

# 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.   
MurphPAC

ADDRESS (number and street)   
 Check if different than previously reported. (ACC)

2. FEC IDENTIFICATION NUMBER ▼ CITY ▲ STATE ▲ ZIP CODE ▲  
 3. IS THIS REPORT  NEW (N) OR  AMENDED (A)

4. TYPE OF REPORT (Choose One)  
(a) Quarterly Reports:  
 April 15 Quarterly Report (Q1)  
 July 15 Quarterly Report (Q2)  
 October 15 Quarterly Report (Q3)  
 January 31 Year-End Report (YE)  
 July 31 Mid-Year Report (Non-election Year Only) (MY)  
 Termination Report (TER)  
(b) Monthly Report Due On:  
 Feb 20 (M2)  May 20 (M5)  Aug 20 (M8)  Nov 20 (M11) (Non-Election Year Only)  
 Mar 20 (M3)  Jun 20 (M6)  Sep 20 (M9)  Dec 20 (M12) (Non-Election Year Only)  
 Apr 20 (M4)  Jul 20 (M7)  Oct 20 (M10)  Jan 31 (YE)  
(c) 12-Day PRE-Election Report for the:  
 Primary (12P)  General (12G)  Runoff (12R)  
 Convention (12C)  Special (12S)  
Election on  /  /  in the State of   
(d) 30-Day POST-Election Report for the:  
 General (30G)  Runoff (30R)  Special (30S)  
Election on  /  /  in the State of

5. Covering Period  /  /  through  /  /

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  /  /

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)

Page 2

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="2014"/>		<input type="text" value="62482.20"/>
(b) Cash on Hand at Beginning of Reporting Period.....	<input type="text" value="38485.77"/>	
(c) Total Receipts (from Line 19) .....	<input type="text" value="42100.00"/>	<input type="text" value="149100.00"/>
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	<input type="text" value="80585.77"/>	<input type="text" value="211582.20"/>
7. Total Disbursements (from Line 31).....	<input type="text" value="37533.46"/>	<input type="text" value="168529.89"/>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	<input type="text" value="43052.31"/>	<input type="text" value="43052.31"/>
9. Debts and Obligations Owed <b>TO</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	<input type="text" value="0.00"/>	
10. Debts and Obligations Owed <b>BY</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	<input type="text" value="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

FEC Form 3X (Rev. 06/2004)

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).....	6600.00	7100.00
(ii) Unitemized .....	0.00	0.00
(iii) TOTAL (add Lines 11(a)(i) and (ii))..... ▶	6600.00	7100.00
(b) Political Party Committees .....	0.00	0.00
(c) Other Political Committees (such as PACs).....	35500.00	142000.00
(d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5) .....	42100.00	149100.00
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))..... ▶	42100.00	149100.00
20. Total Federal Receipts (subtract Line 18(c) from Line 19)..... ▶	42100.00	149100.00

**DETAILED SUMMARY PAGE**

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

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 .....	12533.46	58529.89
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b)) .....	12533.46	58529.89
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	25000.00	110000.00
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)) ..	37533.46	168529.89
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	37533.46	168529.89

**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) .....	42100.00	149100.00
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	42100.00	149100.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) .....	12533.46	58529.89
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....	12533.46	58529.89

**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 6 OF 17
	<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	<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. Chester G. Atkins**

Mailing Address 141 Coolidge Hill

City Cambridge State MA Zip Code 02138-5508

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

Name of Employer A.D.S. Ventures Occupation President

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
2600.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 30 / 2014  
**Transaction ID : C9081752**

Amount of Each Receipt this Period  
 2600.00

Full Name (Last, First, Middle Initial)  
**B. Henry W Menn III**

Mailing Address 3236 Livingston St NW

City Washington State DC Zip Code 20015-1633

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

Name of Employer Brown Rudnick Occupation Principal

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1500.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 29 / 2014  
**Transaction ID : C9060844**

Amount of Each Receipt this Period  
 1500.00

Full Name (Last, First, Middle Initial)  
**c. Mary Beth E. Stanton**

Mailing Address 1203 New Jersey Ave NW

City Washington State DC Zip Code 20001

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

Name of Employer Heather Podesta + Partners Occupation Government Affairs

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
2500.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 03 / 2014  
**Transaction ID : C8998502**

Amount of Each Receipt this Period  
 2500.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	6600.00
<b>TOTAL</b> This Period (last page this line number only).....▶	6600.00

**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 7 OF 17
<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. ADVANCED MEDICAL TECHNOLOGY ASSOCIATION POLOTICAL**

Mailing Address 701 Pennsylvania Ave.

City Washington	State DC	Zip Code 20004
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FEC ID number of contributing federal political committee. **C** C00340356

Name of Employer	Occupation
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Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
2000.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y
09	/	23	/	2014

**Transaction ID : C9037583**

Amount of Each Receipt this Period  
2000.00

Full Name (Last, First, Middle Initial)  
**B. CHARTER COMMUNICATIONS INC. POLITICAL ACTION COMMITTEE**

Mailing Address 1919 PENNSYLVANIA AVE. N.W.  
STE. 750

City WASHINGTON	State DC	Zip Code 20006
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FEC ID number of contributing federal political committee. **C** C00426775

Name of Employer	Occupation
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Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
2500.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y
09	/	23	/	2014

**Transaction ID : C9037578**

Amount of Each Receipt this Period  
2500.00

Full Name (Last, First, Middle Initial)  
**C. CITIGROUP INC. POLITICAL ACTION COMMITTEE - FEDERA**

Mailing Address 1101 PENNSYLVANIA AVE. NW  
SUITE 1000

City WASHINGTON	State DC	Zip Code 20004
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FEC ID number of contributing federal political committee. **C** C00039305

Name of Employer	Occupation
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Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
2500.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y
09	/	30	/	2014

**Transaction ID : C9081830**

Amount of Each Receipt this Period  
2500.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	7000.00
<b>TOTAL</b> 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 17
<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. DAVITA HEALTHCARE PARTNERS, INC. POLITICAL ACTION COMMITTEE (DAPAC)**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 32275 32ND AVENUE, S.  
 City FEDERAL WAY State WA Zip Code 98001  
 FEC ID number of contributing federal political committee. **C** C00340943  
 Name of Employer Occupation  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 2500.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 29 / 2014  
**Transaction ID : C9060856**  
 Amount of Each Receipt this Period  
 2500.00

**B. DELOITTE POLITICAL ACTION COMMITTEE**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address P.O. BOX 365  
 City WASHINGTON State DC Zip Code 20044  
 FEC ID number of contributing federal political committee. **C** C00211318  
 Name of Employer Occupation  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 2000.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 29 / 2014  
**Transaction ID : C9060862**  
 Amount of Each Receipt this Period  
 2000.00

**C. DIAGEO NORTH AMERICA INC EMPLOYEES' POLITICAL PARTICIPATION COMMITTEE**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 801 Main Ave P.O. Box 778  
 City Norwalk State CT Zip Code 06851-1127  
 FEC ID number of contributing federal political committee. **C** C00034470  
 Name of Employer Occupation  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1500.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 30 / 2014  
**Transaction ID : C9081787**  
 Amount of Each Receipt this Period  
 1500.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	6000.00
<b>TOTAL</b> 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 17
<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.** Full Name (Last, First, Middle Initial)  
HEALTHCARE DISTRIBUTION MANAGEMENT ASSOCIATION POLITICAL ACTION COMMITTEE

Mailing Address 901 N. GLEBE ROAD, SUITE 1000

City ARLINGTON	State VA	Zip Code 22203
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FEC ID number of contributing federal political committee. **C** C00247569

Name of Employer	Occupation
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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
09	/	29	/	2014

**Transaction ID : C9060846**

Amount of Each Receipt this Period  

1000.00
---------

**B.** Full Name (Last, First, Middle Initial)  
INDEPENDENT COMMUNITY BANKERS OF AMERICA POLITICAL

Mailing Address 1615 L Street NW  
Suite 900

City Washington	State DC	Zip Code 20036
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FEC ID number of contributing federal political committee. **C** C00032698

Name of Employer	Occupation
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Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 2500.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	30	/	2014

**Transaction ID : C9081610**

Amount of Each Receipt this Period  

2500.00
---------

**C.** Full Name (Last, First, Middle Initial)  
NATIONAL CABLE AND TELECOMMUNICATIONS ASSOCIATION

Mailing Address 25 Massachusetts Avenue, NW #100

City Washington	State DC	Zip Code 20001
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FEC ID number of contributing federal political committee. **C** C00010082

Name of Employer	Occupation
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Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 2500.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	29	/	2014

**Transaction ID : C9060852**

Amount of Each Receipt this Period  

2500.00
---------

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	6000.00
<b>TOTAL</b> 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 17
<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
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FEC ID number of contributing federal political committee. **C** C00140061

Name of Employer \_\_\_\_\_ Occupation \_\_\_\_\_

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 5000.00

Date of Receipt: 09 / 23 / 2014  
**Transaction ID : C9037580**  
 Amount of Each Receipt this Period: 2500.00

Full Name (Last, First, Middle Initial)  
**B. NEW YORK LIFE INSURANCE COMPANY POLITICAL ACTION C**

Mailing Address 51 Madison Ave.  
Room 1109

City New York	State NY	Zip Code 10010
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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: 09 / 29 / 2014  
**Transaction ID : C9060866**  
 Amount of Each Receipt this Period: 5000.00

Full Name (Last, First, Middle Initial)  
**C. SPECTRA ENERGY CORP POLITICAL ACTION COMMITTEE (SPECTRA-DCP PAC)**

Mailing Address 5400 WESTHEIMER COURT

City HOUSTON	State TX	Zip Code 77056
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FEC ID number of contributing federal political committee. **C** C00429662

Name of Employer \_\_\_\_\_ Occupation \_\_\_\_\_

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 2000.00

Date of Receipt: 09 / 29 / 2014  
**Transaction ID : C9060841**  
 Amount of Each Receipt this Period: 2000.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	9500.00
<b>TOTAL</b> 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 11 OF 17
<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. THE HOME DEPOT INC. POLITICAL ACTION COMMITTEE**

Mailing Address 1155 F STREET, NW  
SUITE 400

City WASHINGTON State DC Zip Code 20004

FEC ID number of contributing federal political committee. **C** C00284885

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
2500.00

Date of Receipt  
09 / 03 / 2014  
**Transaction ID : C8998499**

Amount of Each Receipt this Period  
2500.00

Full Name (Last, First, Middle Initial)  
**B. TRAVELERS COMPANIES INC. POLITICAL ACTION COMMITTEE**

Mailing Address One Tower Square

City Hartford State CT Zip Code 06183

FEC ID number of contributing federal political committee. **C** C00376376

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
2500.00

Date of Receipt  
09 / 30 / 2014  
**Transaction ID : C9081692**

Amount of Each Receipt this Period  
2500.00

Full Name (Last, First, Middle Initial)  
**C. VANGUARD COMMITTEE FOR RESPONSIBLE GOVERNMENT**

Mailing Address 400 Devon Park Drive

City Wayne State PA Zip Code 19087

FEC ID number of contributing federal political committee. **C** C00410266

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
2000.00

Date of Receipt  
09 / 29 / 2014  
**Transaction ID : C9060864**

Amount of Each Receipt this Period  
2000.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....	7000.00
<b>TOTAL</b> This Period (last page this line number only).....	35500.00

**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. Fidelity Investments**

Mailing Address 82 Devonshire St, N5A

City Boston State MA Zip Code 02109

Purpose of Disbursement  
PAC Event Space Rental

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
09 / 03 / 2014

**Transaction ID : D579222**

Amount of Each Disbursement this Period

4476.93

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 Consulting Services

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
09 / 03 / 2014

**Transaction ID : D579223**

Amount of Each Disbursement this Period

3600.00

Full Name (Last, First, Middle Initial)

**C. Revolution Messaging, LLC**

Mailing Address 1730 Rhode Island Ave, NW  
Ste 610

City Washington State DC Zip Code 20036

Purpose of Disbursement  
PAC Website Services

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
09 / 04 / 2014

**Transaction ID : D580967**

Amount of Each Disbursement this Period

1500.00

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

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

9576.93

**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. American Express**

Mailing Address PO Box 360001

City Fort Lauderdale State FL Zip Code 33336-0001

Purpose of Disbursement  
Credit Card Payment

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement

MM / DD / YYYY  
09 / 03 / 2014

Transaction ID : D579224

Amount of Each Disbursement this Period

1144.30

Category/  
Type

Full Name (Last, First, Middle Initial)

**B. Lucca Restaurant**

Mailing Address 226 Hanover St

City Boston State MA Zip Code 02113

Purpose of Disbursement  
PAC Fundraising Event Catering

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement

MM / DD / YYYY  
09 / 03 / 2014

Transaction ID : D579226

Amount of Each Disbursement this Period

500.00

Category/  
Type

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

**C. US Airways**

Mailing Address 4000 E. Sky Harbor Blvd.

City Phoenix State AZ Zip Code 85034

Purpose of Disbursement  
PAC Fundraising Event Travel

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement

MM / DD / YYYY  
09 / 03 / 2014

Transaction ID : D579228

Amount of Each Disbursement this Period

644.30

Category/  
Type

[MEMO ITEM]

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

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

1144.30

**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**

Mailing Address 4971 Allan Road

City State Zip Code  
Bethesda MD 20816

Purpose of Disbursement  
PAC Event Travel Reimbursement

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
09 / 23 / 2014

Transaction ID : D582044

Amount of Each Disbursement this Period

1792.28

Full Name (Last, First, Middle Initial)

**B. StubHub Inc.**

Mailing Address 199 Fremont St

City State Zip Code  
San Francisco CA 94105

Purpose of Disbursement  
PAC Fundraising Event Tickets

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
09 / 23 / 2014

Transaction ID : D582046

Amount of Each Disbursement this Period

959.88

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

**C. US Airways**

Mailing Address 4000 E. Sky Harbor Blvd.

City State Zip Code  
Phoenix AZ 85034

Purpose of Disbursement  
PAC Fundraising Event Travel

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
09 / 23 / 2014

Transaction ID : D582045

Amount of Each Disbursement this Period

832.40

[MEMO ITEM]

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

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

1792.28

12513.51

**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 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. AL FRANKEN FOR SENATE 2014**

Mailing Address PO Box 583144

City Minneapolis State MN Zip Code 55458-3144

Purpose of Disbursement  
Contribution

Candidate Name

**AL FRANKEN**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

State: MN District: 00

Date of Disbursement

MM / DD / YYYY  
09 / 29 / 2014

**Transaction ID : D582543**

Amount of Each Disbursement this Period

2500.00

Full Name (Last, First, Middle Initial)

**B. 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

MM / DD / YYYY  
09 / 29 / 2014

**Transaction ID : D584704**

Amount of Each Disbursement this Period

2500.00

Full Name (Last, First, Middle Initial)

**C. BRALEY VICTORY FUND**

Mailing Address 2813 VIRGINIA PLACE

City DES MOINES State IA Zip Code 50321

Purpose of Disbursement  
Contribution

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY  
09 / 29 / 2014

**Transaction ID : D584703**

Amount of Each Disbursement this Period

2500.00

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

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

7500.00

**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 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. FRIENDS OF ELIZABETH ESTY**

Mailing Address PO BOX 61

City State Zip Code  
CHESHIRE CT 06410

Purpose of Disbursement  
Contribution

Candidate Name

**ELIZABETH ESTY**

Office Sought:  House  
 Senate  
 President  
State: CT District: 05

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
09	/	29	/	2014

**Transaction ID : D584707**

Amount of Each Disbursement this Period

5,000.00
----------

Full Name (Last, First, Middle Initial)

**B. New Hampshire Democratic Party**

Mailing Address 105 N State St

City State Zip Code  
Concord NH 03301

Purpose of Disbursement  
Contribution

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
09	/	29	/	2014

**Transaction ID : D582539**

Amount of Each Disbursement this Period

5,000.00
----------

Full Name (Last, First, Middle Initial)

**C. PETERS FOR MICHIGAN**

Mailing Address PO BOX 226

City State Zip Code  
BLOOMFIELD HILLS MI 48303

Purpose of Disbursement  
Contribution

Candidate Name

**GARY PETERS**

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

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
09	/	29	/	2014

**Transaction ID : D584705**

Amount of Each Disbursement this Period

5,000.00
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**SUBTOTAL** of Disbursements This Page (optional)..... ▶

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

15,000.00
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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 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. REED COMMITTEE

Mailing Address PO BOX 8628

City CRANSTON State RI Zip Code 02920

Purpose of Disbursement  
Contribution

Candidate Name  
**JACK F REED**

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

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

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

Transaction ID : D584706

Amount of Each Disbursement this Period

2	5	0	0	.	0	0
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Category/  
Type

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	/	D	D	/	Y	Y	Y	Y

Amount of Each Disbursement this Period

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Category/  
Type

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	/	D	D	/	Y	Y	Y	Y

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)..... ▶

2	5	0	0	.	0	0
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2	5	0	0	.	0	0
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