

**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

in the
State of(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
11 / 26 / 2024

through

M M / D D / Y Y Y Y
12 / 31 / 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
01 / 31 / 2025

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:

M M / D D / Y Y Y Y
11 26 2024

To:

M M / D D / Y Y Y Y
12 31 2024

	COLUMN A This Period	COLUMN B Election Cycle-to-Date
6. Net Contributions (other than loans)		
(a) Total Contributions (other than loans) (from Line 11(e))	4400.00	4972.00
(b) Total Contribution Refunds (from Line 20(d))	7900.00	7950.00
(c) Net Contributions (other than loans) (subtract Line 6(b) from Line 6(a))	- 3500.00	- 2978.00
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17)	13218.76	40704.99
(b) Total Offsets to Operating Expenditures (from Line 14)	234.09	234.09
(c) Net Operating Expenditures (subtract Line 7(b) from Line 7(a))	12984.67	40470.90
8. Cash on Hand at Close of Reporting Period (from Line 27)	1583462.29	
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	.00	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	.00	

For further information, contact the Federal Election Commission at 800-424-9530 or visit 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:

M M / D D / Y Y Y Y
11 / 26 / 2024

To:

M M / D D / Y Y Y Y
12 / 31 / 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).....

4000.00

4250.00

(ii) Unitemized

400.00

722.00

(iii) TOTAL of contributions
from individuals ▶

4400.00

4972.00

(b) Political Party Committees.....

.00

.00

(c) Other Political Committees
(such as PACs)

.00

.00

(d) The Candidate

.00

.00

(e) TOTAL CONTRIBUTIONS

(other than loans)

(add Lines 11(a)(iii), (b), (c), and (d))..

4400.00

4972.00

12. TRANSFERS FROM OTHER
AUTHORIZED COMMITTEES

.00

.00

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.)

234.09

234.09

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)..... ▶

4634.09

5206.09

DETAILED SUMMARY PAGE of Disbursements

FEC Form 3 (Revised 05/2016)

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
17. OPERATING EXPENDITURES.....	13218.76	40704.99
18. TRANSFERS TO OTHER AUTHORIZED COMMITTEES	.00	.00
19. LOAN REPAYMENTS:		
(a) Of Loans Made or Guaranteed by the Candidate.....	.00	.00
(b) Of All Other Loans	.00	.00
(c) TOTAL LOAN REPAYMENTS (add Lines 19(a) and (b)).....	.00	.00
20. REFUNDS OF CONTRIBUTIONS TO:		
(a) Individuals/Persons Other Than Political Committees	5400.00	5450.00
(b) Political Party Committees.....	.00	.00
(c) Other Political Committees (such as PACs)	2500.00	2500.00
(d) TOTAL CONTRIBUTION REFUNDS (add Lines 20(a), (b), and (c)).....	7900.00	7950.00
21. OTHER DISBURSEMENTS	.00	6000.00
22. TOTAL DISBURSEMENTS (add Lines 17, 18, 19(c), 20(d), and 21) ►	21118.76	54654.99

III. CASH SUMMARY

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....	1599946.96
24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page 3).....	4634.09
25. SUBTOTAL (add Line 23 and Line 24).....	1604581.05
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....	21118.76
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25).....	1583462.29

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 RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 6 OF 14

☒ 11a	☐ 11b	☐ 11c	☐ 11d	☐ 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)

Wadley, Irene, , ,

A. Mailing Address 10308 Lobley Hill Ln

City
RaleighState
NCZip Code
27613FEC ID number of contributing
federal political committee.

C

Name of Employer
BCIPSOccupation
Treasurer

Receipt For: 2026

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2000.00

Date of Receipt

M M	/	D D	/	Y Y Y Y Y Y
12		18		2024

Transaction ID : SA11Ai-CN28532

Amount of Each Receipt this Period

2000.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

Wadley, Robert, , ,

B. Mailing Address 10308 Lobley Hill Ln

City
RaleighState
NCZip Code
27613FEC ID number of contributing
federal political committee.

C

Name of Employer
Briar Creek Intergated Pain And SpineOccupation
Physician

Receipt For: 2026

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2000.00

Date of Receipt

M M	/	D D	/	Y Y Y Y Y Y
12		18		2024

Transaction ID : SA11Ai-CN28531

Amount of Each Receipt this Period

2000.00

☐ 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 Y Y

Amount of Each Receipt this Period

☐ Memo Item

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

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

4000.00

4000.00

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

PAGE 7 OF 14

☐ 11a	☐ 11b	☐ 11c	☒ 11d	☐ 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)

Delta Airlines

A.

Mailing Address 1030 Delta Boulevard

City

Atlanta

State

GA

Zip Code

30354

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For: 2024

☐ Primary
☐ Other (specify) ▼☒ General

Election Cycle-to-Date ▼

200.07

Date of Receipt

M M / D D / Y Y Y Y Y
12 23 2024

Transaction ID : SA14-ER38

Amount of Each Receipt this Period

169.97

☐ Memo Item
Expenditure Refund

B.

Full Name (Last, First, Middle Initial)

Delta Airlines

Mailing Address 1030 Delta Boulevard

City

Atlanta

State

GA

Zip Code

30354

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For: 2024

☐ Primary
☐ Other (specify) ▼☒ General

Election Cycle-to-Date ▼

234.09

Date of Receipt

M M / D D / Y Y Y Y Y
12 23 2024

Transaction ID : SA14-ER39

Amount of Each Receipt this Period

34.02

☐ Memo Item
Expenditure Refund

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
☐ Other (specify) ▼☐ General

Election Cycle-to-Date ▼

Date of Receipt

M M / D D / Y Y Y Y Y

Amount of Each Receipt this Period

☐ Memo Item

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

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

203.99

203.99

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

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☒ 17	☐ 18	☐ 19a	☐ 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. Capitol Hill Club

Mailing Address 300 First St SE

Date of Disbursement

M M	/	D D	/	Y Y Y Y
12		16		2024

City
WashingtonState
DCZip Code
20003

FEC Identification Number

C

Purpose of Disbursement
Food/Beverage

001

Amount of Each Disbursement this Period

164.75

Transaction ID : SB17-EX3001

☐ Memo Item Food/Beverage

Candidate Name

Category/
Type

Office Sought:

☐	House
☐	Senate
☐	President

Disbursement For:

☐	Primary	☐	General
☐	Other (specify) ▼		

State:

District:

Full Name (Last, First, Middle Initial)

B. Congressional InstituteMailing Address 1700 Diagonal Road
#300

Date of Disbursement

M M	/	D D	/	Y Y Y Y
12		23		2024

City
AlexandriaState
VAZip Code
22314

FEC Identification Number

C

Purpose of Disbursement
Conference Fees

001

Amount of Each Disbursement this Period

3758.82

Transaction ID : SB17-EX3000

☐ Memo Item Conference Fees

Candidate Name

Category/
Type

Office Sought:

☐	House
☐	Senate
☐	President

Disbursement For:

☐	Primary	☐	General
☐	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
12		31		2024

City
GreenvilleState
NCZip Code
27858

FEC Identification Number

C

Purpose of Disbursement
Bank Service Fees

001

Amount of Each Disbursement this Period

105.00

Transaction ID : SB17-EX2998

☐ Memo Item Bank Service Fees

Candidate Name

Category/
Type

Office Sought:

☐	House
☐	Senate
☐	President

Disbursement For:

☐	Primary	☐	General
☐	Other (specify) ▼		

State:

District:

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

4028.57

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

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

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☒ 17	☐ 18	☐ 19a	☐ 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. FLB Properties Inc.

Mailing Address PO Box 2065

City
GreenvilleState
NCZip Code
27836Purpose of Disbursement
Rent

001

Candidate Name

Category/
Type

Office Sought:

☐	House
☐	Senate
☐	President

Disbursement For:

☐	Primary	☐	General
☐	Other (specify) ▼		

State:

District:

Date of Disbursement

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

FEC Identification Number

C

Amount of Each Disbursement this Period

350.00

Transaction ID : SB17-EX3022

☐ Memo Item Rent

Full Name (Last, First, Middle Initial)

B. House Gift ShopMailing Address Longworth Building.
Basement LevelCity
WashingtonState
DCZip Code
20515Purpose of Disbursement
Host Gift

001

Candidate Name

Category/
Type

Office Sought:

☐	House
☐	Senate
☐	President

Disbursement For:

☐	Primary	☐	General
☐	Other (specify) ▼		

State:

District:

Date of Disbursement

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

FEC Identification Number

C

Amount of Each Disbursement this Period

29.10

Transaction ID : SB17-EX3008

☐ Memo Item Host Gift

Full Name (Last, First, Middle Initial)

C. Robinson, Lindy, , ,

Mailing Address PO Box 1131

City
GreenvilleState
NCZip Code
27858Purpose of Disbursement
Fundraising Consulting Mileage

001

Candidate Name

Category/
Type

Office Sought:

☐	House
☐	Senate
☐	President

Disbursement For:

☐	Primary	☐	General
☐	Other (specify) ▼		

State:

District:

Date of Disbursement

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

FEC Identification Number

C

Amount of Each Disbursement this Period

859.79

Transaction ID : SB17-EX3025

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

1238.89

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

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

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☒ 17	☐ 18	☐ 19a	☐ 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. Joe's Stone Crab

Mailing Address 750 15th St NW

City
WashingtonState
DCZip Code
20005Purpose of Disbursement
Food/Beverage

001

Candidate Name

Category/
Type

Office Sought:

☐	House
☐	Senate
☐	President

Disbursement For:

☐	Primary	☐	General
☐	Other (specify) ▼		

State:

District:

Date of Disbursement

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

FEC Identification Number

C

Amount of Each Disbursement this Period

2314.81

Transaction ID : SB17-EX3003

☐ Memo Item Food/Beverage

Full Name (Last, First, Middle Initial)

B. Best, Annita, , ,

Mailing Address PO Box 1131

City
GreenvilleState
NCZip Code
27858Purpose of Disbursement
Field Representative

001

Candidate Name

Category/
Type

Office Sought:

☐	House
☐	Senate
☐	President

Disbursement For:

☐	Primary	☐	General
☐	Other (specify) ▼		

State:

District:

Date of Disbursement

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

FEC Identification Number

C

Amount of Each Disbursement this Period

1000.00

Transaction ID : SB17-EX3023

☐ Memo Item Field Representative

Full Name (Last, First, Middle Initial)

C. Best, Annita, , ,

Mailing Address PO Box 1131

City
GreenvilleState
NCZip Code
27858Purpose of Disbursement
Mileage

001

Candidate Name

Category/
Type

Office Sought:

☐	House
☐	Senate
☐	President

Disbursement For:

☐	Primary	☐	General
☐	Other (specify) ▼		

State:

District:

Date of Disbursement

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

FEC Identification Number

C

Amount of Each Disbursement this Period

167.70

Transaction ID : SB17-EX3024

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

3482.51

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

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

PAGE 11 OF 14

☒ 17	☐ 18	☐ 19a	☐ 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. Murphy, Greg, , ,

Mailing Address PO Box 1131

Date of Disbursement

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

City
GreenvilleState
NCZip Code
27858

FEC Identification Number

C	H0NC03172
---	-----------

Purpose of Disbursement
Office Supplies

001

Amount of Each Disbursement this Period

39.58

Candidate Name

Murphy, Gregory, Francis, Dr.,

Category/
Type

Office Sought:

☒ House
☐ Senate
☐ President

Disbursement For:

☐ Primary	☐ General
☐ Other (specify) ▼	

State: NC

District: 03

Transaction ID : SB17-EX2994

☐ Memo Item Office Supplies

Full Name (Last, First, Middle Initial)

B. Murphy, Greg, , ,

Mailing Address PO Box 1131

Date of Disbursement

M M	/	D D	/	Y Y Y Y
12		23		2024

City
GreenvilleState
NCZip Code
27858

FEC Identification Number

C	H0NC03172
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Purpose of Disbursement
Office Supplies

001

Amount of Each Disbursement this Period

135.94

Candidate Name

Murphy, Gregory, Francis, Dr.,

Category/
Type

Office Sought:

☒ House
☐ Senate
☐ President

Disbursement For:

☐ Primary	☐ General
☐ Other (specify) ▼	

State: NC

District: 03

Transaction ID : SB17-EX2995

☐ Memo Item Office Supplies

Full Name (Last, First, Middle Initial)

C. Murphy, Greg, , ,

Mailing Address PO Box 1131

Date of Disbursement

M M	/	D D	/	Y Y Y Y
12		31		2024

City
GreenvilleState
NCZip Code
27858

FEC Identification Number

C	H0NC03172
---	-----------

Purpose of Disbursement
Postage

001

Amount of Each Disbursement this Period

160.20

Candidate Name

Murphy, Gregory, Francis, Dr.,

Category/
Type

Office Sought:

☒ House
☐ Senate
☐ President

Disbursement For:

☐ Primary	☐ General
☐ Other (specify) ▼	

State: NC

District: 03

Transaction ID : SB17-EX2996

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

335.72

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

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

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☒ 17	☐ 18	☐ 19a	☐ 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. USPS

Mailing Address 300 W 2nd Street

Date of Disbursement

M M	/	D D	/	Y Y Y Y
12		31		2024

City
GreenvilleState
NCZip Code
27834

FEC Identification Number

C

Purpose of Disbursement
Postage

001

Amount of Each Disbursement this Period

160.20

Transaction ID : SB17-EX3028

☒ Memo Item

Candidate Name

Category/
Type

Office Sought:

☐	House
☐	Senate
☐	President

Disbursement For:

☐	Primary	☐	General
☐	Other (specify) ▼		

State:

District:

Full Name (Last, First, Middle Initial)

B. River Forest Manor

Mailing Address 738 E Main St

Date of Disbursement

M M	/	D D	/	Y Y Y Y
12		16		2024

City
BelhavenState
NCZip Code
27810

FEC Identification Number

C

Purpose of Disbursement
Food/Beverage

001

Amount of Each Disbursement this Period

1963.28

Transaction ID : SB17-EX3005

☐ Memo Item Food/Beverage

Candidate Name

Category/
Type

Office Sought:

☐	House
☐	Senate
☐	President

Disbursement For:

☐	Primary	☐	General
☐	Other (specify) ▼		

State:

District:

Full Name (Last, First, Middle Initial)

C. Member Lunch FundMailing Address Us House Office of Representative
1139 Longworth Building

Date of Disbursement

M M	/	D D	/	Y Y Y Y
12		17		2024

City
WashingtonState
DCZip Code
20515

FEC Identification Number

C

Purpose of Disbursement
Member Lunch Fund

001

Amount of Each Disbursement this Period

1500.00

Transaction ID : SB17-EX3009

☐ Memo Item Member Lunch Fund

Candidate Name

Category/
Type

Office Sought:

☐	House
☐	Senate
☐	President

Disbursement For:

☐	Primary	☐	General
☐	Other (specify) ▼		

State:

District:

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

3463.28

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

12548.97

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

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☐ 17	☐ 18	☐ 19a	☐ 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. Firnhaber, Juan, , Mr.,

Mailing Address 936 Nottingham Rd

Date of Disbursement

M M	/	D D	/	Y Y Y Y
11		30		2024

City
GreenvilleState
NCZip Code
27858

FEC Identification Number

C

Purpose of Disbursement
Contribution Ref to Individual

010

Candidate Name

Category/
Type

Amount of Each Disbursement this Period

2500.00

Transaction ID : SB20a-CR1139

☐ Memo Item Contribution Refund

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2024

☐ Primary	☒ General
☐ Other (specify) ▼	

State:

District:

Full Name (Last, First, Middle Initial)

B. Glasgow, Thomas, , ,

Mailing Address 602 Blair Pointe Road

Date of Disbursement

M M	/	D D	/	Y Y Y Y
11		30		2024

City
Morehead CityState
NCZip Code
28557

FEC Identification Number

C

Purpose of Disbursement
Contribution Ref to Individual

010

Candidate Name

Category/
Type

Amount of Each Disbursement this Period

900.00

Transaction ID : SB20a-CR1138

☐ Memo Item Contribution Refund

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2024

☐ Primary	☒ General
☐ Other (specify) ▼	

State:

District:

Full Name (Last, First, Middle Initial)

C. Hennessy, James, , ,

Mailing Address PO Box 2372

Date of Disbursement

M M	/	D D	/	Y Y Y Y
11		30		2024

City
Kitty HawkState
NCZip Code
27949

FEC Identification Number

C

Purpose of Disbursement
Contribution Ref to Individual

010

Candidate Name

Category/
Type

Amount of Each Disbursement this Period

2000.00

Transaction ID : SB20a-CR1137

☐ Memo Item Contribution Refund

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2024

☐ Primary	☒ General
☐ Other (specify) ▼	

State:

District:

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

5400.00

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

5400.00

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

PAGE 14 OF 14

☐ 17	☐ 18	☐ 19a	☐ 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. SOCIETY FOR CARDIOVASCULAR ANGIOGRAPHY AND INTERVENTIONS ASSOCIATION PACMailing Address 1100 17TH St
Ste 400City
WashingtonState
DCZip Code
20036Purpose of Disbursement
Contribution Refund to MCPC

010

Candidate Name

Category/
Type

Office Sought:

☐	House
☐	Senate
☐	President

Disbursement For: 2024

☐	Primary	☒	General
☐	Other (specify) ▼		

State:

District:

Date of Disbursement

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

FEC Identification Number

C

Amount of Each Disbursement this Period

2500.00

Transaction ID : SB20c-CR1136

☐ 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:

☐	House
☐	Senate
☐	President

Disbursement For:

☐	Primary	☐	General
☐	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:

☐	House
☐	Senate
☐	President

Disbursement For:

☐	Primary	☐	General
☐	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).....▶

2500.00

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

2500.00