

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)

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☒ 11a ☐ 11b ☐ 11c ☐ 11d
12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
Friends of Patrick Murphy

Full Name (Last, First, Middle Initial) A. Lisa H. Beers		Date of Receipt M M / D D / Y Y Y Y 09 / 30 / 2014
Mailing Address 3630 Gardens Parkway		Transaction ID : C10329146A
City Unit 1003	State FL	
Zip Code 33410		Amount of Each Receipt this Period 25.00
FEC ID number of contributing federal political committee. C		* Earmarked Contribution: See Below
Name of Employer Self	Occupation Insurance Sales	
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 452.00	

Full Name (Last, First, Middle Initial) B. ActBlue		Date of Receipt M M / D D / Y Y Y Y 09 / 30 / 2014
Mailing Address PO Box 382110		Transaction ID : C10329146AB
City Cambridge	State MA	
Zip Code 02238-2110		Amount of Each Receipt this Period 25.00
FEC ID number of contributing federal political committee. C C00401224		[MEMO ITEM] Note: Above Contribution earmarked through this organization.
Name of Employer	Occupation Conduit total listed in Agg. field	
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 154544.52	

Full Name (Last, First, Middle Initial) C. Taylor Beery		Date of Receipt M M / D D / Y Y Y Y 08 / 20 / 2014
Mailing Address 601 Webster St		Transaction ID : C10216321A
City New Orleans	State LA	
Zip Code 70118		Amount of Each Receipt this Period 250.00
FEC ID number of contributing federal political committee. C		* Earmarked Contribution: See Below
Name of Employer Beery Advisors	Occupation Financial Consultant	
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 250.00	

SUBTOTAL of Receipts This Page (optional).....	275.00
TOTAL This Period (last page this line number only).....	