FEC FORM 2 STATEMENT OF CANDIDACY

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1. (a) Name of Candidate (in full)								
Patrick Murphy		. 16 I - I	- b				4161 A'	
(b) Address (number and street) 4521 PGA Blvd. #412	☐ Check if address changed			2. Candidate's FEC Identification Number H2FL22072				
(c) City, State, and ZIP Code					3. Is This	~ ~ ~		Amended
Palm Beach Gardens		FL	3341		Staten	() OR	(A)
4. Party Affiliation	5. Office Sought			6. State & Dist		date		
DEMOCRATIC PARTY	House			FL	18			
DESIGNATION OF PRINCIPAL CAMPAIGN COMMITTEE								
7. I hereby designate the following nan	ned political commit	ttee as my F	Principal (Campaign Comr	nittee for the	2016 (year of elec	electic tion)	on(s).
NOTE: This designation should be f	led with the approp	riate office l	isted in th	ne instructions.				
(a) Name of Committee (in full)								
Friends of Patrick M	urphy							
(b) Address (number and street)								
4521 PGA Blvd. #412								
(c) City, State, and ZIP Code								
Palm Beach Gardens				FL	33418	3		
DE	SIGNATION C			THORIZED	сомміт	TEES		
	(Inclu	ding Joint F	undraisin	g Representativ	es)			
Q I have by authorize the following new		ah ia NOT m			unittee te re		a a se al ferma da	on hoholf of my
 I hereby authorize the following nam candidacy. 	ied committee, whic			ai campaign cor	innittee, to re	eceive and exp		on benan of my
candidacy.								
NOTE: This designation should be fi	led with the principa	al campaign	committe	ee.				
(a) Name of Committee (in full)								
Patrick Murphy Victo	orv Fund 20 ²	14						
(b) Address (number and street)	0							
1050 17th Street, NW Suite 59	0							
(c) City, State, and ZIP Code								
				DC	20036			
Washington				DC	20030			
I certify that I have exa	mined this Stateme	nt and to the	e best of	my knowledge a	and belief it is	s true, correct	and comple	ete.
Signature of Candidate					Date			
Patrick Murphy					1 11/19/2014			
			[Elect	ronically Filed]	11/13/20			
NOTE: Submission of false, erroneous,	or incomplete infor	mation may	subject t	he person signir	ng this Stater	ment to penal	ties of 2 U.S	S.C. §437g.
							J FE(C FORM 2 (REV. 02/2009)

FORM 2S - STATEMENT OF CANDIDACY (Supplemental Page)

FEC Form 2 (Rev. 02/2003)			Page 2 / 2
DESIGI	IATION OF OTHER AUTHORIZED CC (Including Joint Fundraising Representation		[ADDITIONAL]
I hereby authorize the following named committe candidacy.	e, which is NOT my principal campaign committee, to re	eceive and expend funds	on behalf of my
NOTE: This designation should be filed	with the principal campaign committee.		
(a) Name of Committee (in full) Murphy Graham Victory	⁷ Fund		
(b) Address (number and street) 410 1st Street, SE Suite 310			
(c) City, State and ZIP Code Washington	DC	20003	
DESIG	NATION OF OTHER AUTHORIZED CO (Including Joint Fundraising Representati		[ADDITIONAL]
candidacy.	e, which is NOT my principal campaign committee, to re	eceive and expend funds	on behalf of my
NOTE:This designation should be filed (a) Name of Committee (in full)	with the principal campaign committee.		
(b) Address (number and street)			
(c) City, State and ZIP Code			
DESIG	NATION OF OTHER AUTHORIZED CO (Including Joint Fundraising Representation		[ADDITIONAL]
I hereby authorize the following named committe candidacy.	e, which is NOT my principal campaign committee, to re	eceive and expend funds	on behalf of my
NOTE: This designation should be filed	with the principal campaign committee.		
(a) Name of Committee (in full)			
(b) Address (number and street)			
(c) City, State and ZIP Code			