Ţ
age
Φ.
-
<u> </u>

					uis) iliast all tilloc topic to sooniphore. Eccitot allono, joe an
se Yes No No	nt child becaus	sactions, or liabilities of a spouse or dependent child because with the Committee on Standards of Official Conduct	d" income, tran	ets, "unearne	<b>EXEMPTION</b> —Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities they meet all three tests for exemption? Do not answer "yes" indees you have first consulted with the Committee or
d not Yes No	ted trusts" need	sof Official Conduct and certain other "except spouse, or dependent child?	e on Standard ing you, your s	the Committe a trust benefit	<b>TRUSTS</b> —Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child?
NSWER EACH OF THESE QUESTIONS	OF THES	  -   <u>A</u>	ST INFOR	OR TRUS	EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION
tion in this part must be answered and the schedule attached for each "Yes" response.	t must be hed for ea	Each question in this part must be answered and the appropriate schedule attached for each "Yes" responsi	Š	Yes	V. Did you, your spouse, or a dependent child have any reportable liability (more than \$10,000) during the reporting period?  If yes, complete and attach Schedule V.
Yes No V	or arrangement	IX. Did you have any reportable agreement or arrangement with an outside entity?  If yes, complete and attach Schedule IX.	No No	Yes	IV. Did you, your spouse, or a dependent child purchase, sell, or exchange any reportable asset in a transaction exceeding \$1,000 during the reporting period? If yes, complete and attach Schedule IV.
Yes No	n or before the	VIII. Did you hold any reportable positions on or before the date of filing in the current calendar year?  If yes, complete and attach Schedule VIII.	S S	Yes	III. Did you, your spouse, or a dependent child receive "unearned" income of more than \$200 in the reporting period or hold any reportable asset worth more than \$1,000 at the end of the period? If yes, complete and attach Schedule III.
ng Yes No	nild receive any or in the reportion (ce)?	VII. Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than \$335 from one source)?  If yes, complete and attach Schedule VII.	8   <u>S</u>	Yes	II. Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period?  If yes, complete and attach Schedule II.
Yes No	ild receive any ggregating mor	VI. Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than \$335 and not otherwise exempt)?  If yes, complete and attach Schedule VI.	No No	Yes 🗸	I. Did you or your spouse have "earned" income (e.g., salaries or fees) of \$200 or more from any source in the reporting period?  If yes, complete and attach Schedule I.
		SE QUESTIONS	OF THESE	EACH	PRELIMINARY INFORMATION - ANSWER
than 30 days late.	than 30 c	Termination Date:		Amendment	Report Annual (May 17, 2010)
A \$200 penalty shall be assessed	A \$200 I	or Employing Office:	Officer or Employee		Status  Member of the U.S. State: CT  House of Representatives District: 5
2010 MAY 17 AM 9: 42 OFFICE OF THE CLETK U.S. HOUSENGE BEFORE NATIONAL	MC 201	Daytime Telephone: 202 - 225 - 4476	Daytime 1		Name: Christopher Morphy
LEGIS! ATIVE RESOURCE CLR!					
HAND DELIVERED		Form A For use by Members, officers, and employees	MENT	TIVES RE STATE	UNITED STATES HOUSE OF REPRESENTATIVES CALENDAR YEAR 2009 FINANCIAL DISCLOSURE STATEMENT

SCHEDULE I — EARNED INCOME	2
	lame

Christopher Muph-Page\_ 으

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) totalling \$200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria; list only the source for other spouse earned income exceeding \$1,000. See examples below.

Exclude: Military pay (such as National Guard or Reserve pay), federal retirement programs, and benefits received under the Social Security Act.

minus y pay (out at transition of the set of pay); the set of the		*****
Source	Туре	Amount
	Approved Teaching Fee	\$6,000
	Legislative Pension	\$9,000
ble (Oct. 2nd)	Spouse Speech	\$1,000
on	Spouse Salary	NA
Connectical Legal Services	Spirse Silas	
	_	

Pen Mutual Cife Insurance	Exclude: Your personal residence(s) (unless there is rental income); any debt owed to you by your spouse, or by you or your spouse's child, parent, or sibling; any deposits totalling \$5,000 or less in personal savings accounts; and any financial interest in or income derived from U.S. Government retirement programs.  If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT), in the optional column on the far left.  SP. SP. Simon & Schuster  T tst Bank of Paducah, KY Accounts	names of stocks and mutual funds (do not use ticker symbols). For <b>all IRAs</b> and other retirement plans (such as 401(k) plans) that are self directed ( <i>i.e.</i> , plans in which you have the power, <i>even if not exercised</i> , to select the specific investments), provide the value and income information on <b>each asset</b> in the account that exceeds the reporting threshold. For retirement plans that are not self-directed, name the institution holding the account and its value at the end of the reporting traded, state the name of the business, the nature of its activities, and its geographic location in	BLOCK A  Asset and/or Income Source Identify (a) each asset held for investment or production of income with a fair market value exceeding \$1,000 at the end of the reporting period, and (b) any other asset or sources of income which generated more than \$200 in "unearned" income during the year. For rental property or land, provide a complete address. Provide full
*	None   \$1 - \$1,000   \$1,001 - \$15,000   \$15,001 - \$50,000   \$150,001 - \$250,000   \$250,001 - \$500,000   \$500,001 - \$500,000   \$500,001 - \$500,000   \$500,001 - \$500,000   \$500,001 - \$500,000   \$500,001 - \$50,000,000   \$25,000,001 - \$50,000,000   \$25,000,001 - \$50,000,000   \$25,000	year and is included only because it generated income, the value should be "None."  A B C D E F G H I J K L	BLOCK B  Value of Asset  Indicate value of asset at close of reporting year. If you use a valuation method other than fair market value, please specify the method used.  If an asset was sold during the reporting
×	NONE	Dividends and interest, even if reinvested, should be listed as income. Check "None" if asset did not generate any income during calendar year.  The provided in the state of the state any income during calendar year.  The provided in the state of the s	Type of Income  Check all columns that apply. For retirement plans or accounts that do not allow you to choose specific investments, you may write "NA." For all other assets <i>including all IRAs</i> , indicate the type of income by checking the appropriate box below.
	None \$1 - \$200 \$201 - \$1,000 \$1,001 - \$2,500 \$2,501 - \$5,000 \$5,001 - \$15,000 \$50,001 - \$100,000 \$1,000,001 - \$5,000,000 Over \$5,000,000	vested, should be listed as income. Check "None" if no income was earned or generated.	BLOCK D  Amount of Income  For retirement plans or accounts that do not allow you to choose specific investments, you may write "NA" for income. For all other assets, including all IRAs, indicate the category of income by checking the appropriate box below. Dividends and interest, even if rein-
	See below for example.  P, S, E  S (partial)	\$1,000 in reporting year.  If only a portion of an asset is sold, please indicate as follows:	BLOCK E Transaction Indicate if the asset had purchases (P), sales (S), or exchanges (E)

## SCHEDULE V- LIABILITIES

Name	
Page	-
geof	

business in which you own an interest; and liabilities owed to a spouse, or the child, parent, or sibling of you or your spouse. Report revolving charge accounts (i.e., credit cards) only if the balance at the close of the preceding calendar year exceeded \$10,000. Report liabilities of over \$10,000 owed to any one creditor at any time during the reporting period by you, your spouse, or dependent child. Mark the highest amount owed during the year. Exclude: Any mortgage on your personal residence (unless it is rented out); loans secured by automobiles, household furniture, or appliances; liabilities of a

		57			J D C	3	
		Sallie Mac	Sallie Mae	Example: First Bank of Wilmington, Delaware	Creditor		
		start low	stratut ( can	Mortgage on 123 Main St., Dover, Del.	Type of Liability		
					\$10,001- \$15,000	8	
		×	×		\$15,001- \$50,000	၁	
					\$50,001- \$100,000	ם	
<u> </u>				×	\$100,001- \$250,000	Е	Amou
	-				\$250,001- \$500,000	П	int of
					\$500,001- \$1,000,000	១	Amount of Liability
					\$1,000,001- \$5,000,000	I	ity
			_		\$5,000,001- \$25,000,000 \$25,000,001	_	
			_		\$25,000,001 \$50,000,000 Over	ے	
<u> </u>					\$50,000,000	ᄌ	

## SCHEDULE VI — GIFTS

Exclude: Gifts from relatives, gifts of personal hospitality of an individual, local meals, and gifts to a spouse or dependent child that are totally independent of his or her relationship to you. Gifts with a value of \$134 or less need not be added towards the \$335 disclosure threshold. Report the source, a brief description, and the value of all gifts totalling more than \$335 received by you, your spouse, or a dependent child from any source during the year.

Note: The gift rule (House Rule 25, clause 5) prohibits acceptance of gifts except as specifically provided in the rule

Girls Color (1000 and 1000 and	give the given the property of province and province of given province of province of province of province of province of province of given by the province of province of given by the given by t	
Source	Description	Value
Example: Mr. Joseph H. Smith, Anytown, Anystate	Silver Platter (determination on personal friendship received from Committee on Standards)	\$345

m
ő
$\simeq$
ᆂ
Ш
Ē
F
'n
<
T
- 1
÷
Ö
Ž
POSIT
POSITIO
POSIT
POSITIO

Name Christopher Muphy

Page —— of —

organization, or any educational or other institution other than the United States proprietor, representative, employee, or consultant of any corporation, firm, partnership, or other business enterprise, any non profit organization, any labor Report all positions, compensated or uncompensated, held during the current calendar year as an officer, director, trustee of an organization, partner,

zations); and positions solely of an honorary nature Exclude: Positions listed on Schedule 1; positions held in any religious, social, fraternal, or political entities (such as political parties and campaign organi-

Position	Name of Organization
Control	Name of Organization
Munder, Burs of Directors	Connections Aids Residues Cintition
Momber, Adison Board	Sugar 3. Anthony Project
-	

## SCHEDULE IX—AGREEMENTS

government service; continuation or deferral of payments by a former or current employer other than the U.S. Government; continuing participation in an employee welfare or benefit plan maintained by a former employer; or publication of a book. Identify the date, parties to, and general terms of any agreement or arrangement with respect to: future employment; a leave of absence during the period of