



REPORT OF CONTRIBUTIONS AND EXPENDITURES

Full Name of Committee/Person: Bill Murray

As Shown on Registration

Table with 2 columns: Field Name, Value. Fields include Address of Committee/Person, City, State & Zip Code, Committee Type, Name of Financial Institution, Address of Financial Institution, City, State & Zip Code of Financial Institution.

Type of Request

- Regularly Scheduled Filing (checked)
Amended Filing (with date field)
Final Filing

Reporting Period Covered: 01/28/2015 Through 02/17/2015

Please complete applicable schedules prior to completing the information in the following table.

Table with 3 columns: Line Number, Description, Amount. Totals Detailed Summary Page. Rows include Funds on Hand at the Beginning, Total Monetary Contributions, Total of Monetary Contributions & Beginning Amount, Total Spending, Funds on Hand at the End.

Authorization (Must be completed by either the Registered Agent OR the Candidate):

I hereby certify and declare, under penalty of perjury, that to the best of my knowledge or belief the information or statements on this form, including all schedules, statements, and attachments, are true and correct, and that to the best of my knowledge or belief all contributions received during this reporting period including any contributions received in the form of membership dues transferred by a membership organization are from permissible sources.

Print Registered Agent's Name: William Murray
Registered Agent's Signature: (Submitted Electronically) Date: 02/28/2015
Print Candidate Name: Bill Murray
Candidate's Signature: (Submitted Electronically) Date: 02/28/2015

Detailed Summary

Full Name of Committee/Person: Bill Murray

Current Reporting Period: 01/28/2015 Through 02/17/2015

	Funds on hand at the beginning of reporting period (Monetary Only)	\$0.00
6	Itemized Monetary Contributions \$20 or More	\$0.00
7	Total of Non-Itemized Contributions (\$19.99 or Less) (Number of Contributions of \$19.99 or Less: 0)	\$0.00
8	Loans Received (Please list on Schedule "C")	\$0.00
9	Total of Other Receipts (Interest, Dividends, etc.)	\$0.00
10	Returned Expenditures (from recipient) (Please list on Schedule "D")	\$0.00
11	Total Monetary Contributions (Total of lines 6 through 10)	\$0.00
12	Total Non-Monetary Contributions (From Statement of Non-Monetary Contributions Schedule "A-2")	\$0.00
13	Total Contributions (Line 11 + Line 12)	\$0.00
14	Itemized Expenditures \$20 or More (Please list on Schedule "B")	\$0.00
15	Total of Non-Itemized Expenditures (Expenditures of \$19.99 or Less)	\$0.00
16	Loan Repayments Made (Please List on Schedule "C")	\$0.00
17	Returned Contributions (To donor) (Please list on Schedule "D")	\$0.00
18	Closeout Distributions (Balance must be zero. Please attach Schedule E.)	\$0.00
19	(Intentionally Left Blank)	
20	Total Spending (Lines 14 through 17)	\$0.00