## STATEMENT OF

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**FEC ORGANIZATION** FORM 1 Office Use Only NAME OF (Check if name Example: If typing, type 12FE4M5 COMMITTEE (in full) is changed) over the lines. Team Murphy PO Box 97275 ADDRESS (number and street) (Check if address is changed) Raleigh 27624 NC CITY A STATE A ZIP CODE A COMMITTEE'S E-MAIL ADDRESS TMJFC@cmandco.com (Check if address is changed) Optional Second E-Mail Address COMMITTEE'S WEB PAGE ADDRESS (URL) (Check if address is changed) DATE 09 2019 C00730796 FEC IDENTIFICATION NUMBER > 3. X IS THIS STATEMENT NEW (N) OR AMENDED (A) I certify that I have examined this Statement and to the best of my knowledge and belief it is true, correct and complete. McMichael, Collin, , , Type or Print Name of Treasurer McMichael, Collin, , , [Electronically Filed] 12 12 2019 Signature of Treasurer Date NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to the penalties of 2 U.S.C. §437g. ANY CHANGE IN INFORMATION SHOULD BE REPORTED WITHIN 10 DAYS. Office For further information contact: **FEC FORM 1** Federal Election Commission Use (Revised 06/2012) Toll Free 800-424-9530 Only Local 202-694-1100

F	EC Fo	rm 1 (Revised 02/2009)	Page 2			
		OMMITTEE .				
	alaate	Committee:				
(a)	닏	This committee is a principal campaign committee. (Complete the candidate information below.)				
(b)	Ш	This committee is an authorized committee, and is NOT a principal campaign committee. (Compinformation below.)	lete the candidate			
Name Cand						
Cand Party	lidate Affiliatio	Office on Sought: House Senate President	State			
(c)		This committee supports/opposes only one candidate, and is NOT an authorized committee.	District			
Name Cand						
Part	y Con	nmittee:				
(d)		· · ·	Democratic, Republican, etc.) Party.			
Poli	tical A	ction Committee (PAC):				
(e)		This committee is a separate segregated fund. (Identify connected organization on line 6.) Its conn	nected organization is a			
		Corporation Corporation w/o Capital Stock	Labor Organization			
		Membership Organization Trade Association	Cooperative			
		In addition, this committee is a Lobbyist/Registrant PAC.				
(f)		This committee supports/opposes more than one Federal candidate, and is NOT a separate secommittee. (i.e., nonconnected committee)	gregated fund or party			
		In addition, this committee is a Lobbyist/Registrant PAC.				
		In addition, this committee is a Leadership PAC. (Identify sponsor on line 6.)				
Join	t Fund	raising Representative:				
(g)	×	This committee collects contributions, pays fundraising expenses and disburses net proceeds for two committees/organizations, at least one of which is an authorized committee of a federal candidate.	o or more political			
(h)		This committee collects contributions, pays fundraising expenses and disburses net proceeds for two committees/organizations, none of which is an authorized committee of a federal candidate.	o or more political			
	Com	Committees Participating in Joint Fundraiser				
	1.	FRIENDS TO ELECT DR. GREG MURPHY TO CONGRESS	97649			
	2.	VICTORY EAST FEC ID number C C007	24229			
	3.	NRCC FEC ID number C C000	75820			
	4.					

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Write or Type Committee N	Name	
Team Murphy	У	
. Name of Any Connect	ted Organization, Affiliated Committee, Joint Fundraising Representative	e, or Leadership PAC Sponsor
NONE		
Mailing Address		
	CITY STATE	ZIP CODE
Custodian of Records: books and records.	: Identify by name, address (phone number optional) and position of the	person in possession of committee
, McMi	ichael, Collin, , ,	
Full Name	PO Box 97275	
Mailing Address		
	Raleigh , NC ,	,27624
	realization	
Title or Position	CITY STATE	ZIP CODE
Treasurer	Telephone number	919
Treasurer: List the namany designated agent (e	e and address (phone number optional) of the treasurer of the committee.g., assistant treasurer).	ee; and the name and address of
Full Name McMid of Treasurer	chael, Collin, , ,	
Mailing Address	PO Box 97275	
	Raleigh NC STATE	27624 – ZIP CODE
Title or Position Treasurer		919 - 889 - 1817

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Full Name of Designated			
Agent			
Mailing Address			
		CITY STATE	ZIP CODE
Title or Position			
		Telephone number	
<ul> <li>Banks or Othe safety deposit b</li> </ul>	oxes or mair	es: List all banks or other depositories in which the committee deposits funds, hatains funds.	
safety deposit to Name of Bank, Mailing Address	Depository, 6	ntains funds.	
safety deposit to Name of Bank,	Depository, 6	ntains funds. etc.	
safety deposit to Name of Bank,	Depository, 6	ntains funds. etc.	5 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
safety deposit to Name of Bank,	Depository, 6	etc.  9111 Litchford Rd	5 
safety deposit to Name of Bank,	Depository, e	ntains funds. etc.  9111 Litchford Rd  Raleigh  CITY  STATE	
safety deposit to Name of Bank,  Mailing Address	Depository, e	Paleigh  CITY  STATE	
safety deposit to Name of Bank,  Mailing Address	Depository, e	ntains funds. etc.  9111 Litchford Rd  Raleigh  CITY  STATE	
safety deposit to Name of Bank,  Mailing Address	Depository, e	Paleigh  CITY  STATE	
safety deposit to Name of Bank,  Mailing Address  Name of Bank,	Depository, e	Paleigh  CITY  STATE	
safety deposit to Name of Bank,  Mailing Address  Name of Bank,	Depository, e	Paleigh  CITY  STATE	