| | | MAN 09 2016 |
|---|--|---|
| UNITED STATES HOUSE OF REPRESENTATIVES For New Members | FORM B For New Members, Candidates, and New Employees | Page 1 of 6 |
| Name: PATIRISK J. MORPAN Davime Telephone: | | 2016 HAY 17 PM 12: 41 |
| New Member of or Candidate for State: #5W# U.S. House of Representatives District: / Candidates - Date of Election: 40DE 7, 30/6 | Check if Amendment | (Office Use Only) |
| STATUS New Officer or Employee Employing Office: | Period Covered: January 1, to | A \$200 penalty shall be assessed against any individual who files more than 30 days late. |
| PRELIMINARY INFORMATION – ANSWER <u>EACH</u> OF THESE QUESTIONS | TIONS | |
| A. Did you, your spouse, or your dependent child: a. Own any reportable asset that was worth more than \$1,000 at the end of the reporting period? or b. Make more than \$200 in unearned income from any reportable asset ouring the reporting period? | E. Did you hold any reportable positions during the reporting period or in the current calendar year up through the date of filing? | g the reporting period Yes No odate of filing? |
| C. Did you or your spouse have "earned" income (e.g., salaries, Fonoraria, or pension/IRA distributions) of \$200 or more during the Yes No Reporting period? | F. Do you have any reportable agreement or arrangement with an outside entity during the reporting period or in the current calendar year up through the date of filing? | arrangement with an Yes No No |
| D. Did you, your spouse, or your dependent child have any reportable Yes No liability (more than \$10,000) at any point during the reporting period? | J. Did you receive compensation of more than \$5,000 from a single source in the current year and two prior years? | \$5,000 from a single Yes No |
| ATTACH THE CORRESPONDING SCHEDULE IF YOU | HEDULE IF YOU ANSWER "YES" | |
| EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION - ANSWER BOTH OF THESE QUESTIONS | N - ANSWER BOTH OF THESI | QUESTIONS |
| 1RUSTS - 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 that benefits you, your spouse, or dependent child? | ner "excepted trusts" need not be disclosed. Ha | ve you excluded from Yes No No |
| EXEMPTION Have you excluded from this report any other assets, "unearned" income, or liabilities of a spouse or dependent chexemption? Do not answer "yes" unless you have first consulted with the Committee on Ethics. | spouse or dependent child because they meet all three tests for | all three tests for Yes No X |

SCHEDULE A -- ASSETS & "UNEARNED INCOME"

Name

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Tor an ownership interest in a privately-held bushn that is not publicly traded, state the name of bushness, the nature of its activities, and geographic location in Block A. For rental and other real property held for investment provide a complete address or description, e.g. For bank and other cash accounts, total the amount in all interest-bearing accounts. If the total is over \$5,000, list every financial institution where there is For all IRAs and other retirement plans (such a 401(k) plans) provide the value for each asset held in account that exceeds the reporting thresholds. roome source is that of your spouse (SP lependent child (DC), or jointly held with anyone in the optional column on the far left. etrement program, including the Thrift Savings Plan. ncome during the reporting period); and any financial needs in, or income derived from, a federal do not use only ticker symbols) and (b) any other reportable not not make the more management of the more than the mor production of income and with a fair market value exceeding \$1,000 at the end of the reporting period. equirements, please refer to the instruction booklet. you have a privately-traded fund that is an Excepto westment Fund, please check the "EIF" box. rental property," and a city and state. omes and vacation homes (unless there was ore than \$1,000 in interest-bearing accounts you so choose, you may indicate that an xclude: Your personal residence, including secon ovide complete names of stocks and mutual fund a detailed Assets and/or Income Sources Examples. (a) each asset DAGE Simon & Schuster ABC Hedge Fund discussion Alega Corp Stock BLOCK A NECE 렃, ₫ investment Schedule 먹 (SP) gen # × *Column M is for assets held by your spouse or depender child in which you have no interest. Indicate value of asset at close of the reporting period. It you use a valuation method other than fair market value please specify the method used. i an asset was sold during the reporting per notuded only because it generated income, hould be "None." \$1-\$1,000 œ \$1,001-\$15,000 C \$15,001-\$50-000 0 × \$50,001-\$100,000 m Value of Asset \$100,001-\$250,000 m BLOCK B × \$250,001-\$500,000 G I \$500,001-\$1,000,000 \$1,000,001-\$5,000,000 _ \$5,000,001-\$25,000,000 _ period a \$25,000,001-\$50,000,000 Over \$50,000,000 and Spouse/DC Asset over \$1,000,000 ₹ that generate tax-deferred income (suc 401(k), IRA, or 529 accounts), you check the "Tax-Deferred" co Check all columns that apply. For accour NONE enerated no income during the report DIVIDENDS × ą RENT Type of income interest, INTEREST BLOCK C CAPITAL GAINS EXCEPTED/BLIND TRUST TAX-DEFERRED Partnersh Royalties SUCh gains Other Type of Income (Specify: e.g., Partnership Income or Farm 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. Dividents, interest, and capital gains, even if reinvested, must be disclosed as income for assets held in taxable accounts. Check "None" if no income was earned or generated. Column XII is for assets held by your spouse or dependent child in which you have no interest \$1-\$200 = \$201-\$1,000 \$1,001-\$2,500 ₹ < \$2,501-\$5,000 Current Year \$5,001-\$15,000 ≤ × ≨ \$15,001-\$50,000 ≦ \$50,001-\$100,000 \$100,001-\$1,000,000 ヌ \$1,000,001-\$5,000,000 Amount of Income Over \$5,000,000 ≚ BLOCK D Spause/DC Income over \$1,000,000* × None \$1-\$200 = \$201-\$1,000 **=** \$1,001-\$2,500 7 Preceding Year < \$2,501-\$5,000 ≤ \$5,001-\$15,000 ≦ \$15 001-\$50,000 × ≦ \$50,001-\$100,000 \$100,001-\$1,000,000 × \$1,000,001-\$5,000,000 Over \$5,000,000 × Spouse/DC Income over \$1,000,000* ≚

Use additional sheets if more space is required

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Name: PATRICK J. MURPHY Page 3 of 6

SCHEDULE A - ASSETS & "UNEARNED INCOME"

SCHEDULE C - EARNED INCOME

| Name: | |
|-------------|--|
| Page 4 of 6 | |

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 reporting period. For both the filer and filer's 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.

INCOME LIMITS and PROHIBITED INCOME: Be advised that the income limit and prohibited income may apply to you after you are on House payroll. The 2015 limit on outside earned income for Members and employees compensated at or above the "senior staff" rate was \$27,225. The 2016 limit is \$27,495. In addition, certain types of income (notably honoraria, director's fees, and payments for professional services involving a fiduciary relationship) are totally prohibited for Members and senior staff.

| Source (include date of receipt for honoraria) | Type | Ι. | Amount |
|---|-----------------------------|------------------------|-------------------|
| | 1 700 | Current Year to Filing | Preceding Year |
| ABC Trade Association, Saltimora, MD (July 15) State of Maryland | Honorarium | \$0 | \$500 \$75 000 |
| LAGIII JUGS Civil Wer Roundtable (Oct. 2) Onterio County Board of Education | Spouse Speech Spouse Salary | \$6 N/A | \$1,000 N/A |
| FOWA PURITE EMPLOY MENT SYSTEM (INCK) | PENSTON | 50 '86 88 | 16,556.16 |
| MURPHY SAFERY LLC | SALARY | O | 1287.00 |
| SISTERS OF CHARTY | SALARY | ٥ | 16,672,21 |
| MEPIGAL ASSOCIATES | SALARY | 11, 959.53 | 18,211.71 |
| TRAVETY HEALTH PENSION | PENSTON | 2818 | 20102 |
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SCHEDULE D - LIABILITIES

| | Name: | Page 5 of 6 |
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| | | |
| reporting period by | reporting period by you, your spouse, or your dependent child. Mark the highest amount owed during the reporting | nount owed during the reporting |
| real property incl | real property including mortgages on their personal residence. Exclude : Any mortgage on your personal residence | rigage on your personal residence |
| | Id furniture or appliances: liabilities of a business in which you are interest (unless you are necessally liable); and | ass you are necessally liable), and |

(unless you rent it out or are a Member); 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 you by a spouse or the child, parent, or sibling of you or your spouse. Report a revolving charge account (i.e., credit card) only if the balance at the close of the reporting period exceeded \$10,000. "Column K is for liabilities held solely by your spouse or dependent child." Report liabilities of over \$10,000 owed to any one creditor at any time during the report. New Members: Members are required to report all liabilities secured by

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| | | | | sp. DC, JT | | |
| | | | Example | | | |
| | | | First Bank of Wilmington, DE | Creditor | | |
| | | | lon, DE | | | |
| | | | 5/98 | Date Liability Incurred MO/YR | | |
| | | | Mortgage on Rental Property, Dover, DE | Type of Liability | | |
| | | | | \$10,001- \$15,000 | > | |
| | | | | \$15,001- \$50,000 | Ф | |
| | | | | \$50,001- \$100,000 | n | |
| | | | × | \$100,001- \$250,000 | 0 | Þ |
| | | | | \$250,001- \$500,000 | т | mount |
| | | | | \$500,001- \$1,000,000 | 71 | Amount of Liability |
| | | | | \$1,000,001- \$5,000,000 | ം | bility |
| | | | | \$5,000,001- \$25,000,000 | Ι | |
| · | • | | | \$25,000,001- \$50,000,000 | _ | |
| | | : | | Over \$50,000,000 Over \$1,000,000* | | |
| | | | | (Spouse/DC Liability) | ~ | |

SCHEDULE E - POSITIONS

Report all positions, compensated or uncompensated, as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm, partnership, or other business enterprise, nonprofit organization, labor organization, or educational or other institution other than the United States. Exclude: Positions held in any religious, social, fraternal, or political entities (such as political parties and campaign organizations); and positions solely of an honorary nature. New Members and second-year candidates report positions held in the reporting period and the current calendar year. First-year candidates and new employees report positions held in the current calendar year and two previous years.

| _ | _ | _ | | | _ |
|---|---|---|-----------------|----------------------|---|
| | | | SOLE PROPRIETOR | Position | ille cultetti caterical year. First-year candidates and new e |
| | | | 277 HADYOM | Name of Organization | me content carefular year. First-year candidates and new employees report positions need in the current catendar year and two previous years. |

SCHEDULE F - AGREEMEN

| ITS | Name: | Page 6 of 6 |
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| | | |
| is of any agreement or arrangement that you have with re | is of any agreement or arrangement that you have with respect to: future employment; a leave of absence during the period of governments | f government service; |

Identify the date, parties to, and general terms of any agreement or arrangement that you have 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 Agreement Terms of Agreement

SCHEDULE J - COMPENSATION IN EXCESS OF \$5,000 PAID BY ONE SOURCE

Report sources of compensation received by you or your business affiliation for services provided directly by you during the current year and two prior years. This includes the names of clients and customers of any corporation, firm, partnership, or other business enterprise 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 C.

| | Source (Name and City/State) | Brief Description of Duties |
|----------|--|-----------------------------|
| Example: | Doe Jones & Smith, Hometown, Homestate | Accounting Services |
| | $\nu l/A$ | |
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