UNITED STATES HOUSE OF REPRESENTATIVES
CALENDAR YEAR 2010 FINANCIAL DISCLOSURE STATEMENT

FORM A
For use by Members, officers, and employees

MC

Joseph D. Courtney
(Full Name)

202-225-2076
(Daytime Telephone)

(Office Use Only)

Filer Status	☑ Member of the U.S. House of Representatives — State: CT, District: 2	☐ Officer Or Employee	Employing Office:
Report Type	☑ Annual (May 15)	☐ Amendment	☐ Termination — Termination Date:

A $200 penalty shall be assessed against anyone who files *more than 30 days* late.

PRELIMINARY INFORMATION -- ANSWER EACH OF THESE QUESTIONS

		Yes	No
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.	☑	☐
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.	☐	☑
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.	☑	☐
IV.	Did you, your spouse, or 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.	☐	☑
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.	☐	☑
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*.	☐	☑
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.	☑	☐
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.	☑	☐
IX.	Did you have any reportable agreement or arrangement with an outside entity? If yes, complete and attach Schedule IX.	☐	☑

Each question in this part *must be answered and the appropriate* schedule attached for each "Yes" response.

EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION -- ANSWER EACH OF THESE QUESTIONS

		Yes	No
Trusts--	Details regarding "Qualified Blind Trusts" approved by the Committee on Ethics 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?	☐	☑
Exemptions--	Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption? Do not answer "yes" unless you have first consulted with the Committee on Ethics.	☐	☑

SCHEDULE I - EARNED INCOME

Name Joseph D. Courtney

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) totaling $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.

Source	Type	Amount
St. Francis Hospital and Medical Center	Spouse Salary	N/A
Windham Hospital	Spouse Salary	N/A

SCHEDULE III - ASSETS AND "UNEARNED" INCOME

Name Joseph D. Courtney

	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 reportable asset or sources of income which generated more than $200 in "unearned" income during the year. Provide complete names of stocks and mutual funds (do not use ticker symbols.) For all IRAs and other retirement plans (such as 401(k) plans) that are *self-directed* (i.e.,plans in which you have the power, even if not exercised, to select the specific investments), provide the value for each asset held in the account that exceeds the reporting thresholds. For *retirement accounts which are not self-directed, provide* only the name of the institution holding the account and its value at the end of the reporting period. For rental or other real property held for investment, provide a complete address. For an ownership interest in a privately-held business that is not publically traded, state the name of the business, the nature of its activities, and its geographic location in Block A. Exclude: Your personal residence, including second homes and vacation homes (unless there was rental income during the reporting	BLOCK B **Year-End 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 and is included only because it is generated income, the value should be "None."	BLOCK C **Type of Income** Check all columns that *apply. For retirement* accounts that do not allow you to choose specific *investments or that* generate tax-deferred income (such as 401(k) *plans or IRAs*), you may check the "None" column. Dividends, interest, and capital gains, even if reinvested, must be disclosed as income. Check "None" if the asset generated no income during the reporting period.	BLOCK D **Amount of Income** For retirement accounts that do not allow you to choose specific investments or that generate tax-deferred income *(such as 401(k) plans or* IRAs), you may check the "None" column. For all other *assets, indicate the category* of income by checking the appropriate box below. Dividends, interest, and capital gains, even if reinvested, must be disclosed as income. Check "None" if no income was earned or generated.	BLOCK E **Transaction** Indicate if asset had purchases (P), sales (S), or exchanges (E) exceeding $1,000 in reporting year.
	401(a) Plan-Invesco Van Kampen Equity and Income	$1,001 - $15,000	None	NONE	
	403(b) Lincoln Multi-Fund Variable Annuity	$1,001 - $15,000	None	NONE	
	529-Franklin Templeton Age 17-20 Years C	$1,001 - $15,000	None	NONE	
	529-Franklin Templeton Age 17-20 Years S	$1,001 - $15,000	None	NONE	
	Commonwealth Annuity and Life "Exceptional Life Policy"	$1,001 - $15,000	None	NONE	
	Def. Cont. Plan-American Balanced Fund	$1,001 - $15,000	None	NONE	

	Def. Cont. Plan-Russell LifePoints Growth Strategy	$1,001 - $15,000	None	NONE	
	Def. Cont. Plan-Washington Mutual Investors Fund	$1,001 - $15,000	None	NONE	
	IRA-American Growth Fund of America (GFACX)	$15,001 - $50,000	None	NONE	
	IRA-American Small Cap World (SMCWX)	$15,001 - $50,000	None	NONE	
	IRA-Blackrock Focus Growth (MCFOX)	$1,001 - $15,000	None	NONE	
	IRA-Blackrock Large Cap (MCLRX)	$15,001 - $50,000	None	NONE	
	IRA-Invesco Van Kampen Global Franchise (VGFCX)	$15,001 - $50,000	None	NONE	
	IRA-J Hancock Financial Inds (FIDAX)	$15,001 - $50,000	None	NONE	
	IRA-Lord Abbett Classic Large Stock Cl C (LLRCX)	$15,001 - $50,000	None	NONE	
	IRA-Lord Abbett Small Cap Blend (LSBCX)	$1,001 - $15,000	None	NONE	
	IRA-Merrill Cash/Money Accounts	$15,001 - $50,000	None	NONE	
	IRA-Putnam International New Growth Cl C (PIOCX)	$1,001 - $15,000	None	NONE	
	Met Life Variable Annuity-Janus Forty Portfolio	$1,001 - $15,000	None	NONE	
	Met Life Variable Annuity-Metlife Stock Index Portfolio	$1,001 - $15,000	None	NONE	

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	Met Life Variable Annuity-Oppenheimer Global Equity Portfolio	$15,001 - $50,000	None	NONE	

SCHEDULE VII - TRAVEL PAYMENTS AND REIMBURSEMENTS

Name Joseph D. Courtney

Identify the source and list travel itinerary, dates, and nature of expenses provided for travel and travel-related expenses totaling more than $335 received by you, your spouse, or a dependent child during the reporting period. Indicate whether a family member accompanied *the traveler at the sponsor's expense, and the* amount of time, if any, that was not at the sponsor's expense. Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor. Exclude: Travel-related expenses provided by federal, state, and local governments, or by a foreign government required to be separately reported under the *Foreign Gifts and Decorations Act (5 U.S.C § 7342); political travel that is* required to be reported under the Federal Election Campaign Act; travel provided to a spouse or dependent child that is totally independent of his or her relationship to you.

Source	Date(s)	Point of Departure--Destination--Point of Return	Lodging? (Y/N)	Food? (Y/N)	Was a Family Member Included? (Y/N)	Days *not at* sponsor's expense
Connecticut District Export Council	Apr. 5-11	Hartford-Tel Aviv, Israel-Hartford	Y	Y	N	None

SCHEDULE VIII - POSITIONS

Name Joseph D. Courtney

Report all positions, compensated or uncompensated, held during the current calendar year as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm, partnership, or any business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States. Exclude: Positions held in any religious, social, fraternal, or political entities; positions solely of an honorary nature; and positions listed on Schedule I.

Position	Name of Organization
Board Member (uncompensated)	Connecticut Health Policy Project

FOOTNOTES

Name Joseph D. Courtney

Number	Section / Schedule	Footnote	This note refers to the following item
1	Schedule III	Age-based 529. This is a "fund of funds" that holds several Franklin Templeton funds that were listed individually in prior reports based information contained in the prosectus regarding the fund's holdings.	529-Franklin Templeton Age 17-20 Years C
2	Schedule III	Small spouse retirement accounts valued respectively at $3,747 and $5,218 at the end of 2010. Inadvertently omitted from prior reports. Value range and investment choice were same in prior years.	401(a) VanKampen and 403(b) Lincoln entries.
3	Schedule III	From small spouse retirement account inadvertently omitted from prior reports. Three funds indicated valued just over reporting threshold in 2010 and in prior years.	Def. Cont. Plan entries
4	Schedule III	Surrender value of $9,400. Indvertently omitted from prior reports. Value range was the same in prior years. Policy does not provide investment options.	Commonweath Annuity and Life Policy
5	Schedule III	Inadvertently omitted from prior reports. Value ranges and investment options were the same in prior years.	Met Life Variable Annuity entries