No.	Yes	pendent child	"unearned" income, transactions, or liabilities of a spouse or dependent child unless you have first consulted with the Committee on Ethics.	arned" income, is you have first	EXEMPTION —Have you excluded from this report any other assets, "unearned" income, transactions, or liabi because they meet all three tests for exemption? Do not answer "yes" unless you have first consulted with the	φm
N _O	Yes	it be	and certain other "excepted trusts" need not pouse, or a dependent child?	ittee on Ethics ing you, your s	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?	요ㅋ
Ø	QUESTION	FTHESE	ATION ANSWER EACH OF THESE QUESTIONS	TINFORM	EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION	
	response.	each "Yes" r	propriate schedule attached for e	and the ap	Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.	
§ ⊠	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.	§ D	III. Did you, your spouse, or a dependent child have any reportable liability (more than \$10,000) during the reporting period? Yes (respectively)	= <u>a</u> =
<u>s</u>	es M	angement	V. Did you have any reportable agreement or arrangement with an outside entity? If yes, complete and attach Schedule V.	8	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? Yes If yes, complete and attach Schedule II.	まる ラニ
No U	Yes X	efore the date r two years?	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.	<u>§</u>	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? Yes X	≖ ಹ∵
			OF THESE QUESTIONS	OF THESE	PRELIMINARY INFORMATION — ANSWER EACH	Ìଅ ₅
	oo aayo lato.				embroyee Embroying Office	· [
assessed who files	A <i>\$200 penalty</i> shall be a against any individual we more than 30 days late	A \$200 pen against and	Check if Amendment	Date of Election:	or the Representatives or	
0.0 O.C.	2013 MAR 20 PM 12: 50	2013 MAF	Daytime Telephone	Daytime 1	Name: PATRICK J. MURPHY	T 1.,
mype de- numer parter	LA KINE RESOURCE CLAIL.					Т
age 1 of 6	MAR 1 1 2013 Page 1 of 6	WAR	FORM B For use by candidates and new employees	Fo	UNITED STATES HOUSE OF REPRESENTATIVES FINANCIAL DISCLOSURE STATEMENT Period covered: January 1, 2013 - メイソ バラ、ルルン	71 77 6

SCHEDULE I'— EARNED INCOME (INCLUDING HONORARIA)

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MURPHY

Page of C

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.

						OF TOUT	ERS OF CHARLETY		STATE OF YOWA		, IL (Rec'd December 2)	First Bank & Trust, Houston, TX	XYZ Corporation, Houston, TX	Source (librate date of receipt for Horiotalia)	COLLEGE (include date of repoint for honoragic)	
3.0			22.22		<i>(</i>	SACRO (WIFE) 7	SALARYSPOUS	SALMEN (SANGE)	SHARY (SEE)	Spouse Salary	Honorarium	Director's Fee	Salary	i ype	Type	
					, ()	` <u>`</u> "	3975%	9	3846,12	NA	0	\$400	\$6,300	Current Year to Filing	Amount	
						0;	18795.89	15.4/100	25,5400	NA	\$1,000	\$3,200	\$28,450	Preceding Year	unt	

Asset and/or Income Source BLOCK A BLOCK B

more than \$200 in "unearned" income during the year. the end of the reporting period, and (b) any other reportable asset or sources of income which generated of income with a fair market value exceeding \$1,000 at Identify (a) each asset held for investment or production

(do not use ticker symbols). Provide complete names of stocks and mutual funds

in the account that exceeds the reporting thresholds 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 account and its value at the end of the reporting period. provide only the name of the institution holding the For retirement accounts which are not self-directed For all IRAs and other retirement plans (such as 401(k)

provide a complete address For rental or other real property held for investment

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ing \$5,000 or less in personal checking or savings income during the reporting period); any deposits total-Exclude: Your personal residence, including second location in Block A. 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 accounts; and any financial interest in, or income homes and vacation homes (unless there was renta-

the optional column on the far left. income source is that of your spouse (SP) or dependent child (DC) or is jointly held with your spouse (JT), in If you so choose, you may indicate that an asset or the Thrift Savings Plan.

derived from, a federal retirement program, including

please refer to the instruction booklet. For a detailed discussion of Schedule II requirements,

None

\$1 - \$1,000

\$1,001 - \$15,000

\$15,001 -- \$50,000

\$50,001 - \$100,000

\$100,001 - \$250,000

8

Examples

1st Bank of Paducah, KY accounts

Indefinite

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SP Mega Corp. Stock Simon & Schuster

MALESANT C.U.

SP-JACKSOUNT, LITTE

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Value of Asset

of reporting year. If you use a market value, please specify the method used. valuation method other than fair Indicate value of asset at close

only because it generated reporting year and is included If an asset was sold during the Yone." income, the value should be

Type of income

BLOCK C

the reporting period. asset generated no income during as Income. Check "None" if the if reinvested, must be disclosed plans or IRAs), you may check the "Tax-Deferred" column. **Dividends**, deferred income (such as 401(k) ments or that generate taxallow you to choose specific invest-Check all columns that apply. For interest, and capital gains, even retirement accounts that do not

BLOCK D

Amount of Income

the category of income by checking the appropriate box below. Dividends, interest, and capital gains, even if reinvested, musi "None" column. For all other assets, indicate For assets for which you checked "Taxincome was earned or generated. be disclosed as income. Check "None" if no Deferred" in Block C, you may check the

					×	<u>. </u>		\$100,001 - \$250,000		- 11
								\$250,001 - \$500,000		G
								\$500,001 - \$1,000,000		I
								\$1,000,001 - \$5,000,000		_
						П		\$5,000,001 - \$25,000,000		٦
				Ì				\$25,000,001 - \$50,000,000		
						Г		Over \$50,000,000		Г
							×	NONE		
	•					П		DIVIDENDS		
					×	П		RENT		
X	X			X		Π		INTEREST		
	-		-	-				CAPITAL GAINS		
						Т		EXCEPTED/BLIND TRUST		
		\supset	X			Τ	\Box	TAX-DEFERRED	-	
						Royalties		Other Type of Income (Specify: e.g., Partnership Income or Farm In	come)	1
		X	X		l			None	_	
X	>					Т		\$1 - \$200	=	
,	•			7				\$201 - \$1,000	=	_
						Π	×	\$1,001 - \$2,500	~	D
					×	×		\$2,501 - \$5,000	<	3
								\$5,001 - \$15,000	≤	Current Year
			,			Т	П	\$15,001 - \$50,000	≦	₹
								\$50,001 - \$100,000	≦	ea
						Π		\$100,001 - \$1,000,000	×	
						П		\$1,000,001 - \$5,000,000	×	
						Т	П	Over \$5,000,000	×	
		V	X					None	_	
	\mathbf{x}					 		\$1 – \$200	=	
		•				†	×	\$201 - \$1,000	=	70
						_		\$1,001 - \$2,500	7	l e
					-	×	П	\$2,501 - \$5,000	<	၂ င
					- F	Τ	П	\$5,001 - \$15,000	≤	≅
				\		\vdash	\Box	\$15,001 - \$50,000		<u> </u>
			· · · · · ·			\top	П	\$50,001 - \$100,000	IIAIIA	Preceding Year
						_		\$100,001 - \$1,000,000	×	ä
L					- 1	\vdash	\Box	\$1,000,001 - \$5,000,000	$\hat{\mathbf{x}}$	•
					<u> </u>	\vdash	† +	Over \$5,000,000	×	
		ı				_				

SCHEDULE
I-ASSETS
AND "UNEAR
NED" INCOME

Continuation Sheet (if needed)

Name PATRILL 1, MURBIN Page 4 of Le

	~	577		\$ 7	4				77L	DC SP,			
THE HARTFORD	WORPH LLC	SLIBIE CALIDA	IN-LIFE INS	12 ACT 12	HATE PIENS JUST	·MONEY MARKET	· GOLDMAN SACK	·SIRIUS	WELLS FARGE			Asset and/or Income Source	BLOCK À
				×		X	X			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 - \$50,000,000 \$25,000,001 - \$50,000,000 Over \$50,000,000	ABCDEFGHIJKL	Value of Asset	BLOCK B
	X			X	X	X	X	X		NONE DIVIDENDS RENT INTEREST CAPITAL GAINS EXCEPTED/BLIND TRUST TAX-DEFERRED Other Type of Income (Specify: e.g., Partnership Income or Farm Income)		Type of Income	BLOCK C
*				X			X	×		\$100,001 - \$1,000,000 \times \$1,000,001 - \$5,000,000 \times Over \$5,000,000 \times None	Current Year Preceding Year	Amount of Income	BLOCK D

This page may be copied if more space is required.

SCHEDULE III - LIABILITIES

Name PATIETH I, MURPHY

Page S of ℓ

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	
	•		#EMITH SERVENCES GV.	Example: First Bank of Wilmington, DE	Creditor	
				May 1998	Date Liability Incurred mo/year	
		DOB IM.	MORTIGACE ON GRANDILES	Mortgage on 123 Main Street, Dover, DE	Type of Liability	
					\$10,001— \$15,000	
		4	X		\$15,001— \$50,000	
					¢50,004	
					\$50,001— \$100,000 O	
				×	\$100,000	Amour
				X	\$100,000	Amount of I
				×	\$100,000	Amount of Liability
				X	\$100,000	Amount of Liability
				X	\$100,000	Amount of Liability

SCHEDULE IV — POSITIONS

any nonprofit organization, any labor organization, or any educational or other institution other than the United States. 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 officer, director, trustee, partner, proprietor, representative, employee, or consultant of any corporation, company, firm, partnership, or other business enterprise,

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);

	PROPRIETOR	STATE REP. ST.	Position
	*	STATE OF TOWA	Name of Organization

SCHEDULE V - AGREEMENTS

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AND RAPAY

Page 6 or 6

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.	
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		SPOUSE TRANSMIN	STATE OF EMPTOR	Parties To	3
		HONG STIES	SEEN EMPROVED PERISHED PUN LI		
		HER MESSY DESCRIPTION		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.

•	
Source (Name and Address)	Brief Description of Duties
Example: Doe Jones & Smith, Hometown, Homestate	Accounting services
None	

GPO: 2012 72-584 (mac)