FORM SPAC SPECIFIC-PURPOSE COMMITTEE **CAMPAIGN FINANCE REPORT COVER SHEET PG 1** Filer ID 2 Total pages filed: The SPAC Instruction Guide explains how to complete this form. (Ethics Commission Filers) 00060451 3 COMMITTEE NAME **OFFICE USE ONLY** Friends of Jim Murphy Date Received **ELECTRONICALLY FILED** 07/09/2024 COMMITTEE ADDRESS / PO BOX; APT / SUITE #; CITY; STATE: ZIP CODE **ADDRESS** One Greenway Plaza, Ste. 225 Date Hand-delivered or Date Postmarked Change of Address Houston, TX 77046 Amount Receipt # Date Processed Date Imaged CAMPAIGN MS / MRS / MR FIRST MI **TREASURER** Mr. Larry NAME NICKNAME LAST **SUFFIX** Massey STREET ADDRESS (NO PO BOX PLEASE); ZIP CODE CAMPAIGN APT / SUITE #; CITY; STATE; **TREASURER** One Greenway Plaza, Ste. 225 STREET **ADDRESS** (Residence or Business) Houston, TX 77046 **CAMPAIGN** STREET OR PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE **TREASURER** One Greenway Plaza, Ste. 225 MAILING **ADDRESS** Houston, TX 77046 Change of Address **CAMPAIGN** AREA CODE PHONE NUMBER **EXTENSION TREASURER** (713) 526-3399 PHONE REPORT January 15 30th day before election Exceeded modified reporting limit **TYPE** Dissolution (Attach PAC-DR) 8th day before election X July 15 Runoff 10th day after campaign treasurer termination 10 PERIOD Year Month Day Month Day COVERED 01/01/2024 **THROUGH** 06/30/2024 11 ELECTION **ELECTION DATE ELECTION TYPE** Month Day Year Other Primary Runoff General Special

SPECIFIC-PURPOSE COMMITTEE REPORT: PURPOSE AND TOTALS

FORM SPAC COVER SHEET PG 2

12 COMMITTEE NAME			13 Filer ID	(Ethics Commission F	ilers)
Friends of Jim Murphy			00060451		
14 COMMITTEE PURPOSE		CANDIDATE / OFFICEHOLDER NAME			
(Attach lists on plain paper to complete this report if necessary.)	Candidate				
roport ii nooccoay,	Officeholder	OFFICE SOUGHT (candidate) / OFFICE HEL	₋ D (officeholder)		
SUPPORT		DALL OT IDENTIFICATION / #	FLECTI	ION DATE	
(Candidate or Measure)		BALLOT IDENTIFICATION / #	Month	ION DATE Day Year	Year
OPPOSE (Candidate or Measure)				·	
ASSIST (Officeholder)	Measure	DESCRIPTION			
(* *******)					
15 CONTRIBUTION TOTALS	TOTAL POLITICAL CON LOANS, OR GUARANTE ELECTRONICALLY), UN	\$	\$0.00		
	2. TOTAL POLITICAL C	ONTRIBUTIONS			ФО ОО
	(OTHER THAN PLEDGE	S, LOANS, OR GUARANTEES OF LOANS)		\$	\$0.00
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED PO		\$	\$0.00	
	4. TOTAL POLITICAL E	\$ \$33,0)19.60		
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CON REPORTING PERIOD	\$ \$139,7	'50.50		
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMO DAY OF THE REPORTIN	\$	\$0.00		
16 AFFIDAVIT		I swear, or affirm, under penalty of per and correct and includes all informatio Title 15, Election Code.			
AFFIX NOTARY	STAMP / SEAL ABOVE	Signature of Ca	ımpaign Treasur	er	
Sworn to and subscribed	before me, by the said	,	this the	day	
of	, 20, to certify whic	h, witness my hand and seal of office.			
Signature of officer ad	ministering oath Prin	ited name of officer administering oath	Title of office	er administering oath	_

SUBTOTALS - SPAC

FORM SPAC COVER SHEET PG 3

			3 of 7
17 COMMITT Friends o	EE NAME f Jim Murphy	18 Filer ID 00060451	(Ethics Commission Filers)
19 SCHEDUL NAME OF	SUBTOTAL AMOUNT		
1.	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS		\$
2.	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		\$
3.	SCHEDULE B: PLEDGED CONTRIBUTIONS		\$
4.	SCHEDULE C1: MONETARY CONTRIBUTIONS FROM CORPORATION OR LABO ORGANIZATION)R	\$
5.	SCHEDULE C2: NON-MONETARY (IN-KIND) CONTRIBUTIONS FROM CORPORALABOR ORGANIZATION	ATION OR	\$
6.	SCHEDULE D: PLEDGED CONTRIBUTIONS FROM CORPORATION OR LABOR (ORGANIZATION	\$
7.	SCHEDULE E: LOANS		\$
8. X	SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTION:	S	\$ 33,019.60
9.	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS		\$
10.	SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTION	ONS	\$
11.	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD		\$
12.	SCHEDULE H: PAYMENT FROM POLITICAL CONTRIBUTIONS TO A BUSINESS	OF C/OH	\$
13.	SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTION	ONS	\$
14.	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS TO FILER	RETURNED	\$

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 Committ

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

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District

	Candidate/Officeholder/Politica Credit Card Payment	I Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form.					
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)					
	Sch: 1/4 Rpt: 4/7	Friends of Jim Murphy 00060451					
4	Date	5 Payee name					
	01/01/2024	Blakemore & Associates					
6	Amount (\$)	7 Payee address; City; State; Zip Code					
	\$250.00	1 E Greenway Plaza Ste 225					
		Houston, TX 77046					
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description					
	OF EXPENDITURE	Consulting Expense Check if travel outside of Texas. Complete Schedule T.					
		Consulting Fees					
		Consuming 1 cos					
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held					
۱	expenditure to benefit C/O	- · · · · · · · · · · · · · · · · · · ·					
H	Date	Power name					
	02/01/2024	Payee name Blakemore & Associates					
	Amount (\$)	Payee address; City; State; Zip Code					
	\$250.00	1 E Greenway Plaza Ste 225					
		Houston, TX 77046					
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description					
	OF EXPENDITURE	Consulting Expense Check if travel outside of Texas. Complete Schedule T.					
	-	Conculting Foos					
		Consulting Fees					
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held					
	expenditure to benefit C/O						
	Data						
	Date 03/01/2024	Payee name					
		Blakemore & Associates					
	Amount (\$)	Payee address; City; State; Zip Code					
	\$250.00	1 E Greenway Plaza Ste 225					
		Houston, TX 77046					
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description					
	OF EXPENDITURE	Consulting Expense Check if travel outside of Texas. Complete Schedule T.					
Check if Austin, TX, officeholder living expense							
		Consulting Fees					
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held					
	expenditure to benefit C/O						
_							

POLITICAL EXPENDITURES FROM POLITICAL **CONTRIBUTIONS**

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By -

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District

	Candidate/Officeholder/Politica Credit Card Payment	The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 2/4 Rpt: 5/7	Friends of Jim Murphy 00060451
4	Date	5 Payee name
	04/01/2024	Blakemore & Associates
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$250.00	1 E Greenway Plaza Ste 225
		Houston, TX 77046
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Consulting Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Consulting Fees
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
	Date	Payee name
	05/01/2024	Blakemore & Associates
	Amount (\$)	Payee address; City; State; Zip Code
	\$250.00	1 E Greenway Plaza Ste 225
		Houston, TX 77046
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Consulting Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Consulting Fees
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
	Date	Payee name
	06/01/2024	Blakemore & Associates
	Amount (\$)	Payee address; City; State; Zip Code
	\$250.00	1 E Greenway Plaza Ste 225
		Houston, TX 77046
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Consulting Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Consulting Fees
		Consulting rees
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	

POLITICAL EXPENDITURES FROM POLITICAL **CONTRIBUTIONS**

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking

Event Expense Fees

Loan Repayment/Reimbursement
Office Overhead/Rental Expense

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense

	Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		nmittee	Gift/Awards/Memo Legal Services The Instruction			xpens Vages	e /Contract Labor		Travel in District Travel Out of Dist OTHER (enter a c	rict category not listed above)
1	Total pages Schedule F1:	2	FILER NAME						3	Filer ID	(Ethics Commission Filers)
L	Sch: 3/4 Rpt: 6/7		Friends of J	im Murphy					L	00060451	
4	Date	5	Payee name								
	02/01/2024		Charles Olf	ers Campaigı	า						
6	Amount (\$)	7	Payee addre	ss; City;	State	Zip Co	ode				
	\$1,000.00		PO Box 241	-							
			Fredericksb	urg, TX 7862	24						
8	PURPOSE	(a)	Category (Se	ee Categories listed	at the top of this sch	edule)	(b)	Description			
	OF EXPENDITURE			s/Donations				=		de of Texas. Comp	
	-		Candidate/0	Officeholder/F	Political Comm	iittee		Contribution	, 1X,	officeholder living	expense
								Continuation			
9	Complete ONLY if direct	<u> </u>	andidate/Offi	ceholder name	· (Office sou	l Jaht			Office he	
•	expenditure to benefit C/OI		variatato, o m	oonolaal hame						211100 1101	
	Date		Payee name								
L	01/29/2024		Dominican :	Sisters of Ma	ry, Mother of t	he Euch	naris	t			
	Amount (\$)		Payee addre	ss; City;	State	Zip Co	ode	<u> </u>			
	\$25,000.00		4597 Warre	n Rd							
			Ann Arbor,	MI 48105							
	PURPOSE	(a)	Category (Se	ee Categories listed	at the top of this sch	edule)	(b)	Description			
	OF EXPENDITURE		Contribution	s/Donations	Made By			\Box		de of Texas. Comp	
	-		Candidate/0	officeholder/F	Political Comm	iittee		Contribution	, 1X,	officeholder living	expense
\vdash	Complete ONLY if direct		andidate/Offi	ceholder name	· (Office sou	<u>l</u> ught			Office he	ld
expenditure to benefit C/OH											
H	Date	Π	Payee name								
	05/07/2024		•	Hills Resour	ces						
	Amount (\$)	\vdash	Payee addre			Zip Co	ode				
	\$4,000.00		,	al Loop #900		_ip	J40				
	Ψ-1,000.00	100 πααστιαί 200μ πουσ									
			Fredericksb	urg, TX 7862	24						
	PURPOSE	(a)	Category (Se	ee Categories listed	at the top of this sch	edule)	(b)	Description			
	OF EXPENDITURE			s/Donations						de of Texas. Comp	
			Candidate/0	πicenolder/F	Political Comm	iittee		Contribution	, 1X,	officeholder living	expense
								Continuation			
	Complete ONLY if direct	<u> </u>	andidate/Offi	ceholder name	· ·	Office sou	l Jaht			Office he	
	expenditure to benefit C/O				`		5			230 1101	-

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

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries Wagnes/Contract Labor Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel in District
Travel Out of District
OTHER (order a category pot listed above)

	Candidate/Officenoider/Politica Credit Card Payment	The Instruction Guide explains how to complete this form.					
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filer	s)				
	Sch: 4/4 Rpt: 7/7	Friends of Jim Murphy 00060451					
4	Date	5 Payee name					
	02/01/2024	Pat McLaughlin For Brown County					
6	Amount (\$)	7 Payee address; City; State; Zip Code					
	\$1,000.00	415 Valley View St					
	l						
		Brownwood, TX 76801					
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description					
	OF EXPENDITURE	Contributions/Donations Made By Check if travel outside of Texas. Complete Schedule T.					
	ı	Candidate/Officeholder/Political Committee Contribution Check if Austin, TX, officeholder living expense Contribution					
	l	Continuation					
_	Operation ONLY if allowed	Our district Office helder was a constant of the constant of t					
9	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held OH					
	Date	Payee name					
	02/28/2024	Quorum Report					
	Amount (\$)	Payee address; City; State; Zip Code					
	\$519.60	8407 S 1st St					
	ı						
		Austin, TX 78748					
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description					
	OF EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T.					
		I —	Check if Austin, TX, officeholder living expense News Subscription				
	ı	News Subscription					
	Operation ONLY if allowed	Our district Office helder was a constant of the constant of t					
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held OH					
	<u> </u>						