

SUMMARY PAGE
of Receipts and Disbursements

Write or Type Committee Name

Frankel Murphy Victory Fund

Report Covering the Period: From: M M / D D / Y Y Y Y 10 / 01 / 2012 To: M M / D D / Y Y Y Y 10 / 17 / 2012

	COLUMN A This Period	COLUMN B Election Cycle-to-Date
6. Net Contributions (other than loans)		
(a) Total Contributions (other than loans) (from Line 11(e))....	35254.01	218866.51
(b) Total Contribution Refunds (from Line 20(d))	0.00	1050.00
(c) Net Contributions (other than loans) (subtract Line 6(b) from Line 6(a)).....	35254.01	217816.51
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17)	3495.59	18406.18
(b) Total Offsets to Operating Expenditures (from Line 14).....	0.00	0.00
(c) Net Operating Expenditures (subtract Line 7(b) from Line 7(a)).....	3495.59	18406.18
8. Cash on Hand at Close of Reporting Period (from Line 27).....	1770.33	
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	

For further information contact:

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

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

DETAILED SUMMARY PAGE
of Receipts

FEC Form 3 (Revised 12/2003)

Write or Type Committee Name

Frankel Murphy Victory Fund

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

I. RECEIPTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
11. CONTRIBUTIONS (other than loans) FROM:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A).....	10940.00	167281.00
(ii) Unitemized.....	24314.01	49085.51
(iii) TOTAL of contributions from individuals ▶	35254.01	216366.51
(b) Political Party Committees.....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	2500.00
(d) The Candidate.....	0.00	0.00
(e) TOTAL CONTRIBUTIONS (other than loans) (add Lines 11(a)(iii), (b), (c), and (d))..	35254.01	218866.51
12. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES	0.00	0.00
13. LOANS:		
(a) Made or Guaranteed by the Candidate.....	0.00	0.00
(b) All Other Loans.....	0.00	0.00
(c) TOTAL LOANS (add Lines 13(a) and (b)).....	0.00	0.00
14. OFFSETS TO OPERATING EXPENDITURES (Refunds, Rebates, etc.)	0.00	0.00
15. OTHER RECEIPTS (Dividends, Interest, etc.).....	0.00	0.00
16. TOTAL RECEIPTS (add Lines 11(e), 12, 13(c), 14, and 15) (Carry Total to Line 24, page 4)..... ▶	35254.01	218866.51

DETAILED SUMMARY PAGE
of Disbursements

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
17. OPERATING EXPENDITURES.....	3495.59	18406.18
18. TRANSFERS TO OTHER AUTHORIZED COMMITTEES	35850.00	197640.00
19. LOAN REPAYMENTS:		
(a) Of Loans Made or Guaranteed by the Candidate.....	0.00	0.00
(b) Of All Other Loans	0.00	0.00
(c) TOTAL LOAN REPAYMENTS (add Lines 19(a) and (b)).....	0.00	0.00
20. REFUNDS OF CONTRIBUTIONS TO:		
(a) Individuals/Persons Other Than Political Committees	0.00	1050.00
(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 20(a), (b), and (c)).....	0.00	1050.00
21. OTHER DISBURSEMENTS	0.00	0.00
22. TOTAL DISBURSEMENTS (add Lines 17, 18, 19(c), 20(d), and 21) ►	39345.59	217096.18

III. CASH SUMMARY

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....	5861.91
24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page 3).....	35254.01
25. SUBTOTAL (add Line 23 and Line 24).....	41115.92
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....	39345.59
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25).....	1770.33

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 5 OF 21
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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)
Frankel Murphy Victory Fund

A. Full Name (Last, First, Middle Initial)
Alan Appelbaum

Mailing Address 500 Croton Lake Rd

City State Zip Code
Mount Kisco NY 10549

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

Name of Employer Occupation
Not Employed Retired

Receipt For: Primary General Other (specify)

Election Cycle-to-Date
250.00

Date of Receipt
M M / D D / Y Y Y Y
10 / 11 / 2012

Transaction ID : SA11AI.6333

Amount of Each Receipt this Period
250.00

Earmarked through ActBlue

B. Full Name (Last, First, Middle Initial)
Sigmund Borax

Mailing Address 1560 Caribbean Dr

City State Zip Code
Sarasota FL 34231

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

Name of Employer Occupation
Not Employed Not Employed

Receipt For: Primary General Other (specify)

Election Cycle-to-Date
250.00

Date of Receipt
M M / D D / Y Y Y Y
10 / 17 / 2012

Transaction ID : SA11AI.7172

Amount of Each Receipt this Period
250.00

Earmarked through ActBlue

C. Full Name (Last, First, Middle Initial)
Paul Butler

Mailing Address 151 Michigan Ave
Apt 545

City State Zip Code
Miami Beach FL 33139

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

Name of Employer Occupation
Self Employed Attorney

Receipt For: Primary General Other (specify)

Election Cycle-to-Date
500.00

Date of Receipt
M M / D D / Y Y Y Y
10 / 11 / 2012

Transaction ID : SA11AI.6237

Amount of Each Receipt this Period
500.00

Earmarked through ActBlue

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

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

1000.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 6 OF 21			
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
	12	13a	13b	14	

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NAME OF COMMITTEE (In Full)
Frankel Murphy Victory Fund

Full Name (Last, First, Middle Initial) A. Paul Butler		Date of Receipt M M / D D / Y Y Y Y Y Y 10 / 11 / 2012
Mailing Address 151 Michigan Ave Apt 545		Transaction ID : SA11AI.6981
City Miami Beach	State FL	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 25.00
Name of Employer Self Employed	Occupation Attorney	Earmarked through ActBlue
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 525.00	

Full Name (Last, First, Middle Initial) B. Debby Davidson		Date of Receipt M M / D D / Y Y Y Y Y Y 10 / 11 / 2012
Mailing Address 260 E Brown St		Transaction ID : SA11AI.6291
City Birmingham	State MI	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer Not Employed	Occupation Not Employed	Earmarked through ActBlue
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 500.00	

Full Name (Last, First, Middle Initial) C. Beverly Feiges		Date of Receipt M M / D D / Y Y Y Y Y Y 10 / 11 / 2012
Mailing Address 2800 Cloverleaf Ct		Transaction ID : SA11AI.6190
City Sioux City	State IA	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer Self Employed	Occupation Boat Captain	Earmarked through ActBlue
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 250.00	

SUBTOTAL of Receipts This Page (optional).....	775.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 7 OF 21
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 11e 15	

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NAME OF COMMITTEE (In Full)
Frankel Murphy Victory Fund

A. Full Name (Last, First, Middle Initial)
David Fins

Mailing Address 3301 Theall Rd

City State Zip Code
Rye NY 10580

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

Name of Employer Occupation
Not Employed Not Employed

Receipt For: Primary General Other (specify)

Election Cycle-to-Date
250.00

Date of Receipt
M M / D D / Y Y Y Y Y
10 / 17 / 2012

Transaction ID : SA11AI.7574

Amount of Each Receipt this Period
250.00

Earmarked through ActBlue

B. Full Name (Last, First, Middle Initial)
Meg Green

Mailing Address 2343 NE 212 Ter

City State Zip Code
Miami FL 33180

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

Name of Employer Occupation
Self Employed Wealth manager

Receipt For: Primary General Other (specify)

Election Cycle-to-Date
500.00

Date of Receipt
M M / D D / Y Y Y Y Y
10 / 11 / 2012

Transaction ID : SA11AI.6990

Amount of Each Receipt this Period
500.00

Earmarked through ActBlue

C. Full Name (Last, First, Middle Initial)
Jane Hoffman

Mailing Address 6747 Lupton Dr

City State Zip Code
Dallas TX 75225

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

Name of Employer Occupation
Not Employed Not Employed

Receipt For: Primary General Other (specify)

Election Cycle-to-Date
250.00

Date of Receipt
M M / D D / Y Y Y Y Y
10 / 11 / 2012

Transaction ID : SA11AI.6782

Amount of Each Receipt this Period
250.00

Earmarked through ActBlue

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

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

1000.00

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

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

FOR LINE NUMBER: PAGE 8 OF 21
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
Frankel Murphy Victory Fund

A. Full Name (Last, First, Middle Initial)
Roumell James

Mailing Address 3516 Raymond St

City State Zip Code
Chevy Chase MD 20815

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

Name of Employer Occupation
Roumell Asset Management, LLC Money Manager

Receipt For: Primary General
 Other (specify)

Election Cycle-to-Date
250.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
10 / 11 / 2012

Transaction ID : SA11AI.6339

Amount of Each Receipt this Period
250.00

Earmarked through ActBlue

B. Full Name (Last, First, Middle Initial)
Kevin James Kalbaugh

Mailing Address 3470 SW 26th Ave

City State Zip Code
Ocala FL 34471

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

Name of Employer Occupation
Robert Boissoneault Oncology Medical Physicist

Receipt For: Primary General
 Other (specify)

Election Cycle-to-Date
250.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
10 / 17 / 2012

Transaction ID : SA11AI.7200

Amount of Each Receipt this Period
250.00

Earmarked through ActBlue

C. Full Name (Last, First, Middle Initial)
Steven Kravitz

Mailing Address 3201 NE 183 St
Apt 2607

City State Zip Code
Aventura FL 33160

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

Name of Employer Occupation
Not Employed Retired

Receipt For: Primary General
 Other (specify)

Election Cycle-to-Date
400.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
10 / 11 / 2012

Transaction ID : SA11AI.6387

Amount of Each Receipt this Period
50.00

Earmarked through ActBlue

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

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

550.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 9 OF 21
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
Frankel Murphy Victory Fund

A. Full Name (Last, First, Middle Initial)
Stephen S. Levin

Mailing Address 925 S Federal Hwy
Ste 425

City Boca Raton State FL Zip Code 33432

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify)

Election Cycle-to-Date
2500.00

Date of Receipt
 M M / D D / Y Y Y Y
 10 / 06 / 2012

Transaction ID : SA11AI.6082

Amount of Each Receipt this Period
2500.00

B. Full Name (Last, First, Middle Initial)
Jonathan Littman

Mailing Address 11601 Wilshire Blvd
Apt 2150

City Los Angeles State CA Zip Code 90025

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

Name of Employer Occupation
Jerry Bruckheimer TV TV Producer

Receipt For:
 Primary General
 Other (specify)

Election Cycle-to-Date
500.00

Date of Receipt
 M M / D D / Y Y Y Y
 10 / 11 / 2012

Transaction ID : SA11AI.6253

Amount of Each Receipt this Period
500.00

Earmarked through ActBlue

C. Full Name (Last, First, Middle Initial)
Alexander MacInnis

Mailing Address 809B Cuesta Dr
Apt 182

City Mountain View State CA Zip Code 94040

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

Name of Employer Occupation
Broadcom Engineering Manager

Receipt For:
 Primary General
 Other (specify)

Election Cycle-to-Date
250.00

Date of Receipt
 M M / D D / Y Y Y Y
 10 / 11 / 2012

Transaction ID : SA11AI.6269

Amount of Each Receipt this Period
50.00

Earmarked through ActBlue

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

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

3050.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 10 OF 21
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
Frankel Murphy Victory Fund

A. Full Name (Last, First, Middle Initial)
Joy Mankoff

Mailing Address 22 Lakeside Park

City State Zip Code
Dallas TX 75225

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

Name of Employer Occupation
Not Employed Not employed

Receipt For: Primary General Other (specify)

Election Cycle-to-Date
250.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
10 / 17 / 2012

Transaction ID : SA11AI.7210

Amount of Each Receipt this Period
250.00

Earmarked through ActBlue

B. Full Name (Last, First, Middle Initial)
Khalid Mirza

Mailing Address 13100 Mustang Trail

City State Zip Code
Southwest Ranches FL 33330

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

Name of Employer Occupation
Mirza Group Inc. President

Receipt For: Primary General Other (specify)

Election Cycle-to-Date
500.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
10 / 17 / 2012

Transaction ID : SA11AI.7371

Amount of Each Receipt this Period
500.00

Earmarked through ActBlue

C. Full Name (Last, First, Middle Initial)
Lynda Napolitano

Mailing Address 3900 Galt Ocean Dr
Apt 2812

City State Zip Code
Ft Lauderdale FL 33308

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

Name of Employer Occupation
First Southern Bank Commercial Lender

Receipt For: Primary General Other (specify)

Election Cycle-to-Date
250.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
10 / 11 / 2012

Transaction ID : SA11AI.6527

Amount of Each Receipt this Period
250.00

Earmarked through ActBlue

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

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

1000.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 11 OF 21
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
Frankel Murphy Victory Fund

Full Name (Last, First, Middle Initial) A. Dorothy Roberts		Date of Receipt M M / D D / Y Y Y Y Y Y 10 / 11 / 2012	
Mailing Address 4553 Williams Rd		Transaction ID : SA11AI.6464	
City Tallahassee	State FL	Zip Code 32311	Amount of Each Receipt this Period _____ 250.00 Earmarked through ActBlue
FEC ID number of contributing federal political committee.		C	
Name of Employer Flagler College	Occupation Business Faculty		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date _____ 250.00		

Full Name (Last, First, Middle Initial) B. Kent Spriggs		Date of Receipt M M / D D / Y Y Y Y Y Y 10 / 11 / 2012	
Mailing Address 2007 W Randolph Cir		Transaction ID : SA11AI.6644	
City Tallahassee	State FL	Zip Code 32308	Amount of Each Receipt this Period _____ 250.00 Earmarked through ActBlue
FEC ID number of contributing federal political committee.		C	
Name of Employer Spriggs Law Firm	Occupation Attorney		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date _____ 250.00		

Full Name (Last, First, Middle Initial) C. Tracy Stafford		Date of Receipt M M / D D / Y Y Y Y Y Y 10 / 11 / 2012	
Mailing Address 2408 NE 5 Ave		Transaction ID : SA11AI.6938	
City Wilton Manors	State FL	Zip Code 33305	Amount of Each Receipt this Period _____ 250.00 Earmarked through ActBlue
FEC ID number of contributing federal political committee.		C	
Name of Employer Broward County Property Appraiser	Occupation Attorney - Retired		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date _____ 250.00		

SUBTOTAL of Receipts This Page (optional).....	_____ 750.00
TOTAL This Period (last page this line number only).....	_____

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 12 OF 21
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
Frankel Murphy Victory Fund

A. Full Name (Last, First, Middle Initial)
Samuel Sutton

Mailing Address 4001 N Ocean Blvd
Apt B204

City Boca Raton State FL Zip Code 33431

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

Name of Employer Sutton Properties Occupation Real Estate Management

Receipt For:
 Primary General
 Other (specify)

Election Cycle-to-Date
500.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
10 / 11 / 2012

Transaction ID : SA11AI.6163

Amount of Each Receipt this Period
500.00

Earmarked through ActBlue

B. Full Name (Last, First, Middle Initial)
Joyce Thibodeaux

Mailing Address 113 Oakdale Loop

City Houma State LA Zip Code 70360

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

Name of Employer Not Employed Occupation Not Employed

Receipt For:
 Primary General
 Other (specify)

Election Cycle-to-Date
465.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
10 / 11 / 2012

Transaction ID : SA11AI.6355

Amount of Each Receipt this Period
215.00

Earmarked through ActBlue

C. Full Name (Last, First, Middle Initial)
Joyce Thibodeaux

Mailing Address 113 Oakdale Loop

City Houma State LA Zip Code 70360

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

Name of Employer Not Employed Occupation Not Employed

Receipt For:
 Primary General
 Other (specify)

Election Cycle-to-Date
565.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
10 / 17 / 2012

Transaction ID : SA11AI.7423

Amount of Each Receipt this Period
100.00

Earmarked through ActBlue

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

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

815.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 13 OF 21
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
Frankel Murphy Victory Fund

A. Full Name (Last, First, Middle Initial)
Dennis Trudeau

Mailing Address 404 William St

City Grovetown State GA Zip Code 30813

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

Name of Employer Not Employed Occupation Not Employed

Receipt For:
 Primary General
 Other (specify)

Election Cycle-to-Date
250.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 10 / 11 / 2012

Transaction ID : SA11AI.6539

Amount of Each Receipt this Period
250.00

Earmarked through ActBlue

B. Full Name (Last, First, Middle Initial)
Sneh Verma

Mailing Address 1 Beach Way N

City Ocean Ridge State FL Zip Code 33435

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify)

Election Cycle-to-Date
1000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 10 / 08 / 2012

Transaction ID : SA11AI.6084

Amount of Each Receipt this Period
1000.00

C. Full Name (Last, First, Middle Initial)
B. Rodney White

Mailing Address 1035 Adams St

City Hollywood State FL Zip Code 33019

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

Name of Employer Making Projects Work, Inc. Occupation Consultant

Receipt For:
 Primary General
 Other (specify)

Election Cycle-to-Date
250.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 10 / 17 / 2012

Transaction ID : SA11AI.7160

Amount of Each Receipt this Period
250.00

Earmarked through ActBlue

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

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

1500.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 14 OF 21
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
Frankel Murphy Victory Fund

A. Full Name (Last, First, Middle Initial)
Susan Widmayer

Mailing Address 2880 Windmill Ranch Rd

City Weston State FL Zip Code 33331

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

Name of Employer Broward Health Occupation Administrator

Receipt For:
 Primary General
 Other (specify)

Election Cycle-to-Date
250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 11 / 2012

Transaction ID : SA11AI.6652

Amount of Each Receipt this Period
250.00

Earmarked through ActBlue

B. Full Name (Last, First, Middle Initial)
Edward Wronsky Jr.

Mailing Address PO Box 311

City Lake Worth State FL Zip Code 33460

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

Name of Employer Wronsky Architect Occupation Architect

Receipt For:
 Primary General
 Other (specify)

Election Cycle-to-Date
250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 11 / 2012

Transaction ID : SA11AI.7002

Amount of Each Receipt this Period
250.00

Earmarked through ActBlue

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

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)

Election Cycle-to-Date

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

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

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

500.00

10940.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 15 OF 21
	<input type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input checked="" type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
Frankel Murphy Victory Fund

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

Mailing Address P.O. BOX 382110

City State Zip Code
CAMBRIDGE MA 02238

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y
 10 / 10 / 2012

Transaction ID : SA11C.7702

Amount of Each Receipt this Period
 1.00

Contributions earmarked through ActBlue; not a contribution
[MEMO ITEM]

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

Mailing Address P.O. BOX 382110

City State Zip Code
CAMBRIDGE MA 02238

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y
 10 / 11 / 2012

Transaction ID : SA11C.7703

Amount of Each Receipt this Period
 19613.88

Contributions earmarked through ActBlue; not a contribution
[MEMO ITEM]

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

Mailing Address P.O. BOX 382110

City State Zip Code
CAMBRIDGE MA 02238

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y
 10 / 15 / 2012

Transaction ID : SA11C.7704

Amount of Each Receipt this Period
 1007.00

Contributions earmarked through ActBlue; not a contribution
[MEMO ITEM]

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

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

0.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 16 OF 21
	<input type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input checked="" type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
Frankel Murphy Victory Fund

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

Mailing Address P.O. BOX 382110

City State Zip Code
CAMBRIDGE MA 02238

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 10 16 2012

Transaction ID : SA11C.7705

Amount of Each Receipt this Period
 290.00

Contributions earmarked through ActBlue; not a contribution
[MEMO ITEM]

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

Mailing Address P.O. BOX 382110

City State Zip Code
CAMBRIDGE MA 02238

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 10 17 2012

Transaction ID : SA11C.7706

Amount of Each Receipt this Period
 10842.13

Contributions earmarked through ActBlue; not a contribution
[MEMO ITEM]

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

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)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

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

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

0.00

0.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 17 OF 21			
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21				

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NAME OF COMMITTEE (In Full)
Frankel Murphy Victory Fund

Full Name (Last, First, Middle Initial) A. ActBlue Technical Services		Date of Disbursement M M / D D / Y Y Y Y 10 / 07 / 2012
Mailing Address 14 Arrow St		Amount of Each Disbursement this Period 0.04 Transaction ID : SB17.7689
City Cambridge	State MA	
Zip Code 02138	Purpose of Disbursement Merchant Fees	Category/ Type
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. ActBlue Technical Services		Date of Disbursement M M / D D / Y Y Y Y 10 / 09 / 2012
Mailing Address 14 Arrow St		Amount of Each Disbursement this Period 776.40 Transaction ID : SB17.7690
City Cambridge	State MA	
Zip Code 02138	Purpose of Disbursement Merchant Fees	Category/ Type
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. ActBlue Technical Services		Date of Disbursement M M / D D / Y Y Y Y 10 / 11 / 2012
Mailing Address 14 Arrow St		Amount of Each Disbursement this Period 39.86 Transaction ID : SB17.7691
City Cambridge	State MA	
Zip Code 02138	Purpose of Disbursement Merchant Fees	Category/ Type
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).....	816.30
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 18 OF 21			
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21	

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NAME OF COMMITTEE (In Full)
Frankel Murphy Victory Fund

Full Name (Last, First, Middle Initial) A. ActBlue Technical Services			Date of Disbursement M M / D D / Y Y Y Y 10 / 15 / 2012
Mailing Address 14 Arrow St			Amount of Each Disbursement this Period 429.49 Transaction ID : SB17.7694
City Cambridge	State MA	Zip Code 02138	
Purpose of Disbursement Merchant Fees		Candidate Name	Category/ Type
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. ActBlue Technical Services			Date of Disbursement M M / D D / Y Y Y Y 10 / 16 / 2012
Mailing Address 14 Arrow St			Amount of Each Disbursement this Period 38.78 Transaction ID : SB17.7695
City Cambridge	State MA	Zip Code 02138	
Purpose of Disbursement Merchant Fees		Candidate Name	Category/ Type
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. ActBlue Technical Services			Date of Disbursement M M / D D / Y Y Y Y 10 / 17 / 2012
Mailing Address 14 Arrow St			Amount of Each Disbursement this Period 29.90 Transaction ID : SB17.7696
City Cambridge	State MA	Zip Code 02138	
Purpose of Disbursement Merchant Fees		Candidate Name	Category/ Type
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).....	498.17
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 19 OF 21			
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21	

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NAME OF COMMITTEE (In Full)
Frankel Murphy Victory Fund

Full Name (Last, First, Middle Initial) A. Capitol Compliance Associates		Date of Disbursement M M / D D / Y Y Y Y 10 / 16 / 2012
Mailing Address PO Box 15293		Amount of Each Disbursement this Period 2030.65
City Washington State DC Zip Code 20003	Purpose of Disbursement Compliance Services & Shipping	
Candidate Name	Category/Type	Transaction ID : SB17.7692
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.		Date of Disbursement M M / D D / Y Y Y Y
Mailing Address		Amount of Each Disbursement this Period
City State Zip Code	Purpose of Disbursement	
Candidate Name	Category/Type	
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.		Date of Disbursement M M / D D / Y Y Y Y
Mailing Address		Amount of Each Disbursement this Period
City State Zip Code	Purpose of Disbursement	
Candidate Name	Category/Type	
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).....	2030.65
TOTAL This Period (last page this line number only).....	3345.12

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 20 OF 21	
	<input type="checkbox"/> 17 20a	<input checked="" type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
Frankel Murphy Victory Fund

Full Name (Last, First, Middle Initial) A. FRIENDS OF PATRICK MURPHY		Date of Disbursement M M / D D / Y Y Y Y 10 / 08 / 2012
Mailing Address 4521 PGA BLVD. #412		Amount of Each Disbursement this Period 4795.00 Transaction ID : SB18.7698
City PALM BEACH GARDENS State FL Zip Code 33418	Purpose of Disbursement Transfer	
Candidate Name PATRICK MURPHY	Category/Type	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: FL District: 18		

Full Name (Last, First, Middle Initial) B. FRIENDS OF PATRICK MURPHY		Date of Disbursement M M / D D / Y Y Y Y 10 / 12 / 2012
Mailing Address 4521 PGA BLVD. #412		Amount of Each Disbursement this Period 9672.00 Transaction ID : SB18.7699
City PALM BEACH GARDENS State FL Zip Code 33418	Purpose of Disbursement Transfer	
Candidate Name PATRICK MURPHY	Category/Type	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: FL District: 18		

Full Name (Last, First, Middle Initial) C. FRIENDS OF PATRICK MURPHY		Date of Disbursement M M / D D / Y Y Y Y 10 / 17 / 2012
Mailing Address 4521 PGA BLVD. #412		Amount of Each Disbursement this Period 5700.00 Transaction ID : SB18.7701
City PALM BEACH GARDENS State FL Zip Code 33418	Purpose of Disbursement Transfer	
Candidate Name PATRICK MURPHY	Category/Type	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: FL District: 18		

SUBTOTAL of Disbursements This Page (optional).....	20167.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 21 OF 21
	<input type="checkbox"/> 17 20a <input checked="" type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21	

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NAME OF COMMITTEE (In Full)
Frankel Murphy Victory Fund

Full Name (Last, First, Middle Initial) A. LOIS FRANKEL FOR CONGRESS		Date of Disbursement M M / D D / Y Y Y Y 10 / 12 / 2012
Mailing Address P.O. BOX 775		Amount of Each Disbursement this Period 9983.00 Transaction ID : SB18.7697
City WEST PALM BEACH State FL Zip Code 33402	Purpose of Disbursement Transfer	
Candidate Name LOIS J FRANKEL	Category/Type	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: FL District: 22		

Full Name (Last, First, Middle Initial) B. LOIS FRANKEL FOR CONGRESS		Date of Disbursement M M / D D / Y Y Y Y 10 / 17 / 2012
Mailing Address P.O. BOX 775		Amount of Each Disbursement this Period 5700.00 Transaction ID : SB18.7700
City WEST PALM BEACH State FL Zip Code 33402	Purpose of Disbursement Transfer	
Candidate Name LOIS J FRANKEL	Category/Type	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: FL District: 22		

Full Name (Last, First, Middle Initial) C.		Date of Disbursement M M / D D / Y Y Y Y
Mailing Address		Amount of Each Disbursement this Period
City State Zip Code	Purpose of Disbursement	
Candidate Name	Category/Type	
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).....	15683.00
TOTAL This Period (last page this line number only).....	35850.00