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FEC FORM 2

STATEMENT OF CANDIDACY

1.	(a) Name of Candidate (in full)									
	Murphy, Gregory, Francis, Dr.,									
	(b) Address (number and street) PO Box 1131					Candidate's FEC Identification Number H0NC03172				
	(c) City, State, and ZIP Code	•				Nent (N		V	Amended	
	Greenville) OR	×	(A)	
4.	Party Affiliation REPUBLICAN PARTY	5. Office Sought House		6. State & Dist	trict of Candid 03	late				
DESIGNATION OF PRINCIPAL CAMPAIGN COMMITTEE										
7.	I hereby designate the following named political committee as my Principal Campaign Committee for the 2026 (year of election)									
	NOTE: This designation should be filed with the appropriate office listed in the instructions.									
	(a) Name of Committee (in full)									
	Friends to Elect Dr. Greg Murphy to Congress									
(b) Address (number and street)										
	PO Box 1131									
	(c) City, State, and ZIP Code									
	Greenville			NC	27835					
DESIGNATION OF OTHER AUTHORIZED COMMITTEES (Including Joint Fundraising Representatives) 8. I hereby authorize the following named committee, which is NOT my principal campaign committee, to receive and expend funds on behalf of my										
candidacy. NOTE: This designation should be filed with the principal campaign committee.										
(a) Name of Committee (in full)										
	TEAM MURPHY									
(b) Address (number and street) PO BOX 97275										
(c) City, State, and ZIP Code										
	Raleigh			NC	27624					
I certify that I have examined this Statement and to the best of my knowledge and belief it is true, correct and complete.										
Signature of Candidate					Date					
Murphy, Gregory, Francis, Dr.,					05/05/2025					
NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to penalties of 2 U.S.C. §437g.										

FEC FORM 2 (REV. 02/2009)