

	STATES HOUSE OF REPRESENTATIVES L DISCLOSURE STATEMENT		FORM B s, Candidates, and New Employees	Page 1 of <u>(</u>
Name: <u>f</u>	PATRICK S. MURPHY	Daytime Teleph	one:_	1
FILER	New Member of or Candidate for State: ### U.S. House of Representatives District: Candidates - Date of Election: #### U.S. House of Representatives District: ####################################	1) H 1, 20/6	Check if Amendment	(Office Use Only)
STATUS	New Officer or Employee Employing Office:		Period Covered: January 1,	A \$200 penalty shall be assessed against any individual who files more than 30 days late.
PRELIMI	INARY INFORMATION — ANSWER <u>each</u> o	OF THESE QUES	TIONS	
a. Own any end of th b. Make mo	our spouse, or your dependent child: y reportable asset that was worth more than \$1,000 at the he reporting period? or ore than \$200 in unearned income from any reportable using the reporting period?	• № □	E. Did you hold any reportable positions du or in the current calendar year up through ti	
	your spouse have "earned" income (e.g., salaries, pension/IRA distributions) of \$200 or more during the od?	. 🖂 🏎 🗌	F. Did you have any reportable agreements an outside entity during the reporting period calendar year up through the date of filing?	or in the current Yes No
	our spouse, or your dependent child have any reportable than \$10,000) at any point during the reporting period?	. No 🗌	J. Did you receive compensation of more the source in the current year and two prior year	
	ATTACH THE COR	RESPONDING SC	HEDULE IF YOU ANSWER "YE	is"
	THIS FORM INCLUDES ONLY	THE SCHEDULES	THAT YOU ARE REQUIRED T	O COMPLETE
EXCLUS	SION OF SPOUSE, DEPENDENT, OR TRUS	T INFORMATIO	N - ANSWER <u>BOTH</u> OF THES	SE QUESTIONS
	etails regarding "Qualified Blind Trusts" approved by the Committee tails of such a trust that benefits you, your spouse, or your depende		ner "excepted trusts" need not be disclosed.	Have you excluded from Yes No No
EXEMPTION	- Have you excluded from this report any other assets, "unearned"	income, transactions, or	liabilities of a spouse or dependent child because	ause they meet all three

SCHEDULE A - ASSETS & "UNEARNED INCOME"

Name: PATRACK J. MURPHY Page 2 of 6

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Assets and/or income Sources					Va	lue	of A	588	t			ı			Туј	pe a	f Inc	:OFFI	•									1	Amo	with	t of	Inc	om	•							
entity (a) each asset held for investment or oduction of incores and with a fair market valua- tion of the market valuation of the reporting of the market properties asset or source or come which generated more than \$200 is neemed income during the year. wide complete names of stocks and mutual funds on not use only fellow any other.		icate use s er se uded uid b iumn							repo n fair orting incor	rting mark perio ne, ti	period let va d mrid ha vi apend		-			., .,	-	ply. Fi I incor i), you gains deed cable set go		ccounts such as y check identifs, van til become counts.	Fur other and acc	adao rasi cap ount umn	tafor etsin itmig . Cha	ehich Scale sins, ck Tr or as	you the ever lone*	ched catego i If n if no i	kad "1 ory of ninve incom y you	inco inco sted we upo	Defen me b , mu s ear une c	red i ny chi net b med i or dep	in Bi eckis e di orga pend	ock (ng the solor shera lank c	C, you app wed ted.	u me ropri; as in	y che ste bi icomi ch yo	eck the ex be e for	ne "N How, r ann re no	ione" Divi sata (colum dende held i est.	er. F s, int in ta	or a ree cebi
or all BRAs and other retirement plane (such a 11(k) plane) provide the value for each seast held is a account that exceeds the reporting thresholds.		1		,		1	1	1	Ţ	1	-	4				1		, p			L			<u> </u>	1074	nt Y					_				Prec		\	Vaa	_		
or bank and other cosh accounts, total the amount in 1 Interest-bearing accounts. If the total is over 5,000, list every financial institution where there is one than \$1,000 in interest-bearing accounts.	1	В	С	ם	E	F	G	* 1	,	K	L	W									t	•	• '		_	_	V##	DX	x i	X3 >	1	'	•	_		_	т,	_	tx x	(X	X
or rental and other real property held for investment ovide a complete address or description, e.g. antal property," and a city and state.	1																			come)																					
or an ownership interest in a privately-hald business at its not publicly leaded, state the name of the miness, the nature of its activities, and its ographic location in Block A.	4											Ì								me or Farm Income)																					
schade: Your personal residence, including excon- intes and vecation homes (unless there was rents come during the reporting period); and any financia terest in, or income derived from, a federa firement program, including the Thrift Savings Plan.	1						-													, Partnerahip Income																					
you have a privately-inded fund that is an Excepted vestment Fund, please check the "EIF" box.	1									_		000,000,1						_		(Specify: e.g.,										200											1
you so choose, you may indicate that an asset of come source is that of your spouse (SP) of spendent child (DC), or jointly held with anyone (JT) the optional column on the far left.	4		200'91	90-00	900,001	\$100,001-\$250,000	250,001-\$500,000	AL PAN DAL SE DAN CON	000,000,853-100,000,83	925,000,001-450,000,000	Over \$50,000,000	Spouse/DC Asset over \$1,000,000*		8		E	GAINE	EXCEPTED/BLING TRUST		Ofter Type of Income (Sp			8 8		15,000	900'09	\$50,001-\$100,000	\$100,001-61,000,000	1,000,001,45,000,000	900'00	Spoundate mount over 41, VIV., JIV.				1000	000'51	000'091	\$50,001-\$100,000	\$100,001-\$1,000,000	00,00	Sporter from the current
or a detailed discumnion of Schedule / quirements, please refer to the instruction booklet.	ş	\$1-61,000	11,001-\$15,000	\$15,001-450-000	960,001-\$100,088	\$100,001	1280,00		2,000,24	\$25,000,	St 180	Spouge	SE SE	OMDENDS		MEREST	CAPITAL GAINS	TAX-Detember		Other Tys	ž.	\$1420	1201-61,000	\$2.501-\$5.000	\$5,0014	\$15,001-460,000	\$00°0\$	9	0001	Common and and and and and and and and and an		1 P	1201-14 DM	\$1,001-62,500	\$2,501-\$6,000	15,001-\$15,000	815,001-460,000	150,001	\$160,001 \$1 000 P	Over \$5,000,000	Gowan
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SCHEDULE A - ASSETS & "UNEARNED INCOME"

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			None	\$1-\$1,000	\$1,001-\$15,000	\$15,001-669,000	\$50,001-\$100,000	\$100,001,4250,000	\$250,001-\$500,000	\$500,001-\$1,000,000	\$1,000,00145,000,000	\$5,000,001-425,000,000	\$25,000,001-850,000,000	Over \$50,000,000	Spouse/DC Asset over \$1,000,000*	Second	DATDENDS	POP.	MENI	MTEREST	CAPITAL GAINS	EXCEPTED/BLIND TRUST	TAX-DEPERNED	Other Type of Income (Specify: e.g., Partnership Income or Farm Income)	None	\$1-6200	\$201-\$1,000	\$1,001-\$2,500	\$2,501-\$6,000	\$5,001-\$15,000	\$15,001-\$50,000	\$50,001-\$100,000	\$100,000,41,000,000	\$1,000,001-\$5,000,000	Over \$5,000,000	a/OC Income	None	\$1-\$200	4201-41,000	\$1,001-\$2,500	\$2,501-\$5,000	\$5,001-\$15,000	\$15,001-650,000	\$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*
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SCHEDULE C - EARNED INCOME

Name: PATULCK	√.	MUTCPHY 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 2014 limit on outside earned income for Members and employees compensated at or above the "senior staff" rate was \$26,955. The 2015 limit is \$27,225. 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.

	_	Am	ount
Source (include date of receipt for honoraria)	Туре	Current Year to Filling	Preceding Year
ABC Trade Association, Bellimore, MD (July 15) State of Manyland State of Manyland Cold War Roundshite (Oct. 2)	Honorarium Selery Spowe Speech	\$0 \$20,000 \$0	\$500 \$76,000 \$1,000
Ontario County Board of Education	Spouse Selary	NVA	N/A
IOUA POBLE EMP. RET (IPER)	PENSTON	11,589,27	NA
MURPHY SAFETY LLC	SALARY	1287.00	0
STATE OF TOWA	SALARY	0	25,000,00
SISTERS OF CHARITY	SALARY	15,435.31	19,990,81.
MERICAL ASSOCIATES	SALARY	1055.13	10
TRINITY HEALTH PENSION	PENSION	176459	NA
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SCHEDULE D - LIABILITIES

Name: PA	TRUCK	٧,	M WRPM	Page_5	of <u>6</u>	
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Report liabilities of over \$10,000 owed to any one creditor at any time during the reporting period by you, your spouse, or your dependent child. Mark the highest amount owed during the reporting period. New Members: Members are required to report all liabilities secured by real property including mortgages on their personal residence. Exclude: Any mortgage on your personal residence (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, perent, or sibling of you or your spouse. Report a revolving charge account (i.e., credit card) only if the belance at the close of the reporting period exceeded \$10,000. *Column K is for liabilities held solely by your spouse or dependent child.

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			Date		٨	В	c	D	E	F	G	н	1	ı	ĸ
sp. вс, л		Creditor	Date Liability Incurred MO/YR	Type of Liability	\$10,001- \$15,000	\$15,001- \$60,000	\$50,001- \$100,000	\$100,001- \$250,000	\$250,001- \$500,000	\$500,001- \$1,000,000	\$1,000,001- \$6,000,000	\$5,000,001- \$25,000,000	\$25,000,001- \$60,000,000	Over \$50,000,000	Over \$1,000,000* (Spouse/DC Liebility)
	Example	First Bank of Wilmington, DE	5/96	Mortgage on Rental Property, Dover, DE			Ï	x							
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SCHEDULE E - POSITIONS

Report all positions, compensated or uncompensated, as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of eny 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

Position	Name of Organization
SOLF PROFRIENDR	MURPHY LLC
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SCHEDULE F -- AGREEMENTS

Name; PATRICK J. MURPNY Page 6 of 6	
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ate	Parties to Agreement	Terms of Agreement
	N/A-	

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	
	N/H		