

# SPECIFIC-PURPOSE COMMITTEE CAMPAIGN FINANCE REPORT

FORM SPAC  
COVER SHEET PG 1

|                                                                                               |                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                                                                                                                              |                                  |
|-----------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------|
| <b>The SPAC Instruction Guide explains how to complete this form.</b>                         |                                                                                                                                                                                                                                                                                                                                                                                                                        | <b>1</b> Filer ID<br>(Ethics Commission Filers)<br>00060451                                                                                                                                  | <b>2</b> Total pages filed:<br>8 |
| <b>3</b> COMMITTEE NAME<br>Friends of Jim Murphy                                              |                                                                                                                                                                                                                                                                                                                                                                                                                        | <b>OFFICE USE ONLY</b><br>Date Received<br><b>ELECTRONICALLY FILED</b><br>01/16/2024<br>Date Hand-delivered or Date Postmarked<br>Receipt #          Amount<br>Date Processed<br>Date Imaged |                                  |
| <b>4</b> COMMITTEE ADDRESS<br><br><input type="checkbox"/> Change of Address                  | ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE<br>One Greenway Plaza, Ste. 225<br><br>Houston, TX 77046                                                                                                                                                                                                                                                                                                        |                                                                                                                                                                                              |                                  |
| <b>5</b> CAMPAIGN TREASURER NAME                                                              | MS / MRS / MR          FIRST          MI<br>Mr.                      Larry                                                                                                                                                                                                                                                                                                                                             |                                                                                                                                                                                              |                                  |
|                                                                                               | NICKNAME                      LAST                      SUFFIX<br>Massey                                                                                                                                                                                                                                                                                                                                               |                                                                                                                                                                                              |                                  |
| <b>6</b> CAMPAIGN TREASURER STREET ADDRESS<br><br>(Residence or Business)                     | STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE<br>One Greenway Plaza, Ste. 225<br><br>Houston, TX 77046                                                                                                                                                                                                                                                                                       |                                                                                                                                                                                              |                                  |
| <b>7</b> CAMPAIGN TREASURER MAILING ADDRESS<br><br><input type="checkbox"/> Change of Address | STREET OR PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE<br>One Greenway Plaza, Ste. 225<br><br>Houston, TX 77046                                                                                                                                                                                                                                                                                                        |                                                                                                                                                                                              |                                  |
| <b>8</b> CAMPAIGN TREASURER PHONE                                                             | AREA CODE          PHONE NUMBER          EXTENSION<br>(713) 526-3399                                                                                                                                                                                                                                                                                                                                                   |                                                                                                                                                                                              |                                  |
| <b>9</b> REPORT TYPE                                                                          | <input checked="checked" type="checkbox"/> January 15 <input type="checkbox"/> 30th day before election <input type="checkbox"/> Exceeded modified reporting limit<br><input type="checkbox"/> July 15 <input type="checkbox"/> 8th day before election <input type="checkbox"/> Dissolution (Attach PAC-DR)<br><input type="checkbox"/> Runoff <input type="checkbox"/> 10th day after campaign treasurer termination |                                                                                                                                                                                              |                                  |
| <b>10</b> PERIOD COVERED                                                                      | Month    Day    Year                      Month    Day    Year<br>07/01/2023                      THROUGH                      12/31/2023                                                                                                                                                                                                                                                                              |                                                                                                                                                                                              |                                  |
| <b>11</b> ELECTION                                                                            | ELECTION DATE                      ELECTION TYPE<br>Month    Day    Year <input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other<br><input type="checkbox"/> General <input type="checkbox"/> Special                                                                                                                                                                          |                                                                                                                                                                                              |                                  |

GO TO PAGE 2

# SPECIFIC-PURPOSE COMMITTEE REPORT: PURPOSE AND TOTALS

FORM **SPAC**  
COVER SHEET PG 2

|                                                                                                                                                                                                                                                                                                                         |                                                                                                                                                                    |                                                                                                                                                                                                                                                                                                                                                                                 |                                  |                      |  |                      |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------|----------------------|--|----------------------|
| <b>12 COMMITTEE NAME</b><br>Friends of Jim Murphy                                                                                                                                                                                                                                                                       |                                                                                                                                                                    | <b>13 Filer ID</b> (Ethics Commission Filers)<br>00060451                                                                                                                                                                                                                                                                                                                       |                                  |                      |  |                      |
| <b>14 COMMITTEE PURPOSE</b><br><br>(Attach lists on plain paper to complete this report if necessary.)<br><br><input type="checkbox"/> <b>SUPPORT</b><br>(Candidate or Measure)<br><br><input type="checkbox"/> <b>OPPOSE</b><br>(Candidate or Measure)<br><br><input type="checkbox"/> <b>ASSIST</b><br>(Officeholder) | <input type="checkbox"/> Candidate<br><br><input type="checkbox"/> Officeholder                                                                                    | <b>CANDIDATE / OFFICEHOLDER NAME</b><br><br><hr/> <b>OFFICE SOUGHT (candidate) / OFFICE HELD (officeholder)</b><br><br><hr/>                                                                                                                                                                                                                                                    |                                  |                      |  |                      |
|                                                                                                                                                                                                                                                                                                                         | <input type="checkbox"/> Measure                                                                                                                                   | <table style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 60%; padding: 5px;"><b>BALLOT IDENTIFICATION / #</b></td> <td style="width: 40%; padding: 5px;"><b>ELECTION DATE</b></td> </tr> <tr> <td style="padding: 5px;"></td> <td style="padding: 5px; text-align: center;">                     Month    Day    Year                 </td> </tr> </table> | <b>BALLOT IDENTIFICATION / #</b> | <b>ELECTION DATE</b> |  | Month    Day    Year |
|                                                                                                                                                                                                                                                                                                                         | <b>BALLOT IDENTIFICATION / #</b>                                                                                                                                   | <b>ELECTION DATE</b>                                                                                                                                                                                                                                                                                                                                                            |                                  |                      |  |                      |
|                                                                                                                                                                                                                                                                                                                         |                                                                                                                                                                    | Month    Day    Year                                                                                                                                                                                                                                                                                                                                                            |                                  |                      |  |                      |
|                                                                                                                                                                                                                                                                                                                         | <b>DESCRIPTION</b>                                                                                                                                                 |                                                                                                                                                                                                                                                                                                                                                                                 |                                  |                      |  |                      |
|                                                                                                                                                                                                                                                                                                                         |                                                                                                                                                                    |                                                                                                                                                                                                                                                                                                                                                                                 |                                  |                      |  |                      |
| <b>15 CONTRIBUTION TOTALS</b>                                                                                                                                                                                                                                                                                           | <b>1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY), UNLESS ITEMIZED</b> | \$            \$0.00                                                                                                                                                                                                                                                                                                                                                            |                                  |                      |  |                      |
|                                                                                                                                                                                                                                                                                                                         | <b>2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)</b>                                                                        | \$            \$0.00                                                                                                                                                                                                                                                                                                                                                            |                                  |                      |  |                      |
| <b>EXPENDITURE TOTALS</b>                                                                                                                                                                                                                                                                                               | <b>3. TOTAL UNITEMIZED POLITICAL EXPENDITURES</b>                                                                                                                  | \$            \$0.00                                                                                                                                                                                                                                                                                                                                                            |                                  |                      |  |                      |
|                                                                                                                                                                                                                                                                                                                         | <b>4. TOTAL POLITICAL EXPENDITURES</b>                                                                                                                             | \$            \$33,538.92                                                                                                                                                                                                                                                                                                                                                       |                                  |                      |  |                      |
| <b>CONTRIBUTION BALANCE</b>                                                                                                                                                                                                                                                                                             | <b>5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD</b>                                                                      | \$            \$172,770.10                                                                                                                                                                                                                                                                                                                                                      |                                  |                      |  |                      |
| <b>OUTSTANDING LOAN TOTALS</b>                                                                                                                                                                                                                                                                                          | <b>6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD</b>                                                               | \$            \$0.00                                                                                                                                                                                                                                                                                                                                                            |                                  |                      |  |                      |

**16 AFFIDAVIT**

I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information required to be reported by me under Title 15, Election Code.

\_\_\_\_\_  
 Mr. Larry Massey  
 Signature of Campaign Treasurer

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said \_\_\_\_\_, this the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_, to certify which, witness my hand and seal of office.

\_\_\_\_\_  
 Signature of officer administering oath      Printed name of officer administering oath      Title of officer administering oath

# SUBTOTALS - SPAC

|                                                   |                                                           |
|---------------------------------------------------|-----------------------------------------------------------|
| <b>17</b> COMMITTEE NAME<br>Friends of Jim Murphy | <b>18</b> Filer ID (Ethics Commission Filers)<br>00060451 |
|---------------------------------------------------|-----------------------------------------------------------|

| <b>19</b> SCHEDULE SUBTOTALS           |                                                                                          | SUBTOTAL AMOUNT |
|----------------------------------------|------------------------------------------------------------------------------------------|-----------------|
| NAME OF SCHEDULE                       |                                                                                          |                 |
| 1. <input type="checkbox"/>            | SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS                                            | \$              |
| 2. <input type="checkbox"/>            | SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS                              | \$              |
| 3. <input type="checkbox"/>            | SCHEDULE B: PLEDGED CONTRIBUTIONS                                                        | \$              |
| 4. <input type="checkbox"/>            | SCHEDULE C1: MONETARY CONTRIBUTIONS FROM CORPORATION OR LABOR ORGANIZATION               | \$              |
| 5. <input type="checkbox"/>            | SCHEDULE C2: NON-MONETARY (IN-KIND) CONTRIBUTIONS FROM CORPORATION OR LABOR ORGANIZATION | \$              |
| 6. <input type="checkbox"/>            | SCHEDULE D: PLEDGED CONTRIBUTIONS FROM CORPORATION OR LABOR ORGANIZATION                 | \$              |
| 7. <input type="checkbox"/>            | SCHEDULE E: LOANS                                                                        | \$              |
| 8. <input checked="" type="checkbox"/> | SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS                         | \$ 33,538.92    |
| 9. <input type="checkbox"/>            | SCHEDULE F2: UNPAID INCURRED OBLIGATIONS                                                 | \$              |
| 10. <input type="checkbox"/>           | SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTIONS                        | \$              |
| 11. <input type="checkbox"/>           | SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD                                            | \$              |
| 12. <input type="checkbox"/>           | SCHEDULE H: PAYMENT FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH                   | \$              |
| 13. <input type="checkbox"/>           | SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS                      | \$              |
| 14. <input type="checkbox"/>           | SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER       | \$              |

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

**SCHEDULE F1**

**EXPENDITURE CATEGORIES FOR BOX 8(a)**

Advertising Expense  
Accounting/Banking  
Consulting Expense  
Contributions/ Donations Made By -  
Candidate/Officeholder/Political Committee  
Credit Card Payment

Event Expense  
Fees  
Food/Beverage Expense  
Gift/Awards/Memorials Expense  
Legal Services

Loan Repayment/Reimbursement  
Office Overhead/Rental Expense  
Polling Expense  
Printing Expense  
Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense  
Transportation Equipment & Related Expense  
Travel in District  
Travel Out of District  
OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

|                                                        |                                              |                                                          |
|--------------------------------------------------------|----------------------------------------------|----------------------------------------------------------|
| <b>1</b> Total pages Schedule F1:<br>Sch: 1/5 Rpt: 4/8 | <b>2</b> FILER NAME<br>Friends of Jim Murphy | <b>3</b> Filer ID (Ethics Commission Filers)<br>00060451 |
|--------------------------------------------------------|----------------------------------------------|----------------------------------------------------------|

|                             |                                               |
|-----------------------------|-----------------------------------------------|
| <b>4</b> Date<br>07/01/2023 | <b>5</b> Payee name<br>Blakemore & Associates |
|-----------------------------|-----------------------------------------------|

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|----------------------------------|------------------------------------------------------------------------------------------------------|
| <b>6</b> Amount (\$)<br>\$250.00 | <b>7</b> Payee address; City; State; Zip Code<br>1 E Greenway Plaza Ste 225<br><br>Houston, TX 77046 |
|----------------------------------|------------------------------------------------------------------------------------------------------|

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| <b>8</b> PURPOSE OF EXPENDITURE | <b>(a)</b> Category (See Categories listed at the top of this schedule)<br>Consulting Expense | <b>(b)</b> Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br>Consulting Fees |
|---------------------------------|-----------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

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| <b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought | Office held |
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| Date<br>08/01/2023 | Payee name<br>Blakemore & Associates |
|--------------------|--------------------------------------|

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| Amount (\$)<br>\$250.00 | Payee address; City; State; Zip Code<br>1 E Greenway Plaza Ste 225<br><br>Houston, TX 77046 |
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| <b>PURPOSE OF EXPENDITURE</b> | <b>(a)</b> Category (See Categories listed at the top of this schedule)<br>Consulting Expense | <b>(b)</b> Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br>Consulting Fees |
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|------------------------------------------------------------|-----------------------------|---------------|-------------|
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought | Office held |
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| Date<br>09/01/2023 | Payee name<br>Blakemore & Associates |
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|-------------------------|---------------------------------------------------------------------------------------------|
| Amount (\$)<br>\$250.00 | Payee address; City; State; Zip Code<br>1 E Greenway Plaza Ste 225<br><br>Houston, TX 77046 |
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| <b>PURPOSE OF EXPENDITURE</b> | <b>(a)</b> Category (See Categories listed at the top of this schedule)<br>Consulting Expense | <b>(b)</b> Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br>Consulting Fees |
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| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought | Office held |
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# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

**SCHEDULE F1**

**EXPENDITURE CATEGORIES FOR BOX 8(a)**

Advertising Expense  
Accounting/Banking  
Consulting Expense  
Contributions/ Donations Made By -  
Candidate/Officeholder/Political Committee  
Credit Card Payment

Event Expense  
Fees  
Food/Beverage Expense  
Gift/Awards/Memorials Expense  
Legal Services

Loan Repayment/Reimbursement  
Office Overhead/Rental Expense  
Polling Expense  
Printing Expense  
Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense  
Transportation Equipment & Related Expense  
Travel in District  
Travel Out of District  
OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

|                                                        |                                              |                                                          |
|--------------------------------------------------------|----------------------------------------------|----------------------------------------------------------|
| <b>1</b> Total pages Schedule F1:<br>Sch: 2/5 Rpt: 5/8 | <b>2</b> FILER NAME<br>Friends of Jim Murphy | <b>3</b> Filer ID (Ethics Commission Filers)<br>00060451 |
|--------------------------------------------------------|----------------------------------------------|----------------------------------------------------------|

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| <b>4</b> Date<br>10/01/2023 | <b>5</b> Payee name<br>Blakemore & Associates |
|-----------------------------|-----------------------------------------------|

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|----------------------------------|------------------------------------------------------------------------------------------------------|
| <b>6</b> Amount (\$)<br>\$250.00 | <b>7</b> Payee address; City; State; Zip Code<br>1 E Greenway Plaza Ste 225<br><br>Houston, TX 77046 |
|----------------------------------|------------------------------------------------------------------------------------------------------|

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| <b>8</b> PURPOSE OF EXPENDITURE | <b>(a)</b> Category (See Categories listed at the top of this schedule)<br>Consulting Expense | <b>(b)</b> Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br>Consulting Fees |
|---------------------------------|-----------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

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| <b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought | Office held |
|---------------------------------------------------------------------|-----------------------------|---------------|-------------|

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|--------------------|--------------------------------------|
| Date<br>11/01/2023 | Payee name<br>Blakemore & Associates |
|--------------------|--------------------------------------|

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| Amount (\$)<br>\$250.00 | Payee address; City; State; Zip Code<br>1 E Greenway Plaza Ste 225<br><br>Houston, TX 77046 |
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| <b>PURPOSE OF EXPENDITURE</b> | <b>(a)</b> Category (See Categories listed at the top of this schedule)<br>Consulting Expense | <b>(b)</b> Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br>Consulting Fees |
|-------------------------------|-----------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

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|------------------------------------------------------------|-----------------------------|---------------|-------------|
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought | Office held |
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| Date<br>12/01/2023 | Payee name<br>Blakemore & Associates |
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|-------------------------|---------------------------------------------------------------------------------------------|
| Amount (\$)<br>\$250.00 | Payee address; City; State; Zip Code<br>1 E Greenway Plaza Ste 225<br><br>Houston, TX 77046 |
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| <b>PURPOSE OF EXPENDITURE</b> | <b>(a)</b> Category (See Categories listed at the top of this schedule)<br>Consulting Expense | <b>(b)</b> Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br>Consulting Fees |
|-------------------------------|-----------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

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|------------------------------------------------------------|-----------------------------|---------------|-------------|
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought | Office held |
|------------------------------------------------------------|-----------------------------|---------------|-------------|

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# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

**SCHEDULE F1**

**EXPENDITURE CATEGORIES FOR BOX 8(a)**

Advertising Expense  
Accounting/Banking  
Consulting Expense  
Contributions/ Donations Made By -  
Candidate/Officeholder/Political Committee  
Credit Card Payment

Event Expense  
Fees  
Food/Beverage Expense  
Gift/Awards/Memorials Expense  
Legal Services

Loan Repayment/Reimbursement  
Office Overhead/Rental Expense  
Polling Expense  
Printing Expense  
Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense  
Transportation Equipment & Related Expense  
Travel in District  
Travel Out of District  
OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

|                                                        |                                              |                                                          |
|--------------------------------------------------------|----------------------------------------------|----------------------------------------------------------|
| <b>1</b> Total pages Schedule F1:<br>Sch: 3/5 Rpt: 6/8 | <b>2</b> FILER NAME<br>Friends of Jim Murphy | <b>3</b> Filer ID (Ethics Commission Filers)<br>00060451 |
|--------------------------------------------------------|----------------------------------------------|----------------------------------------------------------|

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|-----------------------------|---------------------------------------------------------------------------|
| <b>4</b> Date<br>07/20/2023 | <b>5</b> Payee name<br>Dominican Sisters of Mary, Mother of the Eucharist |
|-----------------------------|---------------------------------------------------------------------------|

|                                     |                                                                                            |
|-------------------------------------|--------------------------------------------------------------------------------------------|
| <b>6</b> Amount (\$)<br>\$10,000.00 | <b>7</b> Payee address; City; State; Zip Code<br>4597 Warren Rd<br><br>Ann Arbor, MI 48105 |
|-------------------------------------|--------------------------------------------------------------------------------------------|

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|---------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>8</b> PURPOSE OF EXPENDITURE | <b>(a)</b> Category (See Categories listed at the top of this schedule)<br>Contributions/Donations Made By Candidate/Officeholder/Political Committee | <b>(b)</b> Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br>Contribution |
|---------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

|                                                                     |                             |               |             |
|---------------------------------------------------------------------|-----------------------------|---------------|-------------|
| <b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought | Office held |
|---------------------------------------------------------------------|-----------------------------|---------------|-------------|

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|--------------------|--------------------------------------|
| Date<br>08/09/2023 | Payee name<br>John Whitmire Campaign |
|--------------------|--------------------------------------|

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| Amount (\$)<br>\$10,000.00 | Payee address; City; State; Zip Code<br>2111 Washington Ave<br><br>Houston, TX 77007 |
|----------------------------|--------------------------------------------------------------------------------------|

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|------------------------|------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule)<br>Contributions/Donations Made By Candidate/Officeholder/Political Committee | (b) Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br>Contribution |
|------------------------|------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

|                                                            |                             |               |             |
|------------------------------------------------------------|-----------------------------|---------------|-------------|
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought | Office held |
|------------------------------------------------------------|-----------------------------|---------------|-------------|

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|--------------------|--------------------------------------|
| Date<br>11/13/2023 | Payee name<br>John Whitmire Campaign |
|--------------------|--------------------------------------|

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| Amount (\$)<br>\$5,000.00 | Payee address; City; State; Zip Code<br>2111 Washington Ave<br><br>Houston, TX 77007 |
|---------------------------|--------------------------------------------------------------------------------------|

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|------------------------|------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule)<br>Contributions/Donations Made By Candidate/Officeholder/Political Committee | (b) Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br>Contribution |
|------------------------|------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

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|------------------------------------------------------------|-----------------------------|---------------|-------------|
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought | Office held |
|------------------------------------------------------------|-----------------------------|---------------|-------------|

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

**SCHEDULE F1**

**EXPENDITURE CATEGORIES FOR BOX 8(a)**

Advertising Expense  
Accounting/Banking  
Consulting Expense  
Contributions/ Donations Made By -  
Candidate/Officeholder/Political Committee  
Credit Card Payment

Event Expense  
Fees  
Food/Beverage Expense  
Gift/Awards/Memorials Expense  
Legal Services

Loan Repayment/Reimbursement  
Office Overhead/Rental Expense  
Polling Expense  
Printing Expense  
Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense  
Transportation Equipment & Related Expense  
Travel in District  
Travel Out of District  
OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

|                                                              |                                                                                                                                                       |                                                                                                                                                                                                            |
|--------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>1</b> Total pages Schedule F1:<br>Sch: 4/5 Rpt: 7/8       | <b>2</b> FILER NAME<br>Friends of Jim Murphy                                                                                                          | <b>3</b> Filer ID (Ethics Commission Filers)<br>00060451                                                                                                                                                   |
| <b>4</b> Date<br>11/13/2023                                  | <b>5</b> Payee name<br>Mary Nan Huffman Campaign                                                                                                      |                                                                                                                                                                                                            |
| <b>6</b> Amount (\$)<br>\$5,000.00                           | <b>7</b> Payee address; City; State; Zip Code<br>1 E Greenway Plaza Ste 225<br><br>Houston, TX 77046                                                  |                                                                                                                                                                                                            |
| <b>8</b> PURPOSE OF EXPENDITURE                              | <b>(a)</b> Category (See Categories listed at the top of this schedule)<br>Contributions/Donations Made By Candidate/Officeholder/Political Committee | <b>(b)</b> Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br>Contribution     |
| <b>9</b> Complete ONLY if direct expenditure to benefit C/OH | Candidate/Officeholder name                                                                                                                           | Office sought Office held                                                                                                                                                                                  |
| Date<br>08/17/2023                                           | Payee name<br>Rapid Delivery Service                                                                                                                  |                                                                                                                                                                                                            |
| Amount (\$)<br>\$19.46                                       | Payee address; City; State; Zip Code<br>PO Box 79673<br><br>Houston, TX 77279                                                                         |                                                                                                                                                                                                            |
| PURPOSE OF EXPENDITURE                                       | <b>(a)</b> Category (See Categories listed at the top of this schedule)<br>Office Overhead/Rental Expense                                             | <b>(b)</b> Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br>Courier Services |
| Complete ONLY if direct expenditure to benefit C/OH          | Candidate/Officeholder name                                                                                                                           | Office sought Office held                                                                                                                                                                                  |
| Date<br>08/31/2023                                           | Payee name<br>Rapid Delivery Service                                                                                                                  |                                                                                                                                                                                                            |
| Amount (\$)<br>\$19.46                                       | Payee address; City; State; Zip Code<br>PO Box 79673<br><br>Houston, TX 77279                                                                         |                                                                                                                                                                                                            |
| PURPOSE OF EXPENDITURE                                       | <b>(a)</b> Category (See Categories listed at the top of this schedule)<br>Office Overhead/Rental Expense                                             | <b>(b)</b> Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br>Courier Services |
| Complete ONLY if direct expenditure to benefit C/OH          | Candidate/Officeholder name                                                                                                                           | Office sought Office held                                                                                                                                                                                  |

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

**SCHEDULE F1**

**EXPENDITURE CATEGORIES FOR BOX 8(a)**

Advertising Expense  
Accounting/Banking  
Consulting Expense  
Contributions/ Donations Made By -  
Candidate/Officeholder/Political Committee  
Credit Card Payment

Event Expense  
Fees  
Food/Beverage Expense  
Gift/Awards/Memorials Expense  
Legal Services

Loan Repayment/Reimbursement  
Office Overhead/Rental Expense  
Polling Expense  
Printing Expense  
Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense  
Transportation Equipment & Related Expense  
Travel in District  
Travel Out of District  
OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

|                                                                     |                                                                                                                                                          |                                                                                                                                                                                                        |             |
|---------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------|
| <b>1</b> Total pages Schedule F1:<br>Sch: 5/5 Rpt: 8/8              | <b>2</b> FILER NAME<br>Friends of Jim Murphy                                                                                                             | <b>3</b> Filer ID (Ethics Commission Filers)<br>00060451                                                                                                                                               |             |
| <b>4</b> Date<br>11/13/2023                                         | <b>5</b> Payee name<br>St. Francis Xavier Catholic Church                                                                                                |                                                                                                                                                                                                        |             |
| <b>6</b> Amount (\$)<br>\$2,000.00                                  | <b>7</b> Payee address; City; State; Zip Code<br>400 St. Franci St.<br><br>Stonewall, TX 78671                                                           |                                                                                                                                                                                                        |             |
| <b>8</b> PURPOSE OF EXPENDITURE                                     | <b>(a)</b> Category (See Categories listed at the top of this schedule)<br>Contributions/Donations Made By<br>Candidate/Officeholder/Political Committee | <b>(b)</b> Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br>Contribution |             |
| <b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder name                                                                                                                              | Office sought                                                                                                                                                                                          | Office held |