deduction 1  
\$50<sup>00</sup>/<sub>100</sub> per pay period.*

Full Name (Last, First, Middle Initial)

C. *DUMAS JONAS W.*

Mailing Address

*110 MEADOW VIEW DR*

City

*EL DORADO*

State

*AR*

Zip Code

*71730*

FEC ID number of contributing federal political committee.

*C*

Name of Employer

*MURPHY OIL CORPORATION*

Occupation

*DIRECTOR, GRP. INSURANCE*

Receipt For:

Primary  General  
 Other (specify) *MEMBER CONTRIBUTION*

Aggregate Year-to-Date

*3000.00*

Date of Receipt

MM / DD / YYYY

Amount of Each Receipt this Period

*1500.00*

*Payroll deduction 1  
\$12<sup>50</sup>/<sub>100</sub> per pay period.*

SUBTOTAL of Receipts This Page (optional)

*85008*

TOTAL This Period (last page this line number only)

260 N 3051 920



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

|   |  |   |                              |                              |                             |                             |
|---|--|---|------------------------------|------------------------------|-----------------------------|-----------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: PAGE <b>3</b> OF <b>6</b> |   |                              |                              |                             |                             |
|   | (check only one)                           | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 | <input type="checkbox"/> 17 |
|   | <input type="checkbox"/> 13                | <input type="checkbox"/> 14             | <input type="checkbox"/> 15  | <input type="checkbox"/> 18  | <input type="checkbox"/> 17 |                             |

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NAME OF COMMITTEE (In Full)  
**MURPHY OIL CORPORATION POLITICAL ACTION COMMITTEE**

**A. CONROY, WALTER R.**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address  
**2300 N. CALDWAY RD.**  
 City  
**EL DORADO** State  
**AR** Zip Code  
**71730**  
 FEC ID number of contributing federal political committee.  
**C**  
 Name of Employer  
**MURPHY OIL CORPORATION** Occupation  
**MANAGER - LAW DEPT.**  
 Receipt For:  
 Primary  General  
 Other (specify) **MEMBER CONTRIBUTION**  
 Aggregate Year-to-Date  
**1,020.00**

Date of Receipt  
 [ ] / [ ] / [ ]  
 Amount of Each Receipt this Period  
**510.00**  
**Payroll deduction 1**  
**\$42.50 per pay period.**

**B. CAGLE, ERNEST L.**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address  
**804 EASTRIDGE**  
 City  
**EL DORADO** State  
**AR** Zip Code  
**71730**  
 FEC ID number of contributing federal political committee.  
**C**  
 Name of Employer  
**MURPHY OIL USA, INC.** Occupation  
**VP - MANUFACTURING**  
 Receipt For:  
 Primary  General  
 Other (specify) **MEMBER CONTRIBUTION**  
 Aggregate Year-to-Date  
**900.00**

Date of Receipt  
 [ ] / [ ] / [ ]  
 Amount of Each Receipt this Period  
**450.00**  
**Payroll deduction 1**  
**\$37.50 per pay period.**

**C. ECKHART, JOHN W.**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address  
**104 HOLLY**  
 City  
**EL DORADO** State  
**AR** Zip Code  
**71730**  
 FEC ID number of contributing federal political committee.  
**C**  
 Name of Employer  
**MURPHY OIL CORPORATION** Occupation  
**CONTROLLER**  
 Receipt For:  
 Primary  General  
 Other (specify) **MEMBER CONTRIBUTION**  
 Aggregate Year-to-Date  
**600.00**

Date of Receipt  
 [ ] / [ ] / [ ]  
 Amount of Each Receipt this Period  
**300.00**  
**Payroll deduction 1**  
**\$25.00 per pay period.**

SUBTOTAL of Receipts This Page (optional) **1,260.00**  
 TOTAL This Period (last page this line number only)

260238951921

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

|   |                              |                              |                             |                             |
|---|------------------------------|------------------------------|-----------------------------|-----------------------------|
| Use separate schedule(s)<br>for each category of the<br>Detailed Summary Page | FOR LINE NUMBER:             |                              | PAGE 4 OF 6                 |                             |
|   | (check only one)             |                              |                             |                             |
| <input checked="" type="checkbox"/> 11a                                       | <input type="checkbox"/> 11b | <input 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)  
**MURPHY OIL CORPORATION POLITICAL ACTION COMMITTEE**

|   |                    |   |  |  |
|---|--------------------|---|--|--|
| Full Name (Last, First, Middle Initial)<br><b>A. WARNER, TERRENCE P.</b>  |                    |   | Date of Receipt  |  |
| Mailing Address<br><b>124 FOREST DR.</b>  |                    |   | [ ] [ ] [ ]  |  |
| City<br><b>MANDERVILLE</b>  | State<br><b>LA</b> | Zip Code<br><b>70471</b>                  | Amount of Each Receipt this Period   |  |
| FEC ID number of contributing federal political committee.<br><b>C</b>  |                    |   | <b>1,200.00</b>  |  |
| Name of Employer<br><b>MURPHY OIL USA, INC</b>  |                    | Occupation<br><b>SR ENGINEERING MGR.</b>  |  |  |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input checked="" type="checkbox"/> Other (specify) <b>MEMBER CONTRIBUTION</b> |                    | Aggregate Year-to-Date<br><b>2,400.00</b> |  |  |
|   |                    |   | <b>Payroll deduction 1</b><br><b>\$ 10<sup>00</sup>/<sub>100</sub> per pay period.</b> |  |

|   |                    |   |  |  |
|---|--------------------|---|--|--|
| Full Name (Last, First, Middle Initial)<br><b>B. GILBERT, GARNETT L.</b>  |                    |   | Date of Receipt  |  |
| Mailing Address<br><b>4940 Hwy 82 E</b>   |                    |   | [ ] [ ] [ ]  |  |
| City<br><b>MAGNOLIA</b>   | State<br><b>AR</b> | Zip Code<br><b>71753</b>                          | Amount of Each Receipt this Period   |  |
| FEC ID number of contributing federal political committee.<br><b>C</b>  |                    |   | <b>300.00</b>  |  |
| Name of Employer<br><b>MURPHY OIL CORPORATION</b>   |                    | Occupation<br><b>GENERAL MGR - ADMINISTRATION</b> |  |  |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input checked="" type="checkbox"/> Other (specify) <b>MEMBER CONTRIBUTION</b> |                    | Aggregate Year-to-Date<br><b>600.00</b>           |  |  |
|   |                    |   | <b>Payroll deduction 1</b><br><b>\$ 25<sup>00</sup>/<sub>100</sub> per pay period.</b> |  |

|   |                    |  |  |  |
|---|--------------------|--|--|--|
| Full Name (Last, First, Middle Initial)<br><b>C. CASSE, STEVEN A.</b>   |                    |  | Date of Receipt  |  |
| Mailing Address<br><b>2406 PARKWAY</b>  |                    |  | [ ] [ ] [ ]  |  |
| City<br><b>EL DORADO</b>  | State<br><b>AR</b> | Zip Code<br><b>71730</b>                     | Amount of Each Receipt this Period   |  |
| FEC ID number of contributing federal political committee.<br><b>C</b>  |                    |  | <b>600.00</b>  |  |
| Name of Employer<br><b>MURPHY OIL CORPORATION</b>   |                    | Occupation<br><b>EXEC VP + GEN'L COUNSEL</b> |  |  |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input checked="" type="checkbox"/> Other (specify) <b>MEMBER CONTRIBUTION</b> |                    | Aggregate Year-to-Date<br><b>1,200.00</b>    |  |  |
|   |                    |  | <b>Payroll deduction 1</b><br><b>\$ 50<sup>00</sup>/<sub>100</sub> per pay period.</b> |  |

|   |                  |
|---|------------------|
| SUBTOTAL of Receipts This Page (optional)           | <b>10,200.00</b> |
| TOTAL This Period (last page this line number only) |                  |

26038951922

**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 5 OF 6

|   |                              |                              |                             |                             |                             |                             |                             |                             |
|---|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input 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)

**MURPHY OIL CORPORATION POLITICAL ACTION COMMITTEE**

**A. FITZGERALD KEVIN G**

Full Name (Last, First, Middle Initial)

Mailing Address: **211 Parkwood**

City: **EL DORADO** State: **AR** Zip Code: **71730**

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

Name of Employer: **MURPHY OIL CORPORATION** Occupation: **TREASURER**

Receipt For:  Primary  General  Other (specify) **MEMBER CONTRIBUTION**

Aggregate Year-to-Date: **600.00**

Date of Receipt: [ ] / [ ] / [ ]

Amount of Each Receipt this Period: **300.00**

*Payroll deduction 1  
\$25.00 per pay period.*

**B. CARRON SHAVA J.**

Full Name (Last, First, Middle Initial)

Mailing Address: **117 RUSHMORE LANE**

City: **YOUNGVILLE** State: **LA** Zip Code: **70592**

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

Name of Employer: **MURPHY EXPLORATION & PRODUCTION COMPANY - USA** Occupation: **Vice President**

Receipt For:  Primary  General  Other (specify) **MEMBER CONTRIBUTION**

Aggregate Year-to-Date: **4800.00**

Date of Receipt: [ ] / [ ] / [ ]

Amount of Each Receipt this Period: **2400.00**

*Payroll deduction 1  
\$20.00 per pay period.*

**C. HIGGINS JOHN C.**

Full Name (Last, First, Middle Initial)

Mailing Address: **105 WOODLAND LANE**

City: **LAFAYETTE** State: **LA** Zip Code: **70508**

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

Name of Employer: **MURPHY EXPLORATION & PRODUCTION COMPANY - USA** Occupation: **PRESIDENT**

Receipt For:  Primary  General  Other (specify) **MEMBER CONTRIBUTION**

Aggregate Year-to-Date: **12000.00**

Date of Receipt: [ ] / [ ] / [ ]

Amount of Each Receipt this Period: **6000.00**

*Payroll deduction 1  
\$50.00 per pay period.*

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

**11400.00**

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

[ ]

26038951923

**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 <u>6</u> OF <u>6</u>         |                             |  |
|   | <input checked="" type="checkbox"/> 11a<br>13 | <input type="checkbox"/> 11b<br>14 | <input type="checkbox"/> 11c<br>15 | <input type="checkbox"/> 12<br>16 | <input type="checkbox"/> 17 |  |

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NAME OF COMMITTEE (In Full)  
**MURPHY OIL CORPORATION POLITICAL ACTION COMMITTEE**

A. Full Name (Last, First, Middle Initial)  
**WOOD, DAVID M.**

Mailing Address  
**1631 LAKESHORE WAY**

City **HOUSTON** State **TX** Zip Code **77077**

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

Name of Employer **MURPHY EXPLORATION & PRODUCTION COMPANY - INT'L** Occupation **PRESIDENT**

Receipt For:  
 Primary  General  
 Other (specify) **MEMBER CONTRIBUTION**

Aggregate Year-to-Date **1,200.00**

Date of Receipt

Amount of Each Receipt this Period  
**600.00**

**Payroll deduction 1**  
**\$50<sup>00</sup> per pay period.**

B. Full Name (Last, First, Middle Initial)  
**STORAGEN, BILL H.**

Mailing Address  
**P.O. Box 584**

City **EL DORADO** State **AR** Zip Code **71731**

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

Name of Employer **MURPHY OIL CORPORATION** Occupation **SE. VICE PRESIDENT**

Receipt For:  
 Primary  General  
 Other (specify) **MEMBER CONTRIBUTION**

Aggregate Year-to-Date **840.00**

Date of Receipt

Amount of Each Receipt this Period  
**420.00**

**Payroll deduction 1**  
**\$30<sup>00</sup> per pay period.**

C. Full Name (Last, First, Middle Initial)  
**LAMPMAN, KEVIN**

Mailing Address  
**2000 W. DALL**

City **EL DORADO** State **AR** Zip Code **71732**

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

Name of Employer **MURPHY OIL USA, INC** Occupation **DIVISION MANAGER**

Receipt For:  
 Primary  General  
 Other (specify) **MEMBER CONTRIBUTION**

Aggregate Year-to-Date **240.00**

Date of Receipt

Amount of Each Receipt this Period  
**120.00**

**Payroll deduction 1**  
**\$10<sup>00</sup> per pay period.**

SUBTOTAL of Receipts This Page (optional) **1,140.00**

TOTAL This Period (last page this line number only) **6,280.00**

26038951924

**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)

PAGE 1 OF 1

|                              |                              |  |                              |                             |                              |
|------------------------------|------------------------------|--|------------------------------|-----------------------------|------------------------------|
| <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):

*MURPHY OIL CORPORATION POLITICAL ACTION COMMITTEE*

Full Name (Last, First, Middle Initial)

A.

*SOUTHPAC*

Date of Disbursement

*07 / 29 / 2005*

Mailing Address

*P.O. Box 14905*

City State Zip Code

*Baton Rouge LA 70897-4905*

Purpose of Disbursement

*Annual membership - political contribution*

*011*

Category/Type

Amount of Each Disbursement this Period

*1000.00*

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

B.

Full Name (Last, First, Middle Initial)

Date of Disbursement

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Category/Type

Amount of Each Disbursement this Period

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

C.

Full Name (Last, First, Middle Initial)

Date of Disbursement

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Category/Type

Amount of Each Disbursement this Period

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

SUBTOTAL of Disbursements This Page (optional)

*1000.00*

TOTAL This Period (last page this line number only)

*1000.00*

26038951925

**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)

PAGE 1 OF 1

|                              |                              |                              |                              |  |                              |
|------------------------------|------------------------------|------------------------------|------------------------------|--|------------------------------|
| <input 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 checked="" type="checkbox"/> 29 | <input type="checkbox"/> 30b |

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NAME OF COMMITTEE (In Full)

*MURPHY OIL CORPORATION POLITICAL ACTION COMMITTEE*

Full Name (Last, First, Middle Initial)

**A.** *REPUBLICAN GOVERNORS ASSOCIATION*

Date of Disbursement

MM / DD / YYYY  
09 / 12 / 2005

Mailing Address

*555 11th STREET, NW, SUITE 700*

City State Zip Code

*Washington DC 20004*

Purpose of Disbursement

*POLITICAL CONTRIBUTION*

Candidate Name

*011*  
Category/  
Type

Amount of Each Disbursement this Period

*2500.00*

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Full Name (Last, First, Middle Initial)

**B.**

Date of Disbursement

MM / DD / YYYY

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Category/  
Type

Amount of Each Disbursement this Period

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Full Name (Last, First, Middle Initial)

**C.**

Date of Disbursement

MM / DD / YYYY

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Category/  
Type

Amount of Each Disbursement this Period

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)

*2500.00*

*2500.00*

26038951926

Federal Election Commission  
**ENVELOPE REPLACEMENT PAGE FOR INCOMING DOCUMENTS**  
 The FEC added this page to the end of this filing to indicate how it was received.

|   |                                    |
|---|------------------------------------|
| <input type="checkbox"/> Hand Delivered   | Date of Receipt                    |
| <input type="checkbox"/> USPS First Class Mail  | Postmarked                         |
| <input checked="" type="checkbox"/> USPS Registered/Certified   | Postmarked (R/C)<br><i>1-13-05</i> |
| <input type="checkbox"/> USPS Priority Mail<br><br>Delivery Confirmation™ or Signature Confirmation™ Label <input type="checkbox"/> | Postmarked                         |
| <input type="checkbox"/> USPS Express Mail  | Postmarked                         |
| <input type="checkbox"/> Postmark Illegible   |                                    |
| <input type="checkbox"/> No Postmark  |                                    |
| <input type="checkbox"/> Overnight Delivery Service (Specify):<br><br>Next Business Day Delivery <input type="checkbox"/>           | Shipping Date                      |
| <input type="checkbox"/> Received from House Records & Registration Office  | Date of Receipt                    |
| <input type="checkbox"/> Received from Senate Public Records Office   | Date of Receipt                    |
| <input type="checkbox"/> Received from Electronic Filing Office   | Date of Receipt                    |
| <input type="checkbox"/> Other (Specify):   | Date of Receipt or Postmarked      |

*Jm D*  
 PREPARER  
 (3/2005)

*1-20-05*  
 DATE PREPARED

26038951927