

48-HOUR NOTICE OF CONTRIBUTIONS/LOANS RECEIVED

(See Reverse Side for Instructions)

To be used to report all contributions (including loans) of \$1000 or more, received within 20 days of the election.

|                                                                                                                                                                         |             |                                                      |                    |                                                                                                             |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------|------------------------------------------------------|--------------------|-------------------------------------------------------------------------------------------------------------|
| 1. NAME OF COMMITTEE IN FULL<br>Friends to Elect Dr. Greg Murphy to Congress                                                                                            |             |                                                      |                    |                                                                                                             |
| ADDRESS (number and street) PO Box 1131                                                                                                                                 |             |                                                      |                    |                                                                                                             |
| CITY<br>Greenville                                                                                                                                                      |             | STATE<br>NC                                          |                    | ZIP CODE<br>27835                                                                                           |
| 2. NAME OF CANDIDATE<br>Murphy, Gregory, Francis, Dr.,                                                                                                                  |             | 3. OFFICE SOUGHT (State and District)<br>House NC 03 |                    | 4. FEC IDENTIFICATION NUMBER<br>C00697649                                                                   |
| 5. IS THIS AN AMENDMENT? <input checked="" type="checkbox"/> NO, THIS IS A NEW FILING <input type="checkbox"/> YES, IT AMENDS THE NOTICE FILED ON _____ / _____ / _____ |             |                                                      |                    |                                                                                                             |
| A. FULL NAME<br>JASON SMITH FOR CONGRESS                                                                                                                                |             | Name of Employer                                     |                    | Date (month, day, year)                                                                                     |
| MAILING ADDRESS<br>PO Box 1324                                                                                                                                          |             | Transaction ID : F65-CN25971                         |                    | 02/15/2024                                                                                                  |
| CITY<br>Cape Girardeau                                                                                                                                                  | STATE<br>MO | ZIP CODE<br>63702                                    | Occupation         | Amount<br>2000.00                                                                                           |
| B. FULL NAME<br>MR. SOUTHERN MISSOURIAN IN THE HOUSE PAC                                                                                                                |             | Name of Employer                                     |                    | Date (month, day, year)                                                                                     |
| MAILING ADDRESS<br>PO Box 30844                                                                                                                                         |             | Transaction ID : F65-CN25970                         |                    | 02/15/2024                                                                                                  |
| CITY<br>Bethesda                                                                                                                                                        | STATE<br>MD | ZIP CODE<br>20824                                    | Occupation         | Amount<br>5000.00                                                                                           |
| C. FULL NAME<br>TRINITY INDUSTRIES EMPLOYEE PAC                                                                                                                         |             | Name of Employer                                     |                    | Date (month, day, year)                                                                                     |
| MAILING ADDRESS<br>14221 Dallas Pkwy N<br>Suite 1100                                                                                                                    |             | Transaction ID : F65-CN25969                         |                    | 02/15/2024                                                                                                  |
| CITY<br>Dallas                                                                                                                                                          | STATE<br>TX | ZIP CODE<br>75254                                    | Occupation         | Amount<br>2000.00                                                                                           |
| D. FULL NAME<br>Blain, David, L, ,                                                                                                                                      |             | Name of Employer<br>BlueSky Wealth Advisors LLC      |                    | Date (month, day, year)                                                                                     |
| MAILING ADDRESS<br>4901 Trent Woods Dr                                                                                                                                  |             | Transaction ID : F65-CN25967                         |                    | 02/16/2024                                                                                                  |
| CITY<br>Trent Woods                                                                                                                                                     | STATE<br>NC | ZIP CODE<br>28562                                    | Occupation<br>CEO  | Amount<br>1600.00                                                                                           |
| E. FULL NAME<br>Blain, David, L, ,                                                                                                                                      |             | Name of Employer<br>BlueSky Wealth Advisors LLC      |                    | Date (month, day, year)                                                                                     |
| MAILING ADDRESS<br>4901 Trent Woods Dr                                                                                                                                  |             | Transaction ID : F65-CN25982                         |                    | 02/16/2024                                                                                                  |
| CITY<br>Trent Woods                                                                                                                                                     | STATE<br>NC | ZIP CODE<br>28562                                    | Occupation<br>CEO  | Amount<br>1700.00                                                                                           |
| SIGNATURE (optional)<br>McMichael, Collin, , ,                                                                                                                          |             |                                                      | DATE<br>02/17/2024 | For further information,<br>contact the Federal Election Commission<br>at 800-424-9530 or visit www.fec.gov |

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Any information copied from reports and statements filed under the Federal Election Campaign Act may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes other than using the name and address of any political committee to solicit contributions from such committee.

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| ADDRESS (number and street) PO Box 1131                                                                                                                                 |  |                                                                                                                              |  |
| CITY, STATE, and ZIP CODE<br>Greenville NC 27835                                                                                                                        |  |                                                                                                                              |  |
| 2. NAME OF CANDIDATE<br>Murphy, Gregory, Francis, Dr.,                                                                                                                  |  | 3. OFFICE SOUGHT (State and District)<br>House NC 03                                                                         |  |
|                                                                                                                                                                         |  | 4. FEC IDENTIFICATION NUMBER<br>C00697649                                                                                    |  |
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| A. FULL NAME, MAILING ADDRESS AND ZIP CODE                                                                                                                              |  |                                                                                                                              |  |
| Collini, Michael, Patrick, Mr.,<br><br>1410 Long And Winding Road<br><br>Mansfield TX 76063                                                                             |  | Name of Employer<br>Urology Partners of North Texas<br><br>Transaction ID : F65-CN25992<br>Occupation<br>Physician-Urologist |  |
|                                                                                                                                                                         |  | Date (month, day, year)<br>02/16/2024                                                                                        |  |
|                                                                                                                                                                         |  | Amount<br>3300.00                                                                                                            |  |
| B. FULL NAME, MAILING ADDRESS AND ZIP CODE                                                                                                                              |  |                                                                                                                              |  |
| House, John, M, ,<br><br>2300 Wolf St<br>#19CD<br>Dallas TX 75201                                                                                                       |  | Name of Employer<br>Urology Partners Of North Texas<br><br>Transaction ID : F65-CN25990<br>Occupation<br>Physician           |  |
|                                                                                                                                                                         |  | Date (month, day, year)<br>02/16/2024                                                                                        |  |
|                                                                                                                                                                         |  | Amount<br>3300.00                                                                                                            |  |
| C. FULL NAME, MAILING ADDRESS AND ZIP CODE                                                                                                                              |  |                                                                                                                              |  |
| Reilly, Edward, F, , Jr<br><br>5450 Whitley Park Terrace<br>Apt 505<br>Bethesda MD 20814                                                                                |  | Name of Employer<br>Retired<br><br>Transaction ID : F65-CN25989<br>Occupation<br>Retired                                     |  |
|                                                                                                                                                                         |  | Date (month, day, year)<br>02/16/2024                                                                                        |  |
|                                                                                                                                                                         |  | Amount<br>1500.00                                                                                                            |  |
| D. FULL NAME, MAILING ADDRESS AND ZIP CODE                                                                                                                              |  |                                                                                                                              |  |
| Waguespack, Keith, , ,<br><br>2203 Creekside Cir S<br><br>Irving TX 75063                                                                                               |  | Name of Employer<br>Urology Partners Of North Texas<br><br>Transaction ID : F65-CN25991<br>Occupation<br>Physician           |  |
|                                                                                                                                                                         |  | Date (month, day, year)<br>02/16/2024                                                                                        |  |
|                                                                                                                                                                         |  | Amount<br>1000.00                                                                                                            |  |
| E. FULL NAME, MAILING ADDRESS AND ZIP CODE                                                                                                                              |  |                                                                                                                              |  |
|                                                                                                                                                                         |  | Name of Employer                                                                                                             |  |
|                                                                                                                                                                         |  | Occupation                                                                                                                   |  |
|                                                                                                                                                                         |  | Date (month, day, year)                                                                                                      |  |
|                                                                                                                                                                         |  | Amount                                                                                                                       |  |

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