

**FEC  
FORM 3****REPORT OF RECEIPTS  
AND DISBURSEMENTS**  
For An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) TYPE OR PRINT ▼ Example: If typing, type over the lines.

12FE4M5

Friends to Elect Dr. Greg Murphy to Congress

ADDRESS (number and street)

PO Box 1131

Check if different  
than previously  
reported. (ACC)

Greenville

NC

27835

CITY ▲

STATE ▲

ZIP CODE ▲

2. FEC IDENTIFICATION NUMBER ▼

C C00697649

3. IS THIS  
REPORTNEW  
(N)

OR

AMENDED  
(A)

STATE ▼ DISTRICT

NC

03

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)



Termination Report (TER)

(b) 12-Day PRE-Election Report for the:



Primary (12P)



General (12G)



Runoff (12R)



Convention (12C)



Special (12S)

Election on

M M / D D / Y Y Y Y  
03 / 05 / 2024in the  
State of

NC

(c) 30-Day POST-Election Report for the:



General (30G)



Runoff (30R)



Special (30S)

Election on

M M / D D / Y Y Y Y

in the  
State of

5. Covering Period

M M / D D / Y Y Y Y  
01 / 01 / 2024

through

M M / D D / Y Y Y Y  
02 / 14 / 2024

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 McMichael, Collin, , ,

Signature of Treasurer

McMichael, Collin, , ,

Date

M M / D D / Y Y Y Y  
02 / 22 / 2024

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 52 U.S.C. §30109.

Office  
Use  
Only**FEC FORM 3**  
(Revised 05/2016)

SUMMARY PAGE  
of Receipts and Disbursements

FEC Form 3 (Revised 03/2016)

Write or Type Committee Name

Friends to Elect Dr. Greg Murphy to Congress

Report Covering the Period: From: 01 / 01 / 2024 To: 02 / 14 / 2024

|                                                                                                                  | COLUMN A<br>This Period | COLUMN B<br>Election Cycle-to-Date |
|------------------------------------------------------------------------------------------------------------------|-------------------------|------------------------------------|
| 6. Net Contributions (other than loans)                                                                          |                         |                                    |
| (a) Total Contributions<br>(other than loans) (from Line 11(e)) ....                                             | 71531.27                | 883928.50                          |
| (b) Total Contribution Refunds<br>(from Line 20(d)) .....                                                        | 3300.00                 | 37334.85                           |
| (c) Net Contributions (other than loans)<br>(subtract Line 6(b) from Line 6(a)) .....                            | 68231.27                | 846593.65                          |
| 7. Net Operating Expenditures                                                                                    |                         |                                    |
| (a) Total Operating Expenditures<br>(from Line 17) .....                                                         | 52262.46                | 506127.52                          |
| (b) Total Offsets to Operating<br>Expenditures (from Line 14) .....                                              | .00                     | 2118.98                            |
| (c) Net Operating Expenditures<br>(subtract Line 7(b) from Line 7(a)) .....                                      | 52262.46                | 504008.54                          |
| 8. Cash on Hand at Close of<br>Reporting Period (from Line 27) .....                                             | 1273695.47              |                                    |
| 9. Debts and Obligations Owed <b>TO</b><br>the Committee (Itemize all on<br>Schedule C and/or Schedule D) .....  | .00                     |                                    |
| 10. Debts and Obligations Owed <b>BY</b><br>the Committee (Itemize all on<br>Schedule C and/or Schedule D) ..... | .00                     |                                    |

For further information, contact the Federal Election Commission at 800-424-9530 or visit [www.fec.gov](http://www.fec.gov).

**DETAILED SUMMARY PAGE**  
of Receipts

FEC Form 3 (Revised 05/2016)

Write or Type Committee Name

Friends to Elect Dr. Greg Murphy to Congress

Report Covering the Period:

From:

MM / DD / YYYY  
01 / 01 / 2024

To:

MM / DD / YYYY  
02 / 14 / 2024**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).....

38421.80

465390.43

(ii) Unitemized .....

609.47

16988.07

(iii) TOTAL of contributions  
from individuals ▶

39031.27

482378.50

(b) Political Party Committees.....

.00

.00

(c) Other Political Committees  
(such as PACs) .....

32500.00

401550.00

(d) The Candidate .....

.00

.00

(e) TOTAL CONTRIBUTIONS  
(other than loans)  
(add Lines 11(a)(iii), (b), (c), and (d))..

71531.27

883928.50

12. TRANSFERS FROM OTHER  
AUTHORIZED COMMITTEES .....

464.27

130033.31

## 13. LOANS:

(a) Made or Guaranteed by the  
Candidate.....

.00

.00

(b) All Other Loans.....

.00

.00

(c) TOTAL LOANS  
(add Lines 13(a) and (b)).....

.00

.00

14. OFFSETS TO OPERATING  
EXPENDITURES  
(Refunds, Rebates, etc.) .....

.00

2118.98

15. OTHER RECEIPTS  
(Dividends, Interest, etc.) .....

.00

.00

16. TOTAL RECEIPTS (add Lines  
11(e), 12, 13(c), 14, and 15)  
(Carry Total to Line 24, page 4)..... ▶

71995.54

1016080.79

# **DETAILED SUMMARY PAGE** of Disbursements

FEC Form 3 (Revised 05/2016)

| II. DISBURSEMENTS                                                            | COLUMN A<br>Total This Period | COLUMN B<br>Election Cycle-to-Date |
|------------------------------------------------------------------------------|-------------------------------|------------------------------------|
| 17. OPERATING EXPENDITURES.....                                              | 52262.46                      | 506127.52                          |
| 18. TRANSFERS TO OTHER<br>AUTHORIZED COMMITTEES .....                        | .00                           | .00                                |
| 19. LOAN REPAYMENTS:                                                         |                               |                                    |
| (a) Of Loans Made or Guaranteed<br>by the Candidate.....                     | .00                           | .00                                |
| (b) Of All Other Loans .....                                                 | .00                           | .00                                |
| (c) TOTAL LOAN REPAYMENTS<br>(add Lines 19(a) and (b)).....                  | .00                           | .00                                |
| 20. REFUNDS OF CONTRIBUTIONS TO:                                             |                               |                                    |
| (a) Individuals/Persons Other<br>Than Political Committees .....             | 3300.00                       | 31334.85                           |
| (b) Political Party Committees.....                                          | .00                           | .00                                |
| (c) Other Political Committees<br>(such as PACs) .....                       | .00                           | 6000.00                            |
| (d) TOTAL CONTRIBUTION REFUNDS<br>(add Lines 20(a), (b), and (c)).....       | 3300.00                       | 37334.85                           |
| 21. OTHER DISBURSEMENTS .....                                                | 2970.00                       | 85145.00                           |
| 22. <b>TOTAL DISBURSEMENTS</b><br>(add Lines 17, 18, 19(c), 20(d), and 21) ► | 58532.46                      | 628607.37                          |

## **III. CASH SUMMARY**

|                                                                                       |            |
|---------------------------------------------------------------------------------------|------------|
| 23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....                                | 1260232.39 |
| 24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page 3).....                            | 71995.54   |
| 25. SUBTOTAL (add Line 23 and Line 24).....                                           | 1332227.93 |
| 26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....                               | 58532.46   |
| 27. CASH ON HAND AT CLOSE OF REPORTING PERIOD<br>(subtract Line 26 from Line 25)..... | 1273695.47 |

## FEC MISCELLANEOUS TEXT RELATED TO A REPORT, SCHEDULE OR ITEMIZATION

Form/Schedule: F3N

Transaction ID :

SCHEDULE B INCLUDES ALL REQUIRED MEMO ENTRIES FOR REIMBURSEMENTS. ALL ADDITIONAL REIMBURSEMENTS DO NOT MEET THE \$200.00 PER VENDOR AGGREGATE THRESHOLD.

Form/Schedule:

Transaction ID:

**SCHEDULE A (FEC Form 3)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 6 OF 58

|                                         |                              |                              |                              |                             |
|-----------------------------------------|------------------------------|------------------------------|------------------------------|-----------------------------|
| <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)

Friends to Elect Dr. Greg Murphy to Congress

Full Name (Last, First, Middle Initial)

Beck, Daphne, , ,

A.

Mailing Address 100 Fairways 7 Ct

City

New Bern

State

NC

Zip Code

28562

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Retired

Occupation

Retired

Receipt For: 2024

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

210.00

Date of Receipt

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 2 |   | 1 | 2 |   | 2 | 0 | 2 | 4 |

Transaction ID : SA11Ai-CN25937

Amount of Each Receipt this Period

10.00

☐ Memo Item

B.

Full Name (Last, First, Middle Initial)

WINRED

Mailing Address PO Box 9891

City

Arlington

State

VA

Zip Code

22219

FEC ID number of contributing  
federal political committee.

C

C00694323

Name of Employer

N/A

Occupation

N/A

Receipt For: 2024

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

24414.62

Date of Receipt

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 2 |   | 1 | 2 |   | 2 | 0 | 2 | 4 |

Transaction ID : SA11C-CN25949

Amount of Each Receipt this Period

10.00

☒ Memo Item

Earmarked contribution-Daphne Beck

Total earmarked through conduit. PAC limit not affected.

C.

Full Name (Last, First, Middle Initial)

Beeman, Ray, , ,

Mailing Address 7911 Westpark Drive  
Apt 1615

City

McLean

State

VA

Zip Code

22102

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Washington Council EY

Occupation

Principal

Receipt For: 2024

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1000.00

Date of Receipt

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 2 |   | 0 | 6 |   | 2 | 0 | 2 | 4 |

Transaction ID : SA11Ai-CN25894

Amount of Each Receipt this Period

1000.00

☐ Memo Item

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

1010.00

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 PageFOR LINE NUMBER:  
(check only one)

PAGE 7 OF 58

|                                         |                              |                              |                              |                             |
|-----------------------------------------|------------------------------|------------------------------|------------------------------|-----------------------------|
| <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)

Friends to Elect Dr. Greg Murphy to Congress

Full Name (Last, First, Middle Initial)

Bell, James, Edward, Mr., III

A.

Mailing Address 373 Old Carriage Loop

City

Georgetown

State

SC

Zip Code

29440

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Bell Legal Group

Occupation

Attorney

Receipt For: 2024



Primary



General



Other (specify) ▼

Election Cycle-to-Date ▼

9900.00

Date of Receipt

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 2 |   | 1 | 4 |   | 2 | 0 | 2 | 4 |

Transaction ID : SA11Ai-CN25972

Amount of Each Receipt this Period

3300.00



Memo Item

B.

Full Name (Last, First, Middle Initial)

Bevan-Thomas, Rich, , ,

Mailing Address 1003 Turnberry Lane

City

Southlake

State

TX

Zip Code

76092

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Urology Partners Of North Texas

Occupation

Physician

Receipt For: 2024



Primary



General



Other (specify) ▼

Election Cycle-to-Date ▼

250.00

Date of Receipt

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 2 |   | 1 | 3 |   | 2 | 0 | 2 | 4 |

Transaction ID : SA11Ai-CN25932

Amount of Each Receipt this Period

250.00



Memo Item

C.

Full Name (Last, First, Middle Initial)

Brashear, Harold, , ,

Mailing Address 119 Fairway Dr

City

Goldsboro

State

NC

Zip Code

27534

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Nunn Brashear &amp; Uzzell PA

Occupation

CPA

Receipt For: 2024



Primary



General



Other (specify) ▼

Election Cycle-to-Date ▼

500.00

Date of Receipt

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 1 |   | 3 | 1 |   | 2 | 0 | 2 | 4 |

Transaction ID : SA11Ai-CN25875

Amount of Each Receipt this Period

500.00



Memo Item

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

4050.00

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 PageFOR LINE NUMBER:  
(check only one)

PAGE 8 OF 58

|                                         |                              |                              |                              |                             |
|-----------------------------------------|------------------------------|------------------------------|------------------------------|-----------------------------|
| <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)

Friends to Elect Dr. Greg Murphy to Congress

Full Name (Last, First, Middle Initial)

Bridges, David, , ,

A.

Mailing Address 307 S Horners Ln

City

Rockville

State

MD

Zip Code

20850

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Capitol Counsel

Occupation

Partner

Receipt For: 2024



Primary



General



Other (specify) ▼

Election Cycle-to-Date ▼

500.00

Date of Receipt

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 2 |   | 0 | 6 |   | 2 | 0 | 2 | 4 |

Transaction ID : SA11Ai-CN25896

Amount of Each Receipt this Period

500.00



Memo Item

Full Name (Last, First, Middle Initial)

Bryan, Bill, , ,

B.

Mailing Address 701 Hillcrest Dr

City

Mount Olive

State

NC

Zip Code

28365

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Mount Olive Pickle Co

Occupation

Executive Chair

Receipt For: 2024



Primary



General



Other (specify) ▼

Election Cycle-to-Date ▼

250.00

Date of Receipt

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 2 |   | 0 | 2 |   | 2 | 0 | 2 | 4 |

Transaction ID : SA11Ai-CN25880

Amount of Each Receipt this Period

250.00



Memo Item

Full Name (Last, First, Middle Initial)

Chuang, Weber, , ,

C.

Mailing Address 802 N Oak Cliff Blvd

City

Dallas

State

TX

Zip Code

75208

FEC ID number of contributing  
federal political committee.

C

Name of Employer

UPNT

Occupation

physician

Receipt For: 2024



Primary



General



Other (specify) ▼

Election Cycle-to-Date ▼

300.00

Date of Receipt

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 1 |   | 3 | 0 |   | 2 | 0 | 2 | 4 |

Transaction ID : SA11Ai-CN25874

Amount of Each Receipt this Period

300.00



Memo Item

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

1050.00

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 PageFOR LINE NUMBER:  
(check only one)

PAGE 9 OF 58

|                                         |                              |                              |                              |                             |
|-----------------------------------------|------------------------------|------------------------------|------------------------------|-----------------------------|
| <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)

Friends to Elect Dr. Greg Murphy to Congress

Full Name (Last, First, Middle Initial)

Craig, John, , ,

A.

Mailing Address 1859 Craig Farm Rd.

City

Lancaster

State

SC

Zip Code

29720

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Retired

Occupation

Retired

Receipt For: 2024

☐ Primary  
☐ Other (specify) ▼☒ General

Election Cycle-to-Date ▼

1700.00

Date of Receipt

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 2 |   | 0 | 6 |   | 2 | 0 | 2 | 4 |

Transaction ID : SA11Ai-CN25913

Amount of Each Receipt this Period

1700.00

☐ Memo Item

B.

Full Name (Last, First, Middle Initial)

Craig, John, , ,

Mailing Address 1859 Craig Farm Rd.

City

Lancaster

State

SC

Zip Code

29720

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Retired

Occupation

Retired

Receipt For: 2024

☒ Primary  
☐ Other (specify) ▼☐ General

Election Cycle-to-Date ▼

5000.00

Date of Receipt

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 2 |   | 0 | 6 |   | 2 | 0 | 2 | 4 |

Transaction ID : SA11Ai-CN25898

Amount of Each Receipt this Period

3300.00

☐ Memo Item

C.

Full Name (Last, First, Middle Initial)

Dacey, Scott, Charles, ,

Mailing Address 139 Trent Shores Dr

City

New Bern

State

NC

Zip Code

28562

FEC ID number of contributing  
federal political committee.

C

Name of Employer

PACE Government Relations

Occupation

Lobbyist

Receipt For: 2024

☒ Primary  
☐ Other (specify) ▼☐ General

Election Cycle-to-Date ▼

2000.00

Date of Receipt

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 2 |   | 0 | 6 |   | 2 | 0 | 2 | 4 |

Transaction ID : SA11Ai-CN25899

Amount of Each Receipt this Period

500.00

☐ Memo Item

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

5500.00

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 PageFOR LINE NUMBER:  
(check only one)

PAGE 10 OF 58

|                                         |                              |                              |                              |                             |
|-----------------------------------------|------------------------------|------------------------------|------------------------------|-----------------------------|
| <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)

Friends to Elect Dr. Greg Murphy to Congress

Full Name (Last, First, Middle Initial)

Daniels, June, A, ,

A. Mailing Address 411 Walnut Creek Dr

City

Goldsboro

State

NC

Zip Code

27534

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Homemaker

Occupation

Homemaker

Receipt For: 2024

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

250.00

Date of Receipt

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 2 |   | 0 | 5 |   | 2 | 0 | 2 | 4 |

Transaction ID : SA11Ai-CN25903

Amount of Each Receipt this Period

250.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

Delaney, Glenn, , ,

B. Mailing Address 601 Pennsylvania Ave. NW  
701 North

City

Washington

State

DC

Zip Code

20004

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Self-Employed

Occupation

Consultant

Receipt For: 2024

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

500.00

Date of Receipt

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

Transaction ID : SA11Ai-CN25811

Amount of Each Receipt this Period

500.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

Duckett, Ralph, H, Dr.,

C. Mailing Address 212 Hillcrest Drive

City

High Point

State

NC

Zip Code

27262

FEC ID number of contributing  
federal political committee.

C

Name of Employer

UNC Healthcare

Occupation

Physician

Receipt For: 2024

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1000.00

Date of Receipt

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 1 |   | 1 | 1 |   | 2 | 0 | 2 | 4 |

Transaction ID : SA11Ai-CN25812

Amount of Each Receipt this Period

1000.00

☐ Memo Item

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

1750.00

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 PageFOR LINE NUMBER:  
(check only one)

PAGE 11 OF 58

|                                         |                              |                              |                              |                             |
|-----------------------------------------|------------------------------|------------------------------|------------------------------|-----------------------------|
| <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)

Friends to Elect Dr. Greg Murphy to Congress

Full Name (Last, First, Middle Initial)

Floyd, Gregory, E, , Esq.

A.

Mailing Address 3306 Quail Ridge Road

City

Kinston

State

NC

Zip Code

28504

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Piggly Wiggly

Occupation

President/Owner

Receipt For: 2024

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

3300.00

Date of Receipt

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 2 |   | 0 | 5 |   | 2 | 0 | 2 | 4 |

Transaction ID : SA11Ai-CN25905

Amount of Each Receipt this Period

3300.00

☐ Memo Item

B.

Full Name (Last, First, Middle Initial)

Floyd, Gregory, E, , Esq.

Mailing Address 3306 Quail Ridge Road

City

Kinston

State

NC

Zip Code

28504

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Piggly Wiggly

Occupation

President/Owner

Receipt For: 2024

☐ Primary ☒ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

5000.00

Date of Receipt

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 2 |   | 0 | 5 |   | 2 | 0 | 2 | 4 |

Transaction ID : SA11Ai-CN25906

Amount of Each Receipt this Period

1700.00

☐ Memo Item

C.

Full Name (Last, First, Middle Initial)

Furtney, Arthur, J, Mr.,

Mailing Address 130 Tweed Dr

City

Jacksonville

State

NC

Zip Code

28540-4589

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Century 21 Champion Real Esta

Occupation

Realtor

Receipt For: 2024

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

415.00

Date of Receipt

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 2 |   | 0 | 6 |   | 2 | 0 | 2 | 4 |

Transaction ID : SA11Ai-CN25910

Amount of Each Receipt this Period

40.00

☐ Memo Item

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

5040.00

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 PageFOR LINE NUMBER:  
(check only one)

PAGE 12 OF 58

|                                         |                              |                              |                              |                             |
|-----------------------------------------|------------------------------|------------------------------|------------------------------|-----------------------------|
| <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)

Friends to Elect Dr. Greg Murphy to Congress

Full Name (Last, First, Middle Initial)

Gauland, Christopher, J, ,

A.

Mailing Address 3009 Rolston Rd

City

Greenville

State

NC

Zip Code

27858

FEC ID number of contributing  
federal political committee.

C

Name of Employer

E Carolina Foot &amp; Ankle Specialists

Occupation

Physician

Receipt For: 2024

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
01 19 2024

Transaction ID : SA11Ai-CN25829

Amount of Each Receipt this Period

1000.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

Ghertner, Douglas, , ,

B.

Mailing Address 4420 Forsythe Place

City

Nashville

State

TN

Zip Code

37205

FEC ID number of contributing  
federal political committee.

C

Name of Employer

IVX Health

Occupation

CEO

Receipt For: 2024

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
01 22 2024

Transaction ID : SA11Ai-CN25830

Amount of Each Receipt this Period

1000.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

Harju, Lori, , ,

C.

Mailing Address 5913 Munson Court

City

Falls Church

State

VA

Zip Code

22041

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Brownstein Hyatt Farber Schreck

Occupation

Policy Director

Receipt For: 2024

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
02 06 2024

Transaction ID : SA11Ai-CN25897

Amount of Each Receipt this Period

500.00

☐ Memo Item

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

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

2500.00

**SCHEDULE A (FEC Form 3)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 13 OF 58

|                                         |                              |                              |                              |                             |
|-----------------------------------------|------------------------------|------------------------------|------------------------------|-----------------------------|
| <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)

Friends to Elect Dr. Greg Murphy to Congress

Full Name (Last, First, Middle Initial)

Harvin, Nancy, Knoell, ,

**A.** Mailing Address 142 Wheeler Dr

City

Goldsboro

State

NC

Zip Code

27530

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Retired

Occupation

Retired

Receipt For: 2024



Primary



General



Other (specify) ▼

Election Cycle-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
02 / 09 / 2024D D / Y Y Y Y Y  
09 / 2024Y Y Y Y Y  
2024

Transaction ID : SA11Ai-CN25933

Amount of Each Receipt this Period

250.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

Herring, Sherwin, , ,

**B.** Mailing Address 614 Walnut Creek Dr

City

Goldsboro

State

NC

Zip Code

27534

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Southco Dist. Co.

Occupation

CEO

Receipt For: 2024



Primary



General



Other (specify) ▼

Election Cycle-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
02 / 02 / 2024D D / Y Y Y Y Y  
02 / 2024Y Y Y Y Y  
2024

Transaction ID : SA11Ai-CN25878

Amount of Each Receipt this Period

1000.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

Hine, John, C, ,

**C.** Mailing Address PO Box 916

City

Goldsboro

State

NC

Zip Code

27533

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Baddour Parker HIne

Occupation

Attorney

Receipt For: 2024



Primary



General



Other (specify) ▼

Election Cycle-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
01 / 31 / 2024D D / Y Y Y Y Y  
31 / 2024Y Y Y Y Y  
2024

Transaction ID : SA11Ai-CN25876

Amount of Each Receipt this Period

250.00

☐ Memo Item**SUBTOTAL** of Receipts This Page (optional)..... ▶

1500.00

**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 PageFOR LINE NUMBER:  
(check only one)

PAGE 14 OF 58

|                                         |                              |                              |                              |                             |
|-----------------------------------------|------------------------------|------------------------------|------------------------------|-----------------------------|
| <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)

Friends to Elect Dr. Greg Murphy to Congress

Full Name (Last, First, Middle Initial)

Hunter, Samuel, P, ,

**A.** Mailing Address 770 Lake Wackena Rd

City

Goldsboro

State

NC

Zip Code

27534

FEC ID number of contributing  
federal political committee.

C

Name of Employer

TL Loving Construction

Occupation

Executive

Receipt For: 2024

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
02 02 2024

Transaction ID : SA11Ai-CN25877

Amount of Each Receipt this Period

1000.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

Hyman, Randall, , ,

**B.** Mailing Address 3104 Tucker Dr

City

Greenville

State

NC

Zip Code

27858

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Self-Employed

Occupation

Farmer

Receipt For: 2024

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

375.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
01 22 2024

Transaction ID : SA11Ai-CN25847

Amount of Each Receipt this Period

25.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

WINRED

**C.** Mailing Address PO Box 9891

City

Arlington

State

VA

Zip Code

22219

FEC ID number of contributing  
federal political committee.

C C00694323

Name of Employer

N/A

Occupation

N/A

Receipt For: 2024

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

24004.38

Date of Receipt

M M / D D / Y Y Y Y Y Y  
01 22 2024

Transaction ID : SA11C-CN25848

Amount of Each Receipt this Period

25.00

☒ Memo Item

Earmarked contribution-Randall Hyman

Total earmarked through conduit. PAC limit not affected.

1025.00

**SUBTOTAL** of Receipts This Page (optional)..... ►**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 PageFOR LINE NUMBER:  
(check only one)

PAGE 15 OF 58

|                                         |                              |                              |                              |                             |
|-----------------------------------------|------------------------------|------------------------------|------------------------------|-----------------------------|
| <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)

Friends to Elect Dr. Greg Murphy to Congress

Full Name (Last, First, Middle Initial)

Israel, Ryan, D, ,

A.

Mailing Address 2001 15th St N  
Ste 719City  
ArlingtonState  
VAZip Code  
22201FEC ID number of contributing  
federal political committee.

C

Name of Employer  
BUTERA ISRAEL BECKEROccupation  
Attorney

Receipt For: 2024

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
02 12 2024

Transaction ID : SA11Ai-CN25936

Amount of Each Receipt this Period

500.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

Jeffreys, Robert, A, ,

B.

Mailing Address 3102 Cashwell Ddr  
Unit 52City  
GoldsboroState  
NCZip Code  
27534FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Lexi Gray Prop MgmtOccupation  
Property Mgmt

Receipt For: 2024

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
02 05 2024

Transaction ID : SA11Ai-CN25904

Amount of Each Receipt this Period

500.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

Kane, Ryan, , ,

C.

Mailing Address 9650 Nansemond Bay Street

City  
NorfolkState  
VAZip Code  
23518FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RK Strategies IncOccupation  
Government Affairs

Receipt For: 2024

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
01 16 2024

Transaction ID : SA11Ai-CN25826

Amount of Each Receipt this Period

500.00

☐ Memo Item

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 PageFOR LINE NUMBER:  
(check only one)

PAGE 16 OF 58

|                                         |                              |                              |                              |                             |
|-----------------------------------------|------------------------------|------------------------------|------------------------------|-----------------------------|
| <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)

Friends to Elect Dr. Greg Murphy to Congress

Full Name (Last, First, Middle Initial)

Kim, Gene, , ,

A.

Mailing Address 29 James St

City

Fairport

State

NY

Zip Code

14450

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Self-Employed

Occupation

Physician

Receipt For: 2024

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

575.00

Date of Receipt

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 1 |   | 1 | 5 |   | 2 | 0 | 2 | 4 |

Transaction ID : SA11Ai-CN25836

Amount of Each Receipt this Period

25.00

☐ Memo Item

B.

Full Name (Last, First, Middle Initial)

WINRED

Mailing Address PO Box 9891

City

Arlington

State

VA

Zip Code

22219

FEC ID number of contributing  
federal political committee.

C

C00694323

Name of Employer

N/A

Occupation

N/A

Receipt For: 2024

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

23903.35

Date of Receipt

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 1 |   | 1 | 5 |   | 2 | 0 | 2 | 4 |

Transaction ID : SA11C-CN25837

Amount of Each Receipt this Period

25.00

☒ Memo Item

Earmarked contribution-Gene Kim

Total earmarked through conduit. PAC limit not affected.

C.

Full Name (Last, First, Middle Initial)

Kim, Gene, , ,

Mailing Address 29 James St

City

Fairport

State

NY

Zip Code

14450

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Self-Employed

Occupation

Physician

Receipt For: 2024

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

600.00

Date of Receipt

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 2 |   | 1 | 2 |   | 2 | 0 | 2 | 4 |

Transaction ID : SA11Ai-CN25943

Amount of Each Receipt this Period

25.00

☐ Memo Item

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

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

50.00

**SCHEDULE A (FEC Form 3)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 17 OF 58

|                                         |                              |                              |                              |                             |
|-----------------------------------------|------------------------------|------------------------------|------------------------------|-----------------------------|
| <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)

Friends to Elect Dr. Greg Murphy to Congress

Full Name (Last, First, Middle Initial)

WINRED

A.

Mailing Address PO Box 9891

City

Arlington

State

VA

Zip Code

22219

FEC ID number of contributing  
federal political committee.

C C00694323

Name of Employer

N/A

Occupation

N/A

Receipt For: 2024

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

24549.62

Date of Receipt

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 2 |   | 1 | 2 |   | 2 | 0 | 2 | 4 |

Transaction ID : SA11C-CN25955

Amount of Each Receipt this Period

25.00

☒ Memo Item

Earmarked contribution-Gene Kim

Total earmarked through conduit. PAC limit not affected.

B.

Full Name (Last, First, Middle Initial)

King, Wayne, , ,

Mailing Address PO Box 944

City

Kings Mountain

State

NC

Zip Code

28086

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Old North Strategies

Occupation

President/CEO

Receipt For: 2024

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

750.00

Date of Receipt

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 2 |   | 0 | 8 |   | 2 | 0 | 2 | 4 |

Transaction ID : SA11Ai-CN25902

Amount of Each Receipt this Period

500.00

☐ Memo Item

C.

Full Name (Last, First, Middle Initial)

McNamee, Wilbour, R, ,

Mailing Address 165 Half Moon Church Rd

City

Jacksonville

State

NC

Zip Code

28546

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Retired

Occupation

Retired

Receipt For: 2024

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

500.00

Date of Receipt

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 2 |   | 1 | 4 |   | 2 | 0 | 2 | 4 |

Transaction ID : SA11Ai-CN25973

Amount of Each Receipt this Period

500.00

☐ Memo Item

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

1000.00

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 PageFOR LINE NUMBER:  
(check only one)

PAGE 18 OF 58

|                                         |                              |                              |                              |                             |
|-----------------------------------------|------------------------------|------------------------------|------------------------------|-----------------------------|
| <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)

Friends to Elect Dr. Greg Murphy to Congress

Full Name (Last, First, Middle Initial)

Minges, John, , ,

A.

Mailing Address 3304 Grey Fox Trail

City

Greenville

State

NC

Zip Code

27858

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Retired

Occupation

Retired

Receipt For: 2024



Primary



General



Other (specify) ▼

Election Cycle-to-Date ▼

1000.00

Date of Receipt

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

Transaction ID : SA11Ai-CN25862

Amount of Each Receipt this Period

1000.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

Olander, David, , ,

B.

Mailing Address 2432 Caron Ln

City

Falls Church

State

VA

Zip Code

22043

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Capitol Counsel LLC

Occupation

Attorney

Receipt For: 2024



Primary



General



Other (specify) ▼

Election Cycle-to-Date ▼

2000.00

Date of Receipt

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 2 |   | 0 | 6 |   | 2 | 0 | 2 | 4 |

Transaction ID : SA11Ai-CN25895

Amount of Each Receipt this Period

1000.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

Petrak, Russell, M, Dr.,

C.

Mailing Address 6 Shiloh Ct

City

Burr Ridge

State

IL

Zip Code

60521

FEC ID number of contributing  
federal political committee.

C

Name of Employer

MIDC

Occupation

Physician

Receipt For: 2024



Primary



General



Other (specify) ▼

Election Cycle-to-Date ▼

500.00

Date of Receipt

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 2 |   | 1 | 4 |   | 2 | 0 | 2 | 4 |

Transaction ID : SA11Ai-CN25974

Amount of Each Receipt this Period

500.00

☐ Memo Item

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

2500.00

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 PageFOR LINE NUMBER:  
(check only one)

PAGE 19 OF 58

|                                         |                              |                              |                              |                             |
|-----------------------------------------|------------------------------|------------------------------|------------------------------|-----------------------------|
| <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)

Friends to Elect Dr. Greg Murphy to Congress

Full Name (Last, First, Middle Initial)

Pim, Brit, , ,

A.

Mailing Address 1215 Hampton Park

City

St Louis

State

MO

Zip Code

63117

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Healix

Occupation

CEO

Receipt For: 2024

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

500.00

Date of Receipt

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 2 |   | 0 | 5 |   | 2 | 0 | 2 | 4 |

Transaction ID : SA11Ai-CN25892

Amount of Each Receipt this Period

500.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

Rottura, Sue, , ,

B.

Mailing Address 181 Sedona Way

City

Palm Beach Gardens

State

FL

Zip Code

33418

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Vivo Infusion

Occupation

COO

Receipt For: 2024

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1000.00

Date of Receipt

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 1 |   | 3 | 0 |   | 2 | 0 | 2 | 4 |

Transaction ID : SA11Ai-CN25863

Amount of Each Receipt this Period

1000.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

Schwarzman, Stephen, , ,

C.

Mailing Address 345 Park Ave

City

New York

State

NY

Zip Code

10154

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Blackstone

Occupation

CEO And Chairman

Receipt For: 2024

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

500.00

Date of Receipt

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 2 |   | 1 | 2 |   | 2 | 0 | 2 | 4 |

Transaction ID : SA11Ai-CN25946

Amount of Each Receipt this Period

500.00

☐ Memo Item

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

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

2000.00

**SCHEDULE A (FEC Form 3)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 20 OF 58

|                                         |                              |                              |                              |                             |
|-----------------------------------------|------------------------------|------------------------------|------------------------------|-----------------------------|
| <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)

Friends to Elect Dr. Greg Murphy to Congress

Full Name (Last, First, Middle Initial)

WINRED

A.

Mailing Address PO Box 9891

City

Arlington

State

VA

Zip Code

22219

FEC ID number of contributing  
federal political committee.

C C00694323

Name of Employer

N/A

Occupation

N/A

Receipt For: 2024

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

25079.62

Date of Receipt

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 2 |   | 1 | 2 |   | 2 | 0 | 2 | 4 |

Transaction ID : SA11C-CN25958

Amount of Each Receipt this Period

500.00

☒ Memo Item

Earmarked-Stephen Schwarzman

Total earmarked through conduit. PAC limit not affected.

B.

Full Name (Last, First, Middle Initial)

Siler, Mary, , ,

Mailing Address 4704 Bernie Pl

City

Raleigh

State

NC

Zip Code

27616

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Retired

Occupation

Retired

Receipt For: 2024

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

595.00

Date of Receipt

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 2 |   | 0 | 5 |   | 2 | 0 | 2 | 4 |

Transaction ID : SA11Ai-CN25919

Amount of Each Receipt this Period

20.00

☐ Memo Item

C.

Full Name (Last, First, Middle Initial)

WINRED

Mailing Address PO Box 9891

City

Arlington

State

VA

Zip Code

22219

FEC ID number of contributing  
federal political committee.

C C00694323

Name of Employer

N/A

Occupation

N/A

Receipt For: 2024

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

24344.62

Date of Receipt

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 2 |   | 0 | 5 |   | 2 | 0 | 2 | 4 |

Transaction ID : SA11C-CN25928

Amount of Each Receipt this Period

20.00

☒ Memo Item

Earmarked contribution-Mary Siler

Total earmarked through conduit. PAC limit not affected.

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

20.00

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 PageFOR LINE NUMBER:  
(check only one)

PAGE 21 OF 58

|                                         |                              |                              |                              |                             |
|-----------------------------------------|------------------------------|------------------------------|------------------------------|-----------------------------|
| <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)

Friends to Elect Dr. Greg Murphy to Congress

Full Name (Last, First, Middle Initial)

Singleton, James, , ,

A.

Mailing Address 130 Aqua Alley

City

Holly Ridge

State

NC

Zip Code

28445

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Retired

Occupation

Retired

Receipt For: 2024

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

622.05

Date of Receipt

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 1 |   | 2 | 2 |   | 2 | 0 | 2 | 4 |

Transaction ID : SA11Ai-CN25853

Amount of Each Receipt this Period

52.05

☐ Memo Item

B.

Full Name (Last, First, Middle Initial)

WINRED

Mailing Address PO Box 9891

City

Arlington

State

VA

Zip Code

22219

FEC ID number of contributing  
federal political committee.

C

C00694323

Name of Employer

N/A

Occupation

N/A

Receipt For: 2024

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

24126.43

Date of Receipt

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 1 |   | 2 | 2 |   | 2 | 0 | 2 | 4 |

Transaction ID : SA11C-CN25854

Amount of Each Receipt this Period

52.05

☒ Memo Item

Earmarked contribution-James Singleton

Total earmarked through conduit. PAC limit not affected.

C.

Full Name (Last, First, Middle Initial)

Sloan, Andrea, , ,

Mailing Address 323 NC Hwy 55 W

City

Mount Olive

State

NC

Zip Code

28365

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Homemaker

Occupation

Homemaker

Receipt For: 2024

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

250.00

Date of Receipt

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 2 |   | 1 | 4 |   | 2 | 0 | 2 | 4 |

Transaction ID : SA11Ai-CN25935

Amount of Each Receipt this Period

250.00

☐ Memo Item

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

302.05

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 PageFOR LINE NUMBER:  
(check only one)

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|                                         |                              |                              |                              |                             |
|-----------------------------------------|------------------------------|------------------------------|------------------------------|-----------------------------|
| <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)

Friends to Elect Dr. Greg Murphy to Congress

Full Name (Last, First, Middle Initial)

Stanton, Neil, , ,

A.

Mailing Address 12363 Brighton Lane

City

Plainfield

State

IL

Zip Code

60585

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Innovative Ventures LLC

Occupation

Vice President

Receipt For: 2024

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

500.00

Date of Receipt

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 1 |   | 2 | 5 |   | 2 | 0 | 2 | 4 |

Transaction ID : SA11Ai-CN25861

Amount of Each Receipt this Period

500.00

☐ Memo Item

B.

Full Name (Last, First, Middle Initial)

Strom, Donna, , ,

Mailing Address 450 Knight Ln W

City

Tempe

State

AZ

Zip Code

85284

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Retired

Occupation

Retired

Receipt For: 2024

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

300.00

Date of Receipt

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 1 |   | 2 | 2 |   | 2 | 0 | 2 | 4 |

Transaction ID : SA11Ai-CN25857

Amount of Each Receipt this Period

50.00

☐ Memo Item

C.

Full Name (Last, First, Middle Initial)

WINRED

Mailing Address PO Box 9891

City

Arlington

State

VA

Zip Code

22219

FEC ID number of contributing  
federal political committee.

C

C00694323

Name of Employer

N/A

Occupation

N/A

Receipt For: 2024

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

24186.43

Date of Receipt

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 1 |   | 2 | 2 |   | 2 | 0 | 2 | 4 |

Transaction ID : SA11C-CN25858

Amount of Each Receipt this Period

50.00

☒ Memo Item

Earmarked contribution-Donna Strom

Total earmarked through conduit. PAC limit not affected.

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

550.00

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 PageFOR LINE NUMBER:  
(check only one)

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|                                         |                              |                              |                              |                             |
|-----------------------------------------|------------------------------|------------------------------|------------------------------|-----------------------------|
| <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)

Friends to Elect Dr. Greg Murphy to Congress

Full Name (Last, First, Middle Initial)

Strom, Donna, , ,

A.

Mailing Address 450 Knight Ln W

City

Tempe

State

AZ

Zip Code

85284

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Retired

Occupation

Retired

Receipt For: 2024



Primary



General



Other (specify) ▼

Election Cycle-to-Date ▼

325.00

Date of Receipt

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

Transaction ID : SA11Ai-CN25869

Amount of Each Receipt this Period

25.00

☐ Memo Item

B.

Full Name (Last, First, Middle Initial)

WINRED

Mailing Address PO Box 9891

City

Arlington

State

VA

Zip Code

22219

FEC ID number of contributing  
federal political committee.

C

C00694323

Name of Employer

N/A

Occupation

N/A

Receipt For: 2024



Primary



General



Other (specify) ▼

Election Cycle-to-Date ▼

24258.18

Date of Receipt

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

Transaction ID : SA11C-CN25873

Amount of Each Receipt this Period

25.00

☒ Memo Item

Earmarked contribution-Donna Strom

Total earmarked through conduit. PAC limit not affected.

C.

Full Name (Last, First, Middle Initial)

Strom, Donna, , ,

Mailing Address 450 Knight Ln W

City

Tempe

State

AZ

Zip Code

85284

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Retired

Occupation

Retired

Receipt For: 2024



Primary



General



Other (specify) ▼

Election Cycle-to-Date ▼

350.00

Date of Receipt

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 2 |   | 0 | 5 |   | 2 | 0 | 2 | 4 |

Transaction ID : SA11Ai-CN25921

Amount of Each Receipt this Period

25.00

☐ Memo Item

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

50.00

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 PageFOR LINE NUMBER:  
(check only one)

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|                                         |                              |                              |                              |                             |
|-----------------------------------------|------------------------------|------------------------------|------------------------------|-----------------------------|
| <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)

Friends to Elect Dr. Greg Murphy to Congress

Full Name (Last, First, Middle Initial)

WINRED

A.

Mailing Address PO Box 9891

City

Arlington

State

VA

Zip Code

22219

FEC ID number of contributing  
federal political committee.

C C00694323

Name of Employer

N/A

Occupation

N/A

Receipt For: 2024

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

24379.62

Date of Receipt

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 2 |   | 0 | 5 |   | 2 | 0 | 2 | 4 |

Transaction ID : SA11C-CN25930

Amount of Each Receipt this Period

25.00

☒ Memo Item

Earmarked contribution-Donna Strom

Total earmarked through conduit. PAC limit not affected.

B.

Full Name (Last, First, Middle Initial)

Sylvester, Lindsay, H, ,

Mailing Address PO Box 755

City

Richlands

State

NC

Zip Code

28574

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Homemaker

Occupation

Homemaker

Receipt For: 2024

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

3300.00

Date of Receipt

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 2 |   | 0 | 5 |   | 2 | 0 | 2 | 4 |

Transaction ID : SA11Ai-CN25908

Amount of Each Receipt this Period

3300.00

☐ Memo Item

C.

Full Name (Last, First, Middle Initial)

Sylvester, Lindsay, H, ,

Mailing Address PO Box 755

City

Richlands

State

NC

Zip Code

28574

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Homemaker

Occupation

Homemaker

Receipt For: 2024

☐ Primary ☒ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

4000.00

Date of Receipt

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 2 |   | 0 | 5 |   | 2 | 0 | 2 | 4 |

Transaction ID : SA11Ai-CN25909

Amount of Each Receipt this Period

700.00

☐ Memo Item

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

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

4000.00

**SCHEDULE A (FEC Form 3)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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|                                         |                              |                              |                              |                             |
|-----------------------------------------|------------------------------|------------------------------|------------------------------|-----------------------------|
| <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)

Friends to Elect Dr. Greg Murphy to Congress

Full Name (Last, First, Middle Initial)

Sylvester, Ward, L, , III

A.

Mailing Address PO Box 755

City

Richlands

State

NC

Zip Code

28574

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Self-employed

Occupation

Grocery Business

Receipt For: 2024

☐ Primary  
☐ Other (specify) ▼☒ General

Election Cycle-to-Date ▼

6600.00

Date of Receipt

|     |   |     |   |         |
|-----|---|-----|---|---------|
| M M | / | D D | / | Y Y Y Y |
| 02  |   | 05  |   | 2024    |

Transaction ID : SA11Ai-CN25907

Amount of Each Receipt this Period

1000.00

☐ Memo Item

B.

Full Name (Last, First, Middle Initial)

Traverse, Brad, , ,

Mailing Address 440 1st st NW  
suite 430

City

washington

State

DC

Zip Code

20001

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Infusion Providers Alliance

Occupation

Executive Director

Receipt For: 2024

☒ Primary  
☐ Other (specify) ▼☐ General

Election Cycle-to-Date ▼

500.00

Date of Receipt

|     |   |     |   |         |
|-----|---|-----|---|---------|
| M M | / | D D | / | Y Y Y Y |
| 02  |   | 03  |   | 2024    |

Transaction ID : SA11Ai-CN25881

Amount of Each Receipt this Period

500.00

☐ Memo Item

C.

Full Name (Last, First, Middle Initial)

Warren, Mark, , ,

Mailing Address 1155 F Street NW  
Suite 1200

City

Washington

State

DC

Zip Code

20004

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Brownstein Hyatt Farber Schreck

Occupation

Attorney

Receipt For: 2024

☒ Primary  
☐ Other (specify) ▼☐ General

Election Cycle-to-Date ▼

500.00

Date of Receipt

|     |   |     |   |         |
|-----|---|-----|---|---------|
| M M | / | D D | / | Y Y Y Y |
| 02  |   | 13  |   | 2024    |

Transaction ID : SA11Ai-CN25900

Amount of Each Receipt this Period

500.00

☐ Memo Item

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

2000.00

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 PageFOR LINE NUMBER:  
(check only one)

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|                                         |                              |                              |                              |                             |
|-----------------------------------------|------------------------------|------------------------------|------------------------------|-----------------------------|
| <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)

Friends to Elect Dr. Greg Murphy to Congress

Full Name (Last, First, Middle Initial)

Yonke, Robert, , ,

A.

Mailing Address 8225 ASHBRIAR LANE

City

FORT WORTH

State

TX

Zip Code

76126

FEC ID number of contributing  
federal political committee.

C

Name of Employer

US Specialists Management LLC

Occupation

Healthcare CEO

Receipt For: 2024

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1000.00

Date of Receipt

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 2 |   | 1 | 3 |   | 2 | 0 | 2 | 4 |

Transaction ID : SA11Ai-CN25901

Amount of Each Receipt this Period

1000.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

Zamora, Ducella, , ,

B.

Mailing Address 1287 W Calle Playa De Siesta

City

Sahuarita

State

AZ

Zip Code

85629

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Retired

Occupation

Retired

Receipt For: 2024

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

247.50

Date of Receipt

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 1 |   | 2 | 2 |   | 2 | 0 | 2 | 4 |

Transaction ID : SA11Ai-CN25859

Amount of Each Receipt this Period

24.75

☐ Memo Item

Full Name (Last, First, Middle Initial)

WINRED

C.

Mailing Address PO Box 9891

City

Arlington

State

VA

Zip Code

22219

FEC ID number of contributing  
federal political committee.

C

C00694323

Name of Employer

N/A

Occupation

N/A

Receipt For: 2024

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

24211.18

Date of Receipt

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 1 |   | 2 | 2 |   | 2 | 0 | 2 | 4 |

Transaction ID : SA11C-CN25860

Amount of Each Receipt this Period

24.75

☒ Memo Item

Earmarked contribution-Ducella Zamora

Total earmarked through conduit. PAC limit not affected.

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

1024.75

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

38421.80

**SCHEDULE A (FEC Form 3)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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|                              |                              |                                         |                              |                             |
|------------------------------|------------------------------|-----------------------------------------|------------------------------|-----------------------------|
| <input type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input checked="" type="checkbox"/> 11c | <input type="checkbox"/> 11d | <input type="checkbox"/> 15 |
| 12                           | 13a                          | 13b                                     | 14                           |                             |

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NAME OF COMMITTEE (In Full)

Friends to Elect Dr. Greg Murphy to Congress

Full Name (Last, First, Middle Initial)

AFLAC POLITICAL ACTION COMMITTEE (AFLAC PAC)

Mailing Address 1932 Wynnton Rd

City

Columbus

State

GA

Zip Code

31830

FEC ID number of contributing  
federal political committee.

C C00034157

Name of Employer

Occupation

Receipt For: 2024

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
02 14 2024

Transaction ID : SA11C-CN25977

Amount of Each Receipt this Period

2500.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

AMERICAN DENTAL ASSOCIATION POLITICAL ACTION COMMITTEE

Mailing Address 1111 14th Street NW  
Suite 1100

City

Washington

State

DC

Zip Code

20005

FEC ID number of contributing  
federal political committee.

C C00000729

Name of Employer

Occupation

Receipt For: 2024

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

3000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
01 24 2024

Transaction ID : SA11C-CN25864

Amount of Each Receipt this Period

2000.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

AMERICAN OSTEOPATHIC INFORMATION ASSOCIATION - OSTEOPATHIC POLITICAL ACTION COMMITTEE

Mailing Address 511 2ND STREET NE

City

Washington

State

DC

Zip Code

20002

FEC ID number of contributing  
federal political committee.

C C00113803

Name of Employer

Occupation

Receipt For: 2024

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

4000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
02 12 2024

Transaction ID : SA11C-CN25962

Amount of Each Receipt this Period

1000.00

☐ Memo Item

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

5500.00

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 PageFOR LINE NUMBER:  
(check only one)

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|                              |                              |                                         |                              |                             |
|------------------------------|------------------------------|-----------------------------------------|------------------------------|-----------------------------|
| <input type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input checked="" type="checkbox"/> 11c | <input type="checkbox"/> 11d | <input type="checkbox"/> 15 |
| 12                           | 13a                          | 13b                                     | 14                           |                             |

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NAME OF COMMITTEE (In Full)

Friends to Elect Dr. Greg Murphy to Congress

Full Name (Last, First, Middle Initial)

AMERICAN RESORT DEVELOPMENT ASSOCIATION RESORT OWNERS COALITION PAC (ARDA-ROC PAC)

A.

Mailing Address 1201 15TH St NW

SUITE 400

City

Washington

State

DC

Zip Code

20005

FEC ID number of contributing  
federal political committee.

C C00358663

Name of Employer

Occupation

Receipt For: 2024

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2500.00

Date of Receipt

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 2 |   | 1 | 4 |   | 2 | 0 | 2 | 4 |

Transaction ID : SA11C-CN25979

Amount of Each Receipt this Period

2500.00

☐ Memo Item

B.

Full Name (Last, First, Middle Initial)

EMPLOYEE OWNED S CORPORATIONS OF AMERICA PAC (ESCA PAC)

Mailing Address 750 9TH St NW

Ste 650

City

Washington

State

DC

Zip Code

20001

FEC ID number of contributing  
federal political committee.

C C00458257

Name of Employer

Occupation

Receipt For: 2024

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1000.00

Date of Receipt

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 2 |   | 1 | 2 |   | 2 | 0 | 2 | 4 |

Transaction ID : SA11C-CN25961

Amount of Each Receipt this Period

1000.00

☐ Memo Item

C.

Full Name (Last, First, Middle Initial)

HUCK PAC

Mailing Address PO BOX 242267

City

Little Rock

State

AR

Zip Code

72223

FEC ID number of contributing  
federal political committee.

C C00448373

Name of Employer

Occupation

Receipt For: 2024

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

5000.00

Date of Receipt

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 2 |   | 1 | 4 |   | 2 | 0 | 2 | 4 |

Transaction ID : SA11C-CN25976

Amount of Each Receipt this Period

5000.00

☐ Memo Item

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

8500.00

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 PageFOR LINE NUMBER:  
(check only one)

PAGE 29 OF 58

|                              |                              |                                         |                              |                             |
|------------------------------|------------------------------|-----------------------------------------|------------------------------|-----------------------------|
| <input type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input checked="" type="checkbox"/> 11c | <input type="checkbox"/> 11d | <input type="checkbox"/> 15 |
| 12                           | 13a                          | 13b                                     | 14                           |                             |

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NAME OF COMMITTEE (In Full)

Friends to Elect Dr. Greg Murphy to Congress

Full Name (Last, First, Middle Initial)

NATIONAL APARTMENT ASSOCIATION POLITICAL ACTION COMMITTEE

A.

Mailing Address 4300 WILSON BLVD

Ste 800

City

Arlington

State

VA

Zip Code

22203

FEC ID number of contributing  
federal political committee.

C C00113241

Name of Employer

Occupation

Receipt For: 2024



Primary



General



Other (specify) ▼

Election Cycle-to-Date ▼

2500.00

Date of Receipt

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 2 |   | 1 | 2 |   | 2 | 0 | 2 | 4 |

Transaction ID : SA11C-CN25966

Amount of Each Receipt this Period

2500.00



Memo Item

Full Name (Last, First, Middle Initial)

NATIONAL ASSOCIATION OF INSURANCE AND FINANCIAL ADVISORS POLITICAL ACTION COMM

B.

Mailing Address 1000 WILSON BLVD

City

Arlington

State

VA

Zip Code

22209

FEC ID number of contributing  
federal political committee.

C C00005249

Name of Employer

Occupation

Receipt For: 2024



Primary



General



Other (specify) ▼

Election Cycle-to-Date ▼

6000.00

Date of Receipt

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 1 |   | 2 | 5 |   | 2 | 0 | 2 | 4 |

Transaction ID : SA11C-CN25865

Amount of Each Receipt this Period

1000.00



Memo Item

Full Name (Last, First, Middle Initial)

NATIONAL ASSOCIATION OF REALTORS POLITICAL ACTION COMMITTEE

C.

Mailing Address 430 North Michigan Avenue

City

Chicago

State

IL

Zip Code

60611

FEC ID number of contributing  
federal political committee.

C C00030718

Name of Employer

Occupation

Receipt For: 2024



Primary



General



Other (specify) ▼

Election Cycle-to-Date ▼

5000.00

Date of Receipt

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 1 |   | 1 | 8 |   | 2 | 0 | 2 | 4 |

Transaction ID : SA11C-CN25831

Amount of Each Receipt this Period

3000.00



Memo Item

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

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

6500.00

**SCHEDULE A (FEC Form 3)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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|                              |                              |                                         |                              |                             |
|------------------------------|------------------------------|-----------------------------------------|------------------------------|-----------------------------|
| <input type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input checked="" type="checkbox"/> 11c | <input type="checkbox"/> 11d | <input type="checkbox"/> 15 |
| 12                           | 13a                          | 13b                                     | 14                           |                             |

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NAME OF COMMITTEE (In Full)

Friends to Elect Dr. Greg Murphy to Congress

Full Name (Last, First, Middle Initial)

NATIONAL AUTOMOBILE DEALERS ASSOCIATION POLITICAL ACTION COMMITTEE

A.

Mailing Address 8484 WESTPARK DRIVE

STE 500

City

Tysons

State

VA

Zip Code

22102

FEC ID number of contributing  
federal political committee.

C C00040998

Name of Employer

Occupation

Receipt For: 2024



Primary



General

☐ Other (specify) ▼

Election Cycle-to-Date ▼

5000.00

Date of Receipt

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 2 |   | 0 | 6 |   | 2 | 0 | 2 | 4 |

Transaction ID : SA11C-CN25912

Amount of Each Receipt this Period

2500.00

☐ Memo Item

B.

Full Name (Last, First, Middle Initial)

NATIONAL BEER WHOLESALERS ASSOCIATION POLITICAL ACTION COMMITTEE

Mailing Address 277 S. WASHINGTON STREET

Ste 500

City

Alexandria

State

VA

Zip Code

22314

FEC ID number of contributing  
federal political committee.

C C00144766

Name of Employer

Occupation

Receipt For: 2024



Primary



General

☐ Other (specify) ▼

Election Cycle-to-Date ▼

3500.00

Date of Receipt

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 2 |   | 1 | 2 |   | 2 | 0 | 2 | 4 |

Transaction ID : SA11C-CN25965

Amount of Each Receipt this Period

2000.00

☐ Memo Item

C.

Full Name (Last, First, Middle Initial)

NATIONAL VENTURE CAPITAL ASSOCIATION VENTUREPAC

Mailing Address 25 MASSACHUSETTS AVENUE NW

SUITE 730

City

Washington

State

DC

Zip Code

20001

FEC ID number of contributing  
federal political committee.

C C00150367

Name of Employer

Occupation

Receipt For: 2024



Primary



General

☐ Other (specify) ▼

Election Cycle-to-Date ▼

2500.00

Date of Receipt

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 2 |   | 0 | 2 |   | 2 | 0 | 2 | 4 |

Transaction ID : SA11C-CN25980

Amount of Each Receipt this Period

1500.00

☐ Memo Item

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

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

6000.00

**SCHEDULE A (FEC Form 3)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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|                              |                              |                                         |                              |                             |
|------------------------------|------------------------------|-----------------------------------------|------------------------------|-----------------------------|
| <input type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input checked="" type="checkbox"/> 11c | <input type="checkbox"/> 11d | <input type="checkbox"/> 15 |
| 12                           | 13a                          | 13b                                     | 14                           |                             |

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NAME OF COMMITTEE (In Full)

Friends to Elect Dr. Greg Murphy to Congress

Full Name (Last, First, Middle Initial)

RADIOLOGY PARTNERS INC. PAC

A.

Mailing Address 2330 UTAH Ave

Ste 200

City

El Segundo

State

CA

Zip Code

90245

FEC ID number of contributing  
federal political committee.

C C00799494

Name of Employer

Occupation

Receipt For: 2024

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
02 07 2024

Transaction ID : SA11C-CN25981

Amount of Each Receipt this Period

1000.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

RENAL PHYSICIANS ASSOCIATION PAC RPA PAC

B.

Mailing Address 1700 ROCKVILLE PIKE

Ste 220

City

Rockville

State

MD

Zip Code

20852

FEC ID number of contributing  
federal political committee.

C C00409391

Name of Employer

Occupation

Receipt For: 2024

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
02 12 2024

Transaction ID : SA11C-CN25963

Amount of Each Receipt this Period

2000.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

SQUIRE PATTON BOGGS POLITICAL ACTION COMMITTEE (SQUIRE PATTON BOGGS PAC)

C.

Mailing Address 2550 M St NW

City

Washington

State

DC

Zip Code

20037

FEC ID number of contributing  
federal political committee.

C C00401083

Name of Employer

Occupation

Receipt For: 2024

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
02 06 2024

Transaction ID : SA11C-CN25911

Amount of Each Receipt this Period

1000.00

☐ Memo Item

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

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

4000.00

**SCHEDULE A (FEC Form 3)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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|                              |                              |                                         |                              |                             |
|------------------------------|------------------------------|-----------------------------------------|------------------------------|-----------------------------|
| <input type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input checked="" type="checkbox"/> 11c | <input type="checkbox"/> 11d | <input type="checkbox"/> 15 |
| 12                           | 13a                          | 13b                                     | 14                           |                             |

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NAME OF COMMITTEE (In Full)

Friends to Elect Dr. Greg Murphy to Congress

Full Name (Last, First, Middle Initial)

THE AMERICAN OCCUPATIONAL THERAPY ASSOCIATION INC. POLITICAL ACTION COMMITTEE (AOTPA)

A.

Mailing Address 6116 EXECUTIVE Blvd

Ste 200

City

North Bethesda

State

MD

Zip Code

20852

FEC ID number of contributing  
federal political committee.

C C00089086

Name of Employer

Occupation

Receipt For: 2024

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1000.00

Date of Receipt

|     |   |     |   |             |
|-----|---|-----|---|-------------|
| M M | / | D D | / | Y Y Y Y Y Y |
| 02  |   | 12  |   | 2024        |

Transaction ID : SA11C-CN25964

Amount of Each Receipt this Period

1000.00

☐ Memo Item

B.

Full Name (Last, First, Middle Initial)

THE AMERICAN OCCUPATIONAL THERAPY ASSOCIATION INC. POLITICAL ACTION COMMITTEE (AOTPA)

Mailing Address 6116 EXECUTIVE Blvd

Ste 200

City

North Bethesda

State

MD

Zip Code

20852

FEC ID number of contributing  
federal political committee.

C C00089086

Name of Employer

Occupation

Receipt For: 2024

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2000.00

Date of Receipt

|     |   |     |   |             |
|-----|---|-----|---|-------------|
| M M | / | D D | / | Y Y Y Y Y Y |
| 02  |   | 14  |   | 2024        |

Transaction ID : SA11C-CN25978

Amount of Each Receipt this Period

1000.00

☐ 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

☐ Memo Item

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

2000.00

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

32500.00

**SCHEDULE A (FEC Form 3)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 33 OF 58

|                                        |                              |                              |                              |                             |
|----------------------------------------|------------------------------|------------------------------|------------------------------|-----------------------------|
| <input type="checkbox"/> 11a           | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 11d | <input type="checkbox"/> 15 |
| <input checked="" type="checkbox"/> 12 | <input type="checkbox"/> 13a | <input type="checkbox"/> 13b | <input type="checkbox"/> 14  | <input type="checkbox"/> 15 |

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NAME OF COMMITTEE (In Full)

Friends to Elect Dr. Greg Murphy to Congress

Full Name (Last, First, Middle Initial)

TEAM MURPHY

A.

Mailing Address PO BOX 97275

City  
RaleighState  
NCZip Code  
27624FEC ID number of contributing  
federal political committee.

C C00730796

Name of Employer

Occupation

Receipt For: 2024

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

464.27

Date of Receipt

M M / D D / Y Y Y Y Y Y  
02 02 2024

Transaction ID : SA12-TI29

Amount of Each Receipt this Period

464.27

☐ Memo Item  
Transfer In Affiliated

B.

Full Name (Last, First, Middle Initial)

Bland, Ellen, Jeffreys, Ms.,

Mailing Address 602 Brookwood Ln

City  
GoldsboroState  
NCZip Code  
27534FEC ID number of contributing  
federal political committee.

C

Name of Employer

RA Jeffrey's Distributing Co

Occupation  
Co-Owner

Receipt For: 2024

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
11 21 2023

Transaction ID : SA12-TI29-1

Amount of Each Receipt this Period

1000.00

☒ Memo Item  
JFC Attribution  
TEAM MURPHY

C.

Full Name (Last, First, Middle Initial)

Blount, Barbara, K, Ms.,

Mailing Address 2045-D Eastgate Dr.

City  
GreenvilleState  
NCZip Code  
27858FEC ID number of contributing  
federal political committee.

C

Name of Employer

Homemaker

Occupation  
Homemaker

Receipt For: 2024

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1650.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
09 20 2023

Transaction ID : SA12-TI29-2

Amount of Each Receipt this Period

1650.00

☒ Memo Item  
JFC Attribution  
TEAM MURPHY

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

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

464.27

**SCHEDULE A (FEC Form 3)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 34 OF 58

|                                        |                              |                              |                              |                             |
|----------------------------------------|------------------------------|------------------------------|------------------------------|-----------------------------|
| <input type="checkbox"/> 11a           | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 11d | <input type="checkbox"/> 15 |
| <input checked="" type="checkbox"/> 12 | <input type="checkbox"/> 13a | <input type="checkbox"/> 13b | <input type="checkbox"/> 14  | <input type="checkbox"/> 15 |

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NAME OF COMMITTEE (In Full)

Friends to Elect Dr. Greg Murphy to Congress

Full Name (Last, First, Middle Initial)

Blount, William, G, ,

A.

Mailing Address 2045-D Eastgate Dr.

City

Greenville

State

NC

Zip Code

27858

FEC ID number of contributing  
federal political committee.

C

Name of Employer

WG Blount &amp; Sons Farms

Occupation

Real Estate Developer

Receipt For: 2024



Primary



General



Other (specify) ▼

Election Cycle-to-Date ▼

1650.00

Date of Receipt

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 9 |   | 2 | 0 |   | 2 | 0 | 2 | 3 |

Transaction ID : SA12-TI29-3

Amount of Each Receipt this Period

1650.00

☒ Memo Item

JFC Attribution

TEAM MURPHY

Full Name (Last, First, Middle Initial)

Brown, William, S, Mr.,

B.

Mailing Address 534 Pelican Drive West

City

Atlantic Beach

State

NC

Zip Code

28512

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Retired

Occupation

Retired

Receipt For: 2024



Primary



General



Other (specify) ▼

Election Cycle-to-Date ▼

1000.00

Date of Receipt

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 9 |   | 2 | 1 |   | 2 | 0 | 2 | 3 |

Transaction ID : SA12-TI29-4

Amount of Each Receipt this Period

1000.00

☒ Memo Item

JFC Attribution

TEAM MURPHY

Full Name (Last, First, Middle Initial)

Huff, D, Ralph, , III

C.

Mailing Address 606 Forest Lake Rd

City

Fayetteville

State

NC

Zip Code

28305

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Huff Family Homes

Occupation

Developer

Receipt For: 2024



Primary



General



Other (specify) ▼

Election Cycle-to-Date ▼

1000.00

Date of Receipt

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 9 |   | 2 | 2 |   | 2 | 0 | 2 | 3 |

Transaction ID : SA12-TI29-6

Amount of Each Receipt this Period

1000.00

☒ Memo Item

JFC Attribution

TEAM MURPHY

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

0.00

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 PageFOR LINE NUMBER:  
(check only one)

PAGE 35 OF 58

|                                        |                              |                              |                              |                             |
|----------------------------------------|------------------------------|------------------------------|------------------------------|-----------------------------|
| <input type="checkbox"/> 11a           | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 11d | <input type="checkbox"/> 15 |
| <input checked="" type="checkbox"/> 12 | <input type="checkbox"/> 13a | <input type="checkbox"/> 13b | <input type="checkbox"/> 14  | <input type="checkbox"/> 15 |

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NAME OF COMMITTEE (In Full)

Friends to Elect Dr. Greg Murphy to Congress

Full Name (Last, First, Middle Initial)

Hunt, Kristine, S, ,

A.

Mailing Address 300 Macgregor Drive

City

Beaufort

State

NC

Zip Code

28516

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Retired

Occupation

Retired

Receipt For: 2024



Primary



General



Other (specify) ▼

Election Cycle-to-Date ▼

250.00

Date of Receipt

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 9 |   | 2 | 0 |   | 2 | 0 | 2 | 3 |

Transaction ID : SA12-TI29-7

Amount of Each Receipt this Period

250.00

☒ Memo Item

JFC Attribution

TEAM MURPHY

Full Name (Last, First, Middle Initial)

Kilpatrick, Russell, James, Dr,

B.

Mailing Address 3108 Raymond St

City

Raleigh

State

NC

Zip Code

27607

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Retired - Physicians East

Occupation

Retired - Physician

Receipt For: 2024



Primary



General



Other (specify) ▼

Election Cycle-to-Date ▼

750.00

Date of Receipt

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 1 | 0 |   | 2 | 4 |   | 2 | 0 | 2 | 3 |

Transaction ID : SA12-TI29-8

Amount of Each Receipt this Period

250.00

☒ Memo Item

JFC Attribution

TEAM MURPHY

Full Name (Last, First, Middle Initial)

Parrott, Jacob, Allen, , Jr

C.

Mailing Address PO Box 3547

City

Kinston

State

NC

Zip Code

28502

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Parrott Insurance

Occupation

Property &amp; Casualty Insurance

Receipt For: 2024



Primary



General



Other (specify) ▼

Election Cycle-to-Date ▼

300.00

Date of Receipt

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 1 | 0 |   | 0 | 2 |   | 2 | 0 | 2 | 3 |

Transaction ID : SA12-TI29-9

Amount of Each Receipt this Period

300.00

☒ Memo Item

JFC Attribution

TEAM MURPHY

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

0.00

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 PageFOR LINE NUMBER:  
(check only one)

PAGE 36 OF 58

|                                        |                              |                              |                              |                             |
|----------------------------------------|------------------------------|------------------------------|------------------------------|-----------------------------|
| <input type="checkbox"/> 11a           | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 11d | <input type="checkbox"/> 15 |
| <input checked="" type="checkbox"/> 12 | <input type="checkbox"/> 13a | <input type="checkbox"/> 13b | <input type="checkbox"/> 14  | <input type="checkbox"/> 15 |

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NAME OF COMMITTEE (In Full)

Friends to Elect Dr. Greg Murphy to Congress

Full Name (Last, First, Middle Initial)

Wilder, William, Nelson, , Jr

A.

Mailing Address 3431 Lakeview Trl

City

Kinston

State

NC

Zip Code

28504

FEC ID number of contributing  
federal political committee.

C

Name of Employer

WN Wilder Co Inc

Occupation

President

Receipt For: 2024

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1000.00

Date of Receipt

|    |   |   |    |   |   |      |   |   |   |
|----|---|---|----|---|---|------|---|---|---|
| M  | M | / | D  | D | / | Y    | Y | Y | Y |
| 10 |   |   | 02 |   |   | 2023 |   |   |   |

Transaction ID : SA12-TI29-10

Amount of Each Receipt this Period

1000.00

☒ Memo Item

JFC Attribution

TEAM MURPHY

Full Name (Last, First, Middle Initial)

B.

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 |
|   |   |   |   |   |   |   |   |   |   |

Amount of Each Receipt this Period

☐ Memo Item

Full Name (Last, First, Middle Initial)

C.

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 |
|   |   |   |   |   |   |   |   |   |   |

Amount of Each Receipt this Period

☐ Memo Item

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

0.00

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

464.27

**SCHEDULE B (FEC Form 3)**  
**ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 37 OF 58

|                                        |                              |                              |                              |
|----------------------------------------|------------------------------|------------------------------|------------------------------|
| <input checked="" type="checkbox"/> 17 | <input type="checkbox"/> 18  | <input type="checkbox"/> 19a | <input type="checkbox"/> 19b |
| <input type="checkbox"/> 20a           | <input type="checkbox"/> 20b | <input type="checkbox"/> 20c | <input type="checkbox"/> 21  |

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NAME OF COMMITTEE (In Full)

Friends to Elect Dr. Greg Murphy to Congress

Full Name (Last, First, Middle Initial)

**A. MURPHY, GREGORY, , ,**

Mailing Address PO BOX 1131

Date of Disbursement

|     |   |     |   |         |
|-----|---|-----|---|---------|
| M M | / | D D | / | Y Y Y Y |
| 02  |   | 12  |   | 2024    |

City  
GREENVILLEState  
NCZip Code  
27858

FEC Identification Number

**C** H0NC03172Purpose of Disbursement  
Mileage

001

Amount of Each Disbursement this Period

120.60

Transaction ID : SB17-EX2498

☐ Memo Item Mileage

Candidate Name

Murphy, Gregory, Francis, Dr.,

Category/  
Type

Office Sought:

☒ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State: NC

District: 03

Full Name (Last, First, Middle Initial)

**B. Anedot Inc.**

Mailing Address 5555 Hilton Ave Ste 106

Date of Disbursement

|     |   |     |   |         |
|-----|---|-----|---|---------|
| M M | / | D D | / | Y Y Y Y |
| 01  |   | 09  |   | 2024    |

City  
Baton RougeState  
LAZip Code  
70808

FEC Identification Number

**C**Purpose of Disbursement  
Merchant Fees

001

Amount of Each Disbursement this Period

1.30

Transaction ID : SB17-EX2478

☐ Memo Item Merchant Fees

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State:

District:

Full Name (Last, First, Middle Initial)

**C. Anedot Inc.**

Mailing Address 5555 Hilton Ave Ste 106

Date of Disbursement

|     |   |     |   |         |
|-----|---|-----|---|---------|
| M M | / | D D | / | Y Y Y Y |
| 01  |   | 11  |   | 2024    |

City  
Baton RougeState  
LAZip Code  
70808

FEC Identification Number

**C**Purpose of Disbursement  
Merchant Fees

001

Amount of Each Disbursement this Period

20.30

Transaction ID : SB17-EX2479

☐ Memo Item Merchant Fees

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State:

District:

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

142.20

**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 PageFOR LINE NUMBER:  
(check only one)

PAGE 38 OF 58

|                                               |                              |                              |                              |
|-----------------------------------------------|------------------------------|------------------------------|------------------------------|
| <input checked="checked" type="checkbox"/> 17 | <input type="checkbox"/> 18  | <input type="checkbox"/> 19a | <input type="checkbox"/> 19b |
| <input type="checkbox"/> 20a                  | <input type="checkbox"/> 20b | <input type="checkbox"/> 20c | <input type="checkbox"/> 21  |

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NAME OF COMMITTEE (In Full)

Friends to Elect Dr. Greg Murphy to Congress

Full Name (Last, First, Middle Initial)

**A. Anedot Inc.**

Mailing Address 5555 Hilton Ave Ste 106

Date of Disbursement

|     |   |     |   |         |
|-----|---|-----|---|---------|
| M M | / | D D | / | Y Y Y Y |
| 01  |   | 16  |   | 2024    |

City  
Baton RougeState  
LAZip Code  
70808

FEC Identification Number

C

Purpose of Disbursement  
Merchant Fees

001

Amount of Each Disbursement this Period

40.30

Transaction ID : SB17-EX2480

☐ Memo Item 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. Anedot Inc.**

Mailing Address 5555 Hilton Ave Ste 106

Date of Disbursement

|     |   |     |   |         |
|-----|---|-----|---|---------|
| M M | / | D D | / | Y Y Y Y |
| 01  |   | 19  |   | 2024    |

City  
Baton RougeState  
LAZip Code  
70808

FEC Identification Number

C

Purpose of Disbursement  
Merchant Fees

001

Amount of Each Disbursement this Period

20.30

Transaction ID : SB17-EX2481

☐ Memo Item 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. Anedot Inc.**

Mailing Address 5555 Hilton Ave Ste 106

Date of Disbursement

|     |   |     |   |         |
|-----|---|-----|---|---------|
| M M | / | D D | / | Y Y Y Y |
| 01  |   | 23  |   | 2024    |

City  
Baton RougeState  
LAZip Code  
70808

FEC Identification Number

C

Purpose of Disbursement  
Merchant Fees

001

Amount of Each Disbursement this Period

40.30

Transaction ID : SB17-EX2482

☐ Memo Item 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).....▶

100.90

**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 PageFOR LINE NUMBER:  
(check only one)

PAGE 39 OF 58

|                                        |                             |                              |                              |
|----------------------------------------|-----------------------------|------------------------------|------------------------------|
| <input checked="" type="checkbox"/> 17 | <input type="checkbox"/> 18 | <input type="checkbox"/> 19a | <input type="checkbox"/> 19b |
| 20a                                    | 20b                         | 20c                          | 21                           |

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NAME OF COMMITTEE (In Full)

Friends to Elect Dr. Greg Murphy to Congress

Full Name (Last, First, Middle Initial)

**A. Anedot Inc.**

Mailing Address 5555 Hilton Ave Ste 106

City  
Baton RougeState  
LAZip Code  
70808Purpose of Disbursement  
Merchant Fees

001

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:

Date of Disbursement

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 1 |   | 2 | 5 |   | 2 | 0 | 2 | 4 |

FEC Identification Number

C

Amount of Each Disbursement this Period

40.30

Transaction ID : SB17-EX2483

☐ Memo Item Merchant Fees

Full Name (Last, First, Middle Initial)

**B. Anedot Inc.**

Mailing Address 5555 Hilton Ave Ste 106

City  
Baton RougeState  
LAZip Code  
70808Purpose of Disbursement  
Merchant Fees

001

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:

Date of Disbursement

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

FEC Identification Number

C

Amount of Each Disbursement this Period

20.30

Transaction ID : SB17-EX2484

☐ Memo Item Merchant Fees

Full Name (Last, First, Middle Initial)

**C. Anedot Inc.**

Mailing Address 5555 Hilton Ave Ste 106

City  
Baton RougeState  
LAZip Code  
70808Purpose of Disbursement  
Merchant Fees

001

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:

Date of Disbursement

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 1 |   | 3 | 1 |   | 2 | 0 | 2 | 4 |

FEC Identification Number

C

Amount of Each Disbursement this Period

40.30

Transaction ID : SB17-EX2485

☐ Memo Item Merchant Fees**SUBTOTAL** of Disbursements This Page (optional).....▶

100.90

**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 PageFOR LINE NUMBER:  
(check only one)

PAGE 40 OF 58

|                                        |                             |                              |                              |
|----------------------------------------|-----------------------------|------------------------------|------------------------------|
| <input checked="" type="checkbox"/> 17 | <input type="checkbox"/> 18 | <input type="checkbox"/> 19a | <input type="checkbox"/> 19b |
| 20a                                    | 20b                         | 20c                          | 21                           |

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NAME OF COMMITTEE (In Full)

Friends to Elect Dr. Greg Murphy to Congress

Full Name (Last, First, Middle Initial)

**A. Anedot Inc.**

Mailing Address 5555 Hilton Ave Ste 106

City  
Baton RougeState  
LAZip Code  
70808Purpose of Disbursement  
Merchant Fees

001

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:

Date of Disbursement

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 2 |   | 0 | 2 |   | 2 | 0 | 2 | 4 |

FEC Identification Number

C

Amount of Each Disbursement this Period

52.60

Transaction ID : SB17-EX2486

☐ Memo Item Merchant Fees

Full Name (Last, First, Middle Initial)

**B. Anedot Inc.**

Mailing Address 5555 Hilton Ave Ste 106

City  
Baton RougeState  
LAZip Code  
70808Purpose of Disbursement  
Merchant Fees

001

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:

Date of Disbursement

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 2 |   | 0 | 6 |   | 2 | 0 | 2 | 4 |

FEC Identification Number

C

Amount of Each Disbursement this Period

10.30

Transaction ID : SB17-EX2487

☐ Memo Item Merchant Fees

Full Name (Last, First, Middle Initial)

**C. Anedot Inc.**

Mailing Address 5555 Hilton Ave Ste 106

City  
Baton RougeState  
LAZip Code  
70808Purpose of Disbursement  
Merchant Fees

001

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:

Date of Disbursement

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 2 |   | 0 | 7 |   | 2 | 0 | 2 | 4 |

FEC Identification Number

C

Amount of Each Disbursement this Period

20.30

Transaction ID : SB17-EX2488

☐ Memo Item Merchant Fees**SUBTOTAL** of Disbursements This Page (optional).....▶

83.20

**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 PageFOR LINE NUMBER:  
(check only one)

PAGE 41 OF 58

|                                        |                             |                              |                              |
|----------------------------------------|-----------------------------|------------------------------|------------------------------|
| <input checked="" type="checkbox"/> 17 | <input type="checkbox"/> 18 | <input type="checkbox"/> 19a | <input type="checkbox"/> 19b |
| 20a                                    | 20b                         | 20c                          | 21                           |

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NAME OF COMMITTEE (In Full)

Friends to Elect Dr. Greg Murphy to Congress

Full Name (Last, First, Middle Initial)

**A. Anedot Inc.**

Mailing Address 5555 Hilton Ave Ste 106

City  
Baton RougeState  
LAZip Code  
70808Purpose of Disbursement  
Merchant Fees

001

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:

Date of Disbursement

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 2 |   | 0 | 8 |   | 2 | 0 | 2 | 4 |

FEC Identification Number

C

Amount of Each Disbursement this Period

364.40

Transaction ID : SB17-EX2489

☐ Memo Item Merchant Fees

Full Name (Last, First, Middle Initial)

**B. Anedot Inc.**

Mailing Address 5555 Hilton Ave Ste 106

City  
Baton RougeState  
LAZip Code  
70808Purpose of Disbursement  
Merchant Fees

001

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:

Date of Disbursement

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 2 |   | 1 | 3 |   | 2 | 0 | 2 | 4 |

FEC Identification Number

C

Amount of Each Disbursement this Period

80.90

Transaction ID : SB17-EX2490

☐ Memo Item Merchant Fees

Full Name (Last, First, Middle Initial)

**C. Anedot Inc.**

Mailing Address 5555 Hilton Ave Ste 106

City  
Baton RougeState  
LAZip Code  
70808Purpose of Disbursement  
Merchant Fees

001

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:

Date of Disbursement

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 2 |   | 1 | 3 |   | 2 | 0 | 2 | 4 |

FEC Identification Number

C

Amount of Each Disbursement this Period

10.30

Transaction ID : SB17-EX2491

☐ Memo Item Merchant Fees**SUBTOTAL** of Disbursements This Page (optional).....▶

455.60

**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 PageFOR LINE NUMBER:  
(check only one)

PAGE 42 OF 58

|                                               |                              |                              |                              |
|-----------------------------------------------|------------------------------|------------------------------|------------------------------|
| <input checked="checked" type="checkbox"/> 17 | <input type="checkbox"/> 18  | <input type="checkbox"/> 19a | <input type="checkbox"/> 19b |
| <input type="checkbox"/> 20a                  | <input type="checkbox"/> 20b | <input type="checkbox"/> 20c | <input type="checkbox"/> 21  |

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NAME OF COMMITTEE (In Full)

Friends to Elect Dr. Greg Murphy to Congress

Full Name (Last, First, Middle Initial)

**A. Anedot Inc.**

Mailing Address 5555 Hilton Ave Ste 106

Date of Disbursement

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 2 | / | 1 | 4 | / | 2 | 0 | 2 | 4 |

City  
Baton RougeState  
LAZip Code  
70808

FEC Identification Number

C

Purpose of Disbursement  
Merchant Fees

001

Amount of Each Disbursement this Period

142.60

Transaction ID : SB17-EX2492

☐ Memo Item 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. Capitol Hill Club**

Mailing Address 300 First St SE

Date of Disbursement

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 1 | / | 1 | 6 | / | 2 | 0 | 2 | 4 |

City  
WashingtonState  
DCZip Code  
20003

FEC Identification Number

C

Purpose of Disbursement  
Food/Beverage

001

Amount of Each Disbursement this Period

209.70

Transaction ID : SB17-EX2472

☐ Memo Item Food/Beverage

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. CM&Co LLC**

Mailing Address PO Box 97275

Date of Disbursement

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 1 | / | 1 | 7 | / | 2 | 0 | 2 | 4 |

City  
RaleighState  
NCZip Code  
27624

FEC Identification Number

C

Purpose of Disbursement  
Accounting Services

001

Amount of Each Disbursement this Period

4250.36

Transaction ID : SB17-EX2441

☐ Memo Item Accounting Services

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).....▶

4602.66

**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 PageFOR LINE NUMBER:  
(check only one)

PAGE 43 OF 58

|                                               |                             |                              |                              |
|-----------------------------------------------|-----------------------------|------------------------------|------------------------------|
| <input checked="checked" type="checkbox"/> 17 | <input type="checkbox"/> 18 | <input type="checkbox"/> 19a | <input type="checkbox"/> 19b |
| 20a                                           | 20b                         | 20c                          | 21                           |

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NAME OF COMMITTEE (In Full)

Friends to Elect Dr. Greg Murphy to Congress

Full Name (Last, First, Middle Initial)

**A. CM&Co LLC**

Mailing Address PO Box 97275

City  
RaleighState  
NCZip Code  
27624Purpose of Disbursement  
Accounting Services

001

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:

Date of Disbursement

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 2 | / | 0 | 6 | / | 2 | 0 | 2 | 4 |

FEC Identification Number

C

Amount of Each Disbursement this Period

2301.98

Transaction ID : SB17-EX2442

☐ Memo Item Accounting Services**B. American Airlines**

Mailing Address 4255 Amon Carter Boulevard

City  
Ft WorthState  
TXZip Code  
76155Purpose of Disbursement  
Airfare

001

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:

Date of Disbursement

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 1 | / | 1 | 6 | / | 2 | 0 | 2 | 4 |

FEC Identification Number

C

Amount of Each Disbursement this Period

192.10

Transaction ID : SB17-EX2443

☐ Memo Item Airfare**C. American Airlines**

Mailing Address 4255 Amon Carter Boulevard

City  
Ft WorthState  
TXZip Code  
76155Purpose of Disbursement  
Airfare

001

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:

Date of Disbursement

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 1 | / | 1 | 6 | / | 2 | 0 | 2 | 4 |

FEC Identification Number

C

Amount of Each Disbursement this Period

192.10

Transaction ID : SB17-EX2444

☐ Memo Item Airfare**SUBTOTAL** of Disbursements This Page (optional).....▶

2686.18

**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 PageFOR LINE NUMBER:  
(check only one)

PAGE 44 OF 58

|                                        |                              |                              |                              |
|----------------------------------------|------------------------------|------------------------------|------------------------------|
| <input checked="" type="checkbox"/> 17 | <input type="checkbox"/> 18  | <input type="checkbox"/> 19a | <input type="checkbox"/> 19b |
| <input type="checkbox"/> 20a           | <input type="checkbox"/> 20b | <input type="checkbox"/> 20c | <input type="checkbox"/> 21  |

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NAME OF COMMITTEE (In Full)

Friends to Elect Dr. Greg Murphy to Congress

Full Name (Last, First, Middle Initial)

**A. American Airlines**

Mailing Address 4255 Amon Carter Boulevard

Date of Disbursement

|     |   |     |   |         |
|-----|---|-----|---|---------|
| M M | / | D D | / | Y Y Y Y |
| 01  |   | 16  |   | 2024    |

City  
Ft WorthState  
TXZip Code  
76155

FEC Identification Number

C

Purpose of Disbursement  
Airfare

001

Amount of Each Disbursement this Period

268.10

Transaction ID : SB17-EX2445

☐ Memo Item Airfare

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. American Airlines**

Mailing Address 4255 Amon Carter Boulevard

Date of Disbursement

|     |   |     |   |         |
|-----|---|-----|---|---------|
| M M | / | D D | / | Y Y Y Y |
| 01  |   | 16  |   | 2024    |

City  
Ft WorthState  
TXZip Code  
76155

FEC Identification Number

C

Purpose of Disbursement  
Airfare

001

Amount of Each Disbursement this Period

268.10

Transaction ID : SB17-EX2446

☐ Memo Item Airfare

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. American Airlines**

Mailing Address 4255 Amon Carter Boulevard

Date of Disbursement

|     |   |     |   |         |
|-----|---|-----|---|---------|
| M M | / | D D | / | Y Y Y Y |
| 01  |   | 18  |   | 2024    |

City  
Ft WorthState  
TXZip Code  
76155

FEC Identification Number

C

Purpose of Disbursement  
Airfare

001

Amount of Each Disbursement this Period

609.10

Transaction ID : SB17-EX2447

☐ Memo Item Airfare

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).....▶

1145.30

**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 PageFOR LINE NUMBER:  
(check only one)

PAGE 45 OF 58

|                                        |                              |                              |                              |
|----------------------------------------|------------------------------|------------------------------|------------------------------|
| <input checked="" type="checkbox"/> 17 | <input type="checkbox"/> 18  | <input type="checkbox"/> 19a | <input type="checkbox"/> 19b |
| <input type="checkbox"/> 20a           | <input type="checkbox"/> 20b | <input type="checkbox"/> 20c | <input type="checkbox"/> 21  |

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NAME OF COMMITTEE (In Full)

Friends to Elect Dr. Greg Murphy to Congress

Full Name (Last, First, Middle Initial)

**A. American Airlines**

Mailing Address 4255 Amon Carter Boulevard

Date of Disbursement

|     |   |     |   |         |
|-----|---|-----|---|---------|
| M M | / | D D | / | Y Y Y Y |
| 01  |   | 18  |   | 2024    |

City  
Ft WorthState  
TXZip Code  
76155

FEC Identification Number

C

Purpose of Disbursement  
Airfare

001

Amount of Each Disbursement this Period

609.10

Transaction ID : SB17-EX2448

☐ Memo Item Airfare

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. American Airlines**

Mailing Address 4255 Amon Carter Boulevard

Date of Disbursement

|     |   |     |   |         |
|-----|---|-----|---|---------|
| M M | / | D D | / | Y Y Y Y |
| 01  |   | 18  |   | 2024    |

City  
Ft WorthState  
TXZip Code  
76155

FEC Identification Number

C

Purpose of Disbursement  
Airfare

001

Amount of Each Disbursement this Period

267.10

Transaction ID : SB17-EX2449

☐ Memo Item Airfare

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. American Airlines**

Mailing Address 4255 Amon Carter Boulevard

Date of Disbursement

|     |   |     |   |         |
|-----|---|-----|---|---------|
| M M | / | D D | / | Y Y Y Y |
| 01  |   | 18  |   | 2024    |

City  
Ft WorthState  
TXZip Code  
76155

FEC Identification Number

C

Purpose of Disbursement  
Airfare

001

Amount of Each Disbursement this Period

267.10

Transaction ID : SB17-EX2450

☐ Memo Item Airfare

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).....▶

1143.30

**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 PageFOR LINE NUMBER:  
(check only one)

PAGE 46 OF 58

|                                               |                              |                              |                              |
|-----------------------------------------------|------------------------------|------------------------------|------------------------------|
| <input checked="checked" type="checkbox"/> 17 | <input type="checkbox"/> 18  | <input type="checkbox"/> 19a | <input type="checkbox"/> 19b |
| <input type="checkbox"/> 20a                  | <input type="checkbox"/> 20b | <input type="checkbox"/> 20c | <input type="checkbox"/> 21  |

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NAME OF COMMITTEE (In Full)

Friends to Elect Dr. Greg Murphy to Congress

Full Name (Last, First, Middle Initial)

**A. American Airlines**

Mailing Address 4255 Amon Carter Boulevard

Date of Disbursement

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 2 |   | 0 | 5 |   | 2 | 0 | 2 | 4 |

City  
Ft WorthState  
TXZip Code  
76155

FEC Identification Number

C

Purpose of Disbursement  
Airfare

001

Amount of Each Disbursement this Period

183.10

Transaction ID : SB17-EX2451

☐ Memo Item Airfare

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. American Airlines**

Mailing Address 4255 Amon Carter Boulevard

Date of Disbursement

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 2 |   | 0 | 5 |   | 2 | 0 | 2 | 4 |

City  
Ft WorthState  
TXZip Code  
76155

FEC Identification Number

C

Purpose of Disbursement  
Airfare

001

Amount of Each Disbursement this Period

183.10

Transaction ID : SB17-EX2452

☐ Memo Item Airfare

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. American Airlines**

Mailing Address 4255 Amon Carter Boulevard

Date of Disbursement

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 2 |   | 0 | 5 |   | 2 | 0 | 2 | 4 |

City  
Ft WorthState  
TXZip Code  
76155

FEC Identification Number

C

Purpose of Disbursement  
Airfare

001

Amount of Each Disbursement this Period

178.10

Transaction ID : SB17-EX2453

☐ Memo Item Airfare

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).....▶

544.30

**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 PageFOR LINE NUMBER:  
(check only one)

PAGE 47 OF 58

|                                        |                              |                              |                              |
|----------------------------------------|------------------------------|------------------------------|------------------------------|
| <input checked="" type="checkbox"/> 17 | <input type="checkbox"/> 18  | <input type="checkbox"/> 19a | <input type="checkbox"/> 19b |
| <input type="checkbox"/> 20a           | <input type="checkbox"/> 20b | <input type="checkbox"/> 20c | <input type="checkbox"/> 21  |

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NAME OF COMMITTEE (In Full)

Friends to Elect Dr. Greg Murphy to Congress

Full Name (Last, First, Middle Initial)

**A. American Airlines**

Mailing Address 4255 Amon Carter Boulevard

Date of Disbursement

|     |   |     |   |         |
|-----|---|-----|---|---------|
| M M | / | D D | / | Y Y Y Y |
| 02  |   | 05  |   | 2024    |

City  
Ft WorthState  
TXZip Code  
76155

FEC Identification Number

C

Purpose of Disbursement  
Airfare

001

Amount of Each Disbursement this Period

180.10

Transaction ID : SB17-EX2454

☐ Memo Item Airfare

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. Airport Mini Storage**

Mailing Address 1110 North Memorial Drive

Date of Disbursement

|     |   |     |   |         |
|-----|---|-----|---|---------|
| M M | / | D D | / | Y Y Y Y |
| 01  |   | 03  |   | 2024    |

City  
GreenvilleState  
NCZip Code  
27834

FEC Identification Number

C

Purpose of Disbursement  
Storage Rent

001

Amount of Each Disbursement this Period

672.00

Transaction ID : SB17-EX2510

☐ Memo Item Storage Rent

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. First Citizens Bank**

Mailing Address 203 W 3rd St

Date of Disbursement

|     |   |     |   |         |
|-----|---|-----|---|---------|
| M M | / | D D | / | Y Y Y Y |
| 01  |   | 31  |   | 2024    |

City  
GreenvilleState  
NCZip Code  
27858

FEC Identification Number

C

Purpose of Disbursement  
Bank Service Fee

001

Amount of Each Disbursement this Period

25.00

Transaction ID : SB17-EX2456

☐ Memo Item Bank Service Fee

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).....▶

877.10

**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 PageFOR LINE NUMBER:  
(check only one)

PAGE 48 OF 58

|                                               |                              |                              |                              |
|-----------------------------------------------|------------------------------|------------------------------|------------------------------|
| <input checked="checked" type="checkbox"/> 17 | <input type="checkbox"/> 18  | <input type="checkbox"/> 19a | <input type="checkbox"/> 19b |
| <input type="checkbox"/> 20a                  | <input type="checkbox"/> 20b | <input type="checkbox"/> 20c | <input type="checkbox"/> 21  |

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NAME OF COMMITTEE (In Full)

Friends to Elect Dr. Greg Murphy to Congress

Full Name (Last, First, Middle Initial)

**A. Win Red Technical Services LLC**

Mailing Address 1101 K Street NW

City  
WashingtonState  
DCZip Code  
20005Purpose of Disbursement  
Merchant Fees

001

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:

Date of Disbursement

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 1 | / | 1 | 5 | / | 2 | 0 | 2 | 4 |

FEC Identification Number

C

Amount of Each Disbursement this Period

3.72

Transaction ID : SB17-EX2493

☐ Memo Item Merchant Fees

Full Name (Last, First, Middle Initial)

**B. Win Red Technical Services LLC**

Mailing Address 1101 K Street NW

City  
WashingtonState  
DCZip Code  
20005Purpose of Disbursement  
Merchant Fees

001

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:

Date of Disbursement

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 1 | / | 2 | 2 | / | 2 | 0 | 2 | 4 |

FEC Identification Number

C

Amount of Each Disbursement this Period

28.46

Transaction ID : SB17-EX2494

☐ Memo Item Merchant Fees

Full Name (Last, First, Middle Initial)

**C. Win Red Technical Services LLC**

Mailing Address 1101 K Street NW

City  
WashingtonState  
DCZip Code  
20005Purpose of Disbursement  
Merchant Fees

001

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:

Date of Disbursement

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

FEC Identification Number

C

Amount of Each Disbursement this Period

3.60

Transaction ID : SB17-EX2495

☐ Memo Item Merchant Fees**SUBTOTAL** of Disbursements This Page (optional).....▶

35.78

**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 PageFOR LINE NUMBER:  
(check only one)

PAGE 49 OF 58

|                                        |                             |                              |                              |
|----------------------------------------|-----------------------------|------------------------------|------------------------------|
| <input checked="" type="checkbox"/> 17 | <input type="checkbox"/> 18 | <input type="checkbox"/> 19a | <input type="checkbox"/> 19b |
| 20a                                    | 20b                         | 20c                          | 21                           |

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NAME OF COMMITTEE (In Full)

Friends to Elect Dr. Greg Murphy to Congress

Full Name (Last, First, Middle Initial)

**A. Win Red Technical Services LLC**

Mailing Address 1101 K Street NW

City  
WashingtonState  
DCZip Code  
20005Purpose of Disbursement  
Merchant Fees

001

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:

Date of Disbursement

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 2 |   | 0 | 5 |   | 2 | 0 | 2 | 4 |

FEC Identification Number

C

Amount of Each Disbursement this Period

12.53

Transaction ID : SB17-EX2496

☐ Memo Item Merchant Fees

Full Name (Last, First, Middle Initial)

**B. Win Red Technical Services LLC**

Mailing Address 1101 K Street NW

City  
WashingtonState  
DCZip Code  
20005Purpose of Disbursement  
Merchant Fees

001

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:

Date of Disbursement

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 2 |   | 1 | 2 |   | 2 | 0 | 2 | 4 |

FEC Identification Number

C

Amount of Each Disbursement this Period

34.55

Transaction ID : SB17-EX2497

☐ Memo Item Merchant Fees

Full Name (Last, First, Middle Initial)

**C. Amazon**

Mailing Address 410 Terry Ave. North

City  
SeattleState  
WAZip Code  
98109Purpose of Disbursement  
Office Supplies

001

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:

Date of Disbursement

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 2 |   | 0 | 6 |   | 2 | 0 | 2 | 4 |

FEC Identification Number

C

Amount of Each Disbursement this Period

218.92

Transaction ID : SB17-EX2504

☐ Memo Item Office Supplies**SUBTOTAL** of Disbursements This Page (optional).....▶

266.00

**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 PageFOR LINE NUMBER:  
(check only one)

PAGE 50 OF 58

|                                        |                             |                              |                              |
|----------------------------------------|-----------------------------|------------------------------|------------------------------|
| <input checked="" type="checkbox"/> 17 | <input type="checkbox"/> 18 | <input type="checkbox"/> 19a | <input type="checkbox"/> 19b |
| 20a                                    | 20b                         | 20c                          | 21                           |

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NAME OF COMMITTEE (In Full)

Friends to Elect Dr. Greg Murphy to Congress

Full Name (Last, First, Middle Initial)

**A. Relyus**

Mailing Address 3469 Black &amp; Decker Rd

Date of Disbursement

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 2 |   | 0 | 9 |   | 2 | 0 | 2 | 4 |

City  
Hope MillsState  
NCZip Code  
28348

FEC Identification Number

C

Purpose of Disbursement  
Printing Services

001

Amount of Each Disbursement this Period

755.48

Transaction ID : SB17-EX2508

☐ Memo Item Printing Services

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. FLB Properties Inc.**

Mailing Address PO Box 2065

Date of Disbursement

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

City  
GreenvilleState  
NCZip Code  
27836

FEC Identification Number

C

Purpose of Disbursement  
Rent

001

Amount of Each Disbursement this Period

350.00

Transaction ID : SB17-EX2509

☐ Memo Item Rent

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. Campaign Solutions Inc.**

Mailing Address 117 N Saint Asaph St

Date of Disbursement

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 2 |   | 0 | 9 |   | 2 | 0 | 2 | 4 |

City  
AlexandriaState  
VAZip Code  
22314

FEC Identification Number

C

Purpose of Disbursement  
Online/Email Services

001

Amount of Each Disbursement this Period

1620.01

Transaction ID : SB17-EX2506

☐ Memo Item Online/Email Services

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).....▶

2725.49

**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 PageFOR LINE NUMBER:  
(check only one)

PAGE 51 OF 58

|                                        |                             |                              |                              |
|----------------------------------------|-----------------------------|------------------------------|------------------------------|
| <input checked="" type="checkbox"/> 17 | <input type="checkbox"/> 18 | <input type="checkbox"/> 19a | <input type="checkbox"/> 19b |
| 20a                                    | 20b                         | 20c                          | 21                           |

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NAME OF COMMITTEE (In Full)

Friends to Elect Dr. Greg Murphy to Congress

Full Name (Last, First, Middle Initial)

**A. Capital Grille**

Mailing Address 601 Pennsylvania Ave. NW

Date of Disbursement

|     |   |     |   |         |
|-----|---|-----|---|---------|
| M M | / | D D | / | Y Y Y Y |
| 01  |   | 18  |   | 2024    |

City  
WashingtonState  
DCZip Code  
20004

FEC Identification Number

C

Purpose of Disbursement  
Food/Beverage

001

Amount of Each Disbursement this Period

416.50

Transaction ID : SB17-EX2461

☐ Memo Item Food/Beverage

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. Capital Grille**

Mailing Address 601 Pennsylvania Ave. NW

Date of Disbursement

|     |   |     |   |         |
|-----|---|-----|---|---------|
| M M | / | D D | / | Y Y Y Y |
| 02  |   | 01  |   | 2024    |

City  
WashingtonState  
DCZip Code  
20004

FEC Identification Number

C

Purpose of Disbursement  
Food/Beverage

001

Amount of Each Disbursement this Period

176.30

Transaction ID : SB17-EX2462

☐ Memo Item Food/Beverage

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. Hello Florida**Mailing Address 3840 Vineland Road  
Suite 200

Date of Disbursement

|     |   |     |   |         |
|-----|---|-----|---|---------|
| M M | / | D D | / | Y Y Y Y |
| 02  |   | 13  |   | 2024    |

City  
OrlandoState  
FLZip Code  
32811

FEC Identification Number

C

Purpose of Disbursement  
Lodging

001

Amount of Each Disbursement this Period

203.00

Transaction ID : SB17-EX2476

☐ Memo Item Lodging

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).....▶

795.80

**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 PageFOR LINE NUMBER:  
(check only one)

PAGE 52 OF 58

|                                        |                             |                              |                              |
|----------------------------------------|-----------------------------|------------------------------|------------------------------|
| <input checked="" type="checkbox"/> 17 | <input type="checkbox"/> 18 | <input type="checkbox"/> 19a | <input type="checkbox"/> 19b |
| 20a                                    | 20b                         | 20c                          | 21                           |

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NAME OF COMMITTEE (In Full)

Friends to Elect Dr. Greg Murphy to Congress

Full Name (Last, First, Middle Initial)

**A. Old North Strategies LLC**

Mailing Address PO Box 944

Date of Disbursement

|     |   |     |   |         |
|-----|---|-----|---|---------|
| M M | / | D D | / | Y Y Y Y |
| 01  |   | 22  |   | 2024    |

City  
Kings MountainState  
NCZip Code  
28086

FEC Identification Number

C

Purpose of Disbursement  
Management Consulting Postage Shipping

001

Amount of Each Disbursement this Period

2671.16

Transaction ID : SB17-EX2477

☐ Memo Item Management Consulting Postage Shipping

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. Member Lunch Fund**

Mailing Address 15 Independence Ave SE

Date of Disbursement

|     |   |     |   |         |
|-----|---|-----|---|---------|
| M M | / | D D | / | Y Y Y Y |
| 01  |   | 11  |   | 2024    |

City  
WashingtonState  
DCZip Code  
20515

FEC Identification Number

C

Purpose of Disbursement  
Food/Beverage

001

Amount of Each Disbursement this Period

1500.00

Transaction ID : SB17-EX2468

☐ Memo Item Food/Beverage

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. Terra Davis Consulting LLC**

Mailing Address 1369 E Street SE

Date of Disbursement

|     |   |     |   |         |
|-----|---|-----|---|---------|
| M M | / | D D | / | Y Y Y Y |
| 01  |   | 17  |   | 2024    |

City  
WashingtonState  
DCZip Code  
20003

FEC Identification Number

C

Purpose of Disbursement  
Food/Beverage Postage Site Fee Transportation

001

Amount of Each Disbursement this Period

8271.05

Transaction ID : SB17-EX2471

☐ Memo Item Food/Beverage Postage Site Fee Transportation

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).....▶

12442.21

**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 PageFOR LINE NUMBER:  
(check only one)

PAGE 53 OF 58

|                                               |                              |                              |                              |
|-----------------------------------------------|------------------------------|------------------------------|------------------------------|
| <input checked="checked" type="checkbox"/> 17 | <input type="checkbox"/> 18  | <input type="checkbox"/> 19a | <input type="checkbox"/> 19b |
| <input type="checkbox"/> 20a                  | <input type="checkbox"/> 20b | <input type="checkbox"/> 20c | <input type="checkbox"/> 21  |

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NAME OF COMMITTEE (In Full)

Friends to Elect Dr. Greg Murphy to Congress

Full Name (Last, First, Middle Initial)

**A. USPS**

Mailing Address 300 W 2nd Street

City  
GreenvilleState  
NCZip Code  
27834Purpose of Disbursement  
PO Box Fee

001

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:

Date of Disbursement

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 2 |   | 1 | 4 |   | 2 | 0 | 2 | 4 |

FEC Identification Number

C

Amount of Each Disbursement this Period

200.00

Transaction ID : SB17-EX2507

☐ Memo Item PO Box Fee

Full Name (Last, First, Middle Initial)

**B. Robinson, Lindy, , ,**

Mailing Address PO Box 1131

City  
GreenvilleState  
NCZip Code  
27858Purpose of Disbursement  
Mileage

001

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:

Date of Disbursement

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 1 |   | 0 | 2 |   | 2 | 0 | 2 | 4 |

FEC Identification Number

C

Amount of Each Disbursement this Period

459.81

Transaction ID : SB17-EX2499

☐ Memo Item Mileage

Full Name (Last, First, Middle Initial)

**C. Lucy Croxton Consulting**

Mailing Address 3352 Country Club Road

City  
Winston SalemState  
NCZip Code  
27104Purpose of Disbursement  
Fundraising Consulting Shipping Food/Beverage Printing Services Mileage

001

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:

Date of Disbursement

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 1 |   | 1 | 7 |   | 2 | 0 | 2 | 4 |

FEC Identification Number

C

Amount of Each Disbursement this Period

9182.95

Transaction ID : SB17-EX2474

☐ Memo Item Fundraising Consulting Shipping Food/Beverage Printing Services**SUBTOTAL** of Disbursements This Page (optional).....▶

9842.76

**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 PageFOR LINE NUMBER:  
(check only one)

PAGE 54 OF 58

|                                        |                             |                              |                              |
|----------------------------------------|-----------------------------|------------------------------|------------------------------|
| <input checked="" type="checkbox"/> 17 | <input type="checkbox"/> 18 | <input type="checkbox"/> 19a | <input type="checkbox"/> 19b |
| 20a                                    | 20b                         | 20c                          | 21                           |

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NAME OF COMMITTEE (In Full)

Friends to Elect Dr. Greg Murphy to Congress

Full Name (Last, First, Middle Initial)

**A. Lucy Croxton Consulting**

Mailing Address 3352 Country Club Road

City  
Winston SalemState  
NCZip Code  
27104Purpose of Disbursement  
Fundraising Consulting

001

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:

Date of Disbursement

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 2 | / | 1 | 3 | / | 2 | 0 | 2 | 4 |

FEC Identification Number

C

Amount of Each Disbursement this Period

10000.00

Transaction ID : SB17-EX2473

☐ Memo Item Fundraising Consulting

Full Name (Last, First, Middle Initial)

**B. Nino's Cucina**

Mailing Address 511 Red Banks Rd

City  
GreenvilleState  
NCZip Code  
27858Purpose of Disbursement  
Food/Beverage

001

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:

Date of Disbursement

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 1 | / | 2 | 5 | / | 2 | 0 | 2 | 4 |

FEC Identification Number

C

Amount of Each Disbursement this Period

46.84

Transaction ID : SB17-EX2469

☐ Memo Item Food/Beverage

Full Name (Last, First, Middle Initial)

**C. Best, Annita, , ,**

Mailing Address PO Box 1131

City  
GreenvilleState  
NCZip Code  
27858Purpose of Disbursement  
Field Representative

001

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:

Date of Disbursement

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 1 | / | 2 | 2 | / | 2 | 0 | 2 | 4 |

FEC Identification Number

C

Amount of Each Disbursement this Period

1000.00

Transaction ID : SB17-EX2459

☐ Memo Item Field Representative**SUBTOTAL** of Disbursements This Page (optional).....▶

11046.84

**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 PageFOR LINE NUMBER:  
(check only one)

PAGE 55 OF 58

|                                               |                             |                              |                              |
|-----------------------------------------------|-----------------------------|------------------------------|------------------------------|
| <input checked="checked" type="checkbox"/> 17 | <input type="checkbox"/> 18 | <input type="checkbox"/> 19a | <input type="checkbox"/> 19b |
| 20a                                           | 20b                         | 20c                          | 21                           |

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NAME OF COMMITTEE (In Full)

Friends to Elect Dr. Greg Murphy to Congress

Full Name (Last, First, Middle Initial)

**A. Best, Annita, , ,**

Mailing Address PO Box 1131

Date of Disbursement

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 2 |   | 0 | 9 |   | 2 | 0 | 2 | 4 |

City  
GreenvilleState  
NCZip Code  
27858

FEC Identification Number

C

Purpose of Disbursement  
Field Representative

001

Amount of Each Disbursement this Period

1000.00

Transaction ID : SB17-EX2460

☐ Memo Item Field Representative

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. Fairmont Grand**

Mailing Address 5300 Grand Del Mar Ct

Date of Disbursement

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 2 |   | 0 | 6 |   | 2 | 0 | 2 | 4 |

City  
San DiegoState  
CAZip Code  
09213

FEC Identification Number

C

Purpose of Disbursement  
Lodging

001

Amount of Each Disbursement this Period

1639.57

Transaction ID : SB17-EX2475

☐ Memo Item Lodging

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. Fairmont Grand**

Mailing Address 5300 Grand Del Mar Ct

Date of Disbursement

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 2 |   | 1 | 4 |   | 2 | 0 | 2 | 4 |

City  
San DiegoState  
CAZip Code  
09213

FEC Identification Number

C

Purpose of Disbursement  
Food/Beverage

001

Amount of Each Disbursement this Period

21.82

Transaction ID : SB17-EX2466

☐ Memo Item Food/Beverage

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).....▶

2661.39

**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 PageFOR LINE NUMBER:  
(check only one)

PAGE 56 OF 58

|                                        |                             |                              |                              |
|----------------------------------------|-----------------------------|------------------------------|------------------------------|
| <input checked="" type="checkbox"/> 17 | <input type="checkbox"/> 18 | <input type="checkbox"/> 19a | <input type="checkbox"/> 19b |
| 20a                                    | 20b                         | 20c                          | 21                           |

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NAME OF COMMITTEE (In Full)

Friends to Elect Dr. Greg Murphy to Congress

Full Name (Last, First, Middle Initial)

**A. Stay Classy Airport Service**

Mailing Address 350 10th Ave Ste 1300

Date of Disbursement

|     |   |     |   |         |
|-----|---|-----|---|---------|
| M M | / | D D | / | Y Y Y Y |
| 02  |   | 05  |   | 2024    |

City  
San DiegoState  
CAZip Code  
92101

FEC Identification Number

C

Purpose of Disbursement  
Transportation

001

Amount of Each Disbursement this Period

139.52

Transaction ID : SB17-EX2512

☐ Memo Item Transportation

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.**

Mailing Address

Date of Disbursement

|     |   |     |   |         |
|-----|---|-----|---|---------|
| M M | / | D D | / | Y Y Y Y |
|     |   |     |   |         |

City

State

Zip Code

FEC Identification Number

C

Purpose of Disbursement

Category/  
Type

Amount of Each Disbursement this Period

☐ Memo Item

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.**

Mailing Address

Date of Disbursement

|     |   |     |   |         |
|-----|---|-----|---|---------|
| M M | / | D D | / | Y Y Y Y |
|     |   |     |   |         |

City

State

Zip Code

FEC Identification Number

C

Purpose of Disbursement

Category/  
Type

Amount of Each Disbursement this Period

☐ Memo Item

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).....▶

139.52

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

51837.43

**SCHEDULE B (FEC Form 3)**  
**ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 57 OF 58

|                                         |                              |                              |                              |
|-----------------------------------------|------------------------------|------------------------------|------------------------------|
| <input type="checkbox"/> 17             | <input type="checkbox"/> 18  | <input type="checkbox"/> 19a | <input type="checkbox"/> 19b |
| <input checked="" type="checkbox"/> 20a | <input type="checkbox"/> 20b | <input type="checkbox"/> 20c | <input type="checkbox"/> 21  |

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NAME OF COMMITTEE (In Full)

Friends to Elect Dr. Greg Murphy to Congress

Full Name (Last, First, Middle Initial)

**A. Bell, James, Edward, Mr., III**

Mailing Address 373 Old Carriage Loop

City  
GeorgetownState  
SCZip Code  
29440Purpose of Disbursement  
Contribution Ref to Individual

010

Candidate Name

Category/  
Type

Office Sought:

|                          |           |
|--------------------------|-----------|
| <input type="checkbox"/> | House     |
| <input type="checkbox"/> | Senate    |
| <input type="checkbox"/> | President |

Disbursement For: 2024

|                                     |                   |                                  |
|-------------------------------------|-------------------|----------------------------------|
| <input checked="" type="checkbox"/> | Primary           | <input type="checkbox"/> General |
| <input type="checkbox"/>            | Other (specify) ▼ |                                  |

State:

District:

Date of Disbursement

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 2 |   | 1 | 4 |   | 2 | 0 | 2 | 4 |

FEC Identification Number

C

Amount of Each Disbursement this Period

3300.00

Transaction ID : SB20a-CR1115

☐ Memo Item Contribution Refund

Full Name (Last, First, Middle Initial)

**B.**

Mailing Address

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:

Date of Disbursement

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
|   |   |   |   |   |   |   |   |   |   |

FEC Identification Number

C

Amount of Each Disbursement this Period

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C.**

Mailing Address

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:

Date of Disbursement

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
|   |   |   |   |   |   |   |   |   |   |

FEC Identification Number

C

Amount of Each Disbursement this Period

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶

3300.00

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

3300.00

**SCHEDULE B (FEC Form 3)**  
**ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 58 OF 58

|                              |                              |                              |                                        |
|------------------------------|------------------------------|------------------------------|----------------------------------------|
| <input type="checkbox"/> 17  | <input type="checkbox"/> 18  | <input type="checkbox"/> 19a | <input type="checkbox"/> 19b           |
| <input type="checkbox"/> 20a | <input type="checkbox"/> 20b | <input type="checkbox"/> 20c | <input checked="" type="checkbox"/> 21 |

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NAME OF COMMITTEE (In Full)

Friends to Elect Dr. Greg Murphy to Congress

Full Name (Last, First, Middle Initial)

**A. LAURIE BUCKHOUT FOR CONGRESS**

Mailing Address PO Box 97275

Date of Disbursement

|     |   |     |   |         |
|-----|---|-----|---|---------|
| M M | / | D D | / | Y Y Y Y |
| 02  |   | 12  |   | 2024    |

City  
RaleighState  
NCZip Code  
27624

FEC Identification Number

**C** H4NC01137Purpose of Disbursement  
Primary 2024 Contribution

011

Amount of Each Disbursement this Period

2000.00

Transaction ID : SB21-EX2458

☐ Memo Item Primary 2024 ContributionCandidate Name  
BUCKHOUT, LAURIE, , ,Category/  
TypeOffice Sought: ☒ House  
☐ Senate  
☐ PresidentDisbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

State: NC District: 01

Full Name (Last, First, Middle Initial)

**B. Craven Republican Building Fund**

Mailing Address P.O. Box 13466

Date of Disbursement

|     |   |     |   |         |
|-----|---|-----|---|---------|
| M M | / | D D | / | Y Y Y Y |
| 01  |   | 20  |   | 2024    |

City  
New BernState  
NCZip Code  
28561

FEC Identification Number

**C**Purpose of Disbursement  
Non-Federal Contribuitor

011

Amount of Each Disbursement this Period

700.00

Transaction ID : SB21-EX2500

☐ Memo Item Non-Federal Contribuitor

Candidate Name

Category/  
TypeOffice Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Full Name (Last, First, Middle Initial)

**C.**

Mailing Address

Date of Disbursement

|     |   |     |   |         |
|-----|---|-----|---|---------|
| M M | / | D D | / | Y Y Y Y |
|     |   |     |   |         |

City

State

Zip Code

FEC Identification Number

**C**

Purpose of Disbursement

Category/  
Type

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Amount of Each Disbursement this Period

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶

2700.00

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

2700.00