₹	Yes	ependent child	"unearned" income, transactions, or liabilities of a spouse or dependent child unless you have first consulted with the Committee on Ethics.	arned" income ss you have fire	any other assets, "une not answer "yes" unle	EXEMPTION —Have you excluded from this report any other assets, "unearned" income, transactions, or liab because they meet all three tests for exemption? Do not answer "yes" unless you have first consulted with the	EXEMPTION—I because they me
z ⊠	Yes 🔲	ot be	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 a dependent child?	nittee on Ethics	approved by the Comi	TRUSTS—Details regarding "Qualified Blind Trusts" a disclosed. Have you excluded from this report details	TRUSTS—Detail disclosed. Have y
Ø	QUESTION)F THESE	MATION — ANSWER EACH OF THESE QUESTIONS	T INFORM	ENT, OR TRUS	EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION	EXCLUSION
	response.	each "Yes" ı	ppropriate schedule attached for each "Yes" response	d and the ap	iust be answered	Each question in this part must be answered and the appropriate scheo	П
₹	Yes	\$5,000 from	VI. Did you receive compensation of more than \$5,000 from a single source in the two prior years? If yes, complete and attach Schedule VI.	S D	port. Yes	III. 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 III.	III. Did you, your sp able liability (more the second of t
<u>8</u>	ğ X	rangement	V. Did you have any reportable agreement or arrangement with an outside entity? If yes, complete and attach Schedule V.	<u>8</u>	arned" Ny period? Yes	II. 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 II.	II. Did you, your spincome of more that reportable asset wo
<u>8</u>	Yes X	pefore the date	IV. Did you hold any reportable positions on or before the date of filing in the current calendar year or in the prior two years? If yes, complete and attach Schedule IV.	S _o	ies or Yes X	 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. 	i. Did you or your s fees) of \$200 or mo If yes, complete an
-			EACH OF THESE QUESTIONS	OF THESI	ÆR	In all sections, please type or print clearly in blue or black ink PRELIMINARY INFORMATION — ANSW	PRELIMINAF
	more man so days late.	more man			Employing Office:	employee En	
who files	— a	A \$200 per against an	Check if Amendment	Date of Election:	State: ±0WA District:	Candidate for the State: House of Representatives Distric	Filer Status
TATIVES	OFFICE OF THE CLERK	J.C.H.OF.					
.: 37	2014 MAY 12 PM 12: 37	2014	Telephone:	Daytime '	MURPHY	PATROLL V. MI	Name:
CENTER	LECISLATIVE RESOUR CE CENT ER			į			
Page 1 of 6	HAND Page DELIVERED	DE	FORM B For use by candidates and new employees	To To	ENTATIVES	UNITED STATES HOUSE OF REPRESENTATIVES FINANCIAL DISCLOSURE STATEMENT Period covered: January 1, 20 H - MAY 15, 34	UNITED STA FINANCIAL I Period covered

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SCHEDULE I — EARNED INCOME (INCLUDING HONORARIA)

Name PATRICK J. MURPHY Page 2

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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.

							SISTERS OF CHARITY (SBOKES ALARY (SPOKE)	STATE OF TOWA (SELF)	Harris County, Texas Public Schools	XYZ Trade Association, Chicago, IL (Rec'd December 2)		XYZ Corporation, Houston, TX	טיים כל (וויכומים ממים כי ופכפוף: וכי ווכווטומומ)	Course (include date of receipt for honoraria)	
						SALARY (SPOKE)	SALARY (SPOUSE)	SALARY (SELF)	Spouse Salary	Honorarium	Director's Fee	Salary	- ype	Time	·
						627.30	7553,74	8653.71	NA	0	\$400	\$6,300	Current Year to Filing	Amount	
						758.70	2/0/7.87	29/64.00	NA	\$1,000	\$3,200	\$28,450	Preceding Year	unt	

OPTREAMEN HOMMH(400B)	SINT MAN JAMS TH	IT ALLTANT C.J. C.D	PLANCISON NAT. LAFE	SP-JACKSON NAT LIFE	ITALLIANT C.O.	JT 1st Bank of Paducah, KY accounts	DC, Examples: Simon & Schuster	SP, SP Mega Corp. Stock	Exclude: Your personal residence, including second homes and vacation homes (<i>unless</i> there was rental income during the reporting period); any deposits totaling \$5,000 or less in personal checking or savings accounts; and any financial interest in, or income derived from, a federal retirement program, including the Thrift Savings Plan. 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 with your spouse (JT), in the optional column on the far left. For a detailed discussion of Schedule II requirements, please refer to the instruction booklet.	For an ownership interest in a privately-held business that is not publicly traded, state the name of the business, the nature of its activities, and its geographic location in Flock A	account and its value at the end of the reporting period. For rental or other real property held for investment, provide a complete address.	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
×	>	×	×	X	×	×	Indefinite	×	None \$1 - \$1,000 \$1,001 - \$15,000 \$15,001 - \$50,000 \$50,001 - \$100,000 \$100,001 - \$250,000 \$250,001 - \$500,000 \$500,001 - \$1,000,000 \$1,000,001 - \$5,000,000 \$5,000,001 - \$25,000,000 \$25,000,001 - \$50,000,000 Over \$50,000,000		ABCDEFGHIJKL	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 year and is included only because it generated income, the value should be "None."
>	*	*	*	×	У.	×	Royalties	×	NONE DIVIDENDS RENT INTEREST CAPITAL GAINS EXCEPTED/BLIND TRUST TAX-DEFERRED Other Type of Income (Specify: e.g., Partnership Income or Fa	arm Income))	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 "Tax-Deferred" 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.
X	×	**	X	X	×	×	×	X	None \$1 - \$200 \$201 - \$1,000 \$1,001 - \$2,500 \$2,501 - \$5,000 \$5,001 - \$15,000 \$15,001 - \$50,000 \$50,001 - \$100,000 \$100,001 - \$1,000,000 None \$1 - \$200 \$201 - \$1,000 \$1,001 - \$5,000 \$2,501 - \$5,000 \$2,501 - \$5,000 \$2,501 - \$5,000 \$5,001 - \$1,000 \$1,001 - \$2,500 \$2,501 - \$5,000 \$5,001 - \$15,000 \$15,001 - \$15,000 \$15,001 - \$100,000 \$100,001 - \$1,000,000 \$1,000,001 - \$5,000,000 Over \$5,000,000		Current Year Preceding Year	Amount of Income For assets for which you checked "Tax-Deferred" in Block C, 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.

SCHEDULE II — ASSETS AND "UNEARNED" INCOME

Name PATIRITY J. MURPHY Page 4 of 6

2	19 5 5 S	4	DC J.T. SP,	Conti
THE MARTERAL CO. CO	 	MONEY WARKET MONEY WARKET MONEY WARKET		Asset and/or Income Source
* > > > > > > > > > > > > > > > > > > >			None	BLOCK B Value of Asset
* * *		*	Over \$50,000,000 F NONE DIVIDENDS RENT INTEREST CAPITAL GAINS EXCEPTED/BLIND TRUST TAX-DEFERRED Other Type of Income (Specify: e.g., Partnership Income or Farm Income)	BLOCK C Type of Income
X X X X X X X X X X		× × ×	None	BLOCK D Amount of Income

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SCHEDULE III — LIABILITIES

Name PATRECK J. MURPHY Page

RPNY Page Sot 6

owed during the reporting period. Exclude: Any mortgage on your personal residence (unless there is rental income); loans secured by automobiles, household furniture, or appliances; liabilities of a business in which you own an interest (unless you are personally liable); and liabilities owed to a spouse, or the child, parent, or sib-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 ling of you or your spouse. Report revolving charge accounts (i.e., credit cards) only if the balance at the close of the previous calendar year exceeded \$10,000.

SP, DC, JT				
Creditor Example: First Bank of Wilmington, DE	Example: First Bank of Wilmington, DE			
Date Liability Incurred mo/year May 1998	May 1998			
Type of Liability Mortgage on 123 Main Street, Dover, DE	Mortgage on 123 Main Street, Dover, DE			
\$10,001— \$15,000 >				
\$15,001— \$50,000 w				
\$50,001— \$100,000 ?				
× \$100,001— \$250,000 □	×			
\$250,001— \$500,000 m				_
\$500,001— \$1,000,000 ¬¬ \$1,000,001—				
\$5,000,000 LJ \$5,000,001—_				
\$25,000,000 -				
\$50,000,000 Over		<u> </u>		
\$50,000,000				

SCHEDULE IV — POSITIONS

any nonprofit organization, any labor organization, or any educational or other institution other than the United States cer, director, trustee, partner, proprietor, representative, employee, or consultant of any corporation, company, firm, partnership, or other business enterprise, Report all positions, compensated or uncompensated, held on or before the date of filing during the current calendar year and in the two prior years as an offi-

and positions solely of an honorary nature Exclude: Positions listed on Schedule I; positions held in any religious, social, fraternal, or political entities (such as a political party or campaign organization);

and positions solely or an incliniary nature.	aluie.
Position	Name of Organization
 STATE REPRESENTANT	STATE REPRESENTING STATE OF IOWA
 Sole PROPRIETOR	MORPHY LLC

SCHEDULE V — AGREEMENTS

Page Confe

Name

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 government service; continuation or deferral of payments by a former or current employer other than the U.S. Government; or continuing participation in an employee welfare or benefit plan maintained by a former employer.

-				_	
				Date	•
				Parties To	
				Terms of Agreement	

SCHEDULE VI — COMPENSATION IN EXCESS OF \$5,000 PAID BY ONE SOURCE

Report sources of such compensation received by you or your business affiliation for services provided directly by you during the *two* prior years. This includes the names of clients and customers of any corporation, firm, partnership, or other business enterprise, or any nonprofit organization if you directly provided the services generating a fee or payment of more than \$5,000. Exclude: Payments by the U.S. Government and any information considered confidential as a result of a privileged relationship recognized by law. Do not repeat information listed on Schedule I.

			Example: Doe Jones & Smith, Hometown, Homestate Accounting services	Source (Name and Address)	
			g services	Brief Description of Duties	

GPO: 2012

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