hild thics. Yes ☐ No ✔	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.	Exemptions Have you excluded from this report any other assets, "unearned" income, transactions, or li because they meet all three tests for exemption? Do not answer "yes" unless you have first
Yes 🗌 No 🔽	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?	Trusts Details regarding "Qualified Blind Trusts" approved by the Committee on Ethics and certain other "excepted trusts" ne disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child?
STIONS	MATION ANSWER EACH OF THESE QUESTIONS	EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION ANSWE
	schedule attached for each "Yes" response.	If yes, complete and attach Schedule V.
and the appropriate	☐ Each question in this part must be answered and the appropriate	Did you, your spouse, or a dependent child have any reportable liability (more V. than \$10,000) during the reporting period? Yes V No
	If yes, complete and attach Schedule IX.	If yes, complete and attach Schedule IV.
outside Yes No	Did you have any reportable agreement or arrangement with an outside IX. entity?	Did you, your spouse, or dependent child purchase, sell, or exchange any IV. reportable asset in a transaction exceeding \$1,000 during the reporting Yes No
	If yes, complete and attach Schedule VIII.	If yes, complete and attach Schedule III.
ing in the Yes V No	Did you hold any reportable positions on or before the date of filing in the VIII. current calendar year?	Did you, your spouse, or a dependent child receive "unearned" income of lill. more than \$200 in the reporting period or hold any reportable asset worth Yes V No
	If yes, complete and attach Schedule VII.	If yes, complete and attach Schedule II.
nan \$335 Yes No	Did you, your spouse, or a dependent child receive any reportable travel or VIII. relimbursements for travel in the reporting period (worth more than \$335 from one source)?	II. you for a speech, appearance, or article in the reporting period? Yes No
	If yes, complete and attach Schedule VI.	If yes, complete and attach Schedule I.
he gift in herwise Yes No V	Did you, your spouse, or a dependent child receive any reportable gift in VI. the reporting period (i.e., aggregating more than \$335 and not otherwise exempt)?	Did you or your spouse have "earned" income (e.g., salaries or fees) of \$200 Yes 🗸 No 🗌
	E QUESTIONS	PRELIMINARY INFORMATION ANSWER EACH OF THESE QUESTIONS
more than 30 days late.	Termination	Type Annual (May 15) Amendment Tem
anyone who files	Termination Date:	
A \$200 penalty shall be assessed against	Officer Or Employing Office: Employee	Filer House of Representatives District: 05
(Office Use Only)	(Daytime Telephone)	(Full Name)
IN DELIVERED	202-225-4476	Christopher Murphy
SALLYLLTSCHOOL SO DIT TO WEST		
2011 MAY 13 PM 3: 45	For use by Members, officers, and employees	CALENDAR YEAR 2010 FINANCIAL DISCLOSURE STATEMENT
LEGISLATIVE RESOURCE OFFICE	FORM A Page 1 of 5	SHVITATIVES HOU BELIGH SETATS DETINITION
TOTAL STREET BESONIES OF CENTER		

SCHEDULE I - EARNED INCOME

Name Christopher Murphy

Page 2 of 5

\$1,000. 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

Source	Туре	Amount
Connecticut Legal Services	Spouse Salary	N/A

		-				
	BLOCK A	_	BLOCK B	BLOCK C	BLOCK D	BLOCKE
Asse	Asset and/or Income Source	<u> </u>	Year-End	Type of Income	Amount of Income	Transaction
Identify (a) ea a fair market v	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	Valu	Value of Asset at close of reporting	Check all columns that apply. For retirement accounts that do not allow	For retirement accounts that do not allow you to choose specific investments or that	Indicate if asset had purchases (P), sales (S), or
generated mo	generated more than \$200 in "unearned" income during the year.	year. If	year. If you use a valuation method other	you to choose specific investments or that	generate tax-deferred income (such as 401(k) plans or	exchanges (E) exceeding
Provide comp symbols.)	Provide complete names of stocks and mutual funds (do not use ticker symbols.)	than fai	than fair market value, please specify the method used. If an	generate tax-deferred income (such as 401(k) plans or IRAs), you may	IRAs), you may check the "None" column. For all other assets, indicate the category	\$1,000 in reporting year.
For all IRAs a self-directed (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	asset w	asset was sold and is included only because	check the "None" column. Dividends,	of income by checking the appropriate box below.	
asset held in retirement acc	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	it is gen the valu "None."	it is generated income, the value should be "None."	interest, and capital gains, even if reinvested, must be disclosed as income.	Dividends, interest, and capital gains, even if reinvested, must be	
of the institution reporting period.	of the institution holding the account and its value at the end of the reporting period.			Check "None" if the asset generated no income during the reporting	disclosed as income. Check "None" if no income was earned or generated.	
For rental or o	For rental or other real property held for investment, provide a complete address.				,	_ _
For an owner publically tradactivities, and	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: You vacation hom	Exclude: Your personal residence, including second homes and vacation homes (unless there was rental income during the reporting					
SP	Charles Schwab Roth IRA	\$1,001 - \$15,000)1 -)00	INTEREST	NONE	
DC	CHET 529 Plan	\$1,001 - \$15,000)1 -)00	INTEREST	NONE	
SP	Vangaurd 401K	\$15,001 - \$50,000)01 -)00	INTEREST	NONE	

SCHEDULE V - LIABILITIES

Name Christopher Murphy

Page 4 of 5

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 owed during the year. Exclude: Any mortgage on your personal residence (unless all or part of it is rented out); loans secured by automobiles, household cards) only if the balance at the close of the preceding calendar year exceeded \$10,000. furniture, or appliances; and liabilities owed to a spouse, or the child, parent, or sibling of you or your spouse. Report "revolving charge accounts" (i.e., credit

\$15,001 - \$50,000	student loan	2002	Sallie Mae	
\$15,001 - \$50,000	student loan	2001	Sallie Mae	SP
Amount of Liability	Type of Liability	Date Liability Incurred	Creditor	SP, DC, JT

SCHEDULE VIII - POSITIONS

Name Christopher Murphy

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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 Report all positions, compensated or uncompensated, held during the current calendar year as an officer, director, trustee of an organization, partner, proprietor, honorary nature; and positions listed on Schedule I.

Member, Advisory Board Susan I	Position	
Susan B. Anthony Project	Name of Organization	

5TH DISTRICT, CONNECTICUT **COMMITTEE ON**

FOREIGN AFFAIRS COMMITTEE ON OVERSIGHT AND GOVERNMENT REFORM

Congress of the United States

House of Representatives **W**ashington, **BC** 20515—0705

May 12, 2011

The Honorable Jo Bonner, Chairman The Honorable Linda T. Sánchez, Ranking Member Committee on Ethics United States House of Representatives Washington, DC 20515

Dear Chairman Bonner and Ranking Member Sánchez:

In previous financial disclosures I have disclosed a "term" life insurance policy as an asset. After reviewing guidance from the Committee on Ethics on financial disclosure, I understand that it is not necessary to disclose a term life insurance policy. As you know, a term life insurance policy is one where my family pays a premium and if something should happen to me, my survivors would receive a payment. I do not have any ownership of any assets nor do I make any investment decisions regarding this policy. Therefore, pursuant to guidance on page 17 of the Instruction Guide for Completing Calendar Year 2010 Financial Disclosure Statement, I am not disclosing this insurance policy at this time.

Please contact me if you have any comments or concerns.

Christopher S. Murphy Member of Congress

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412 CANNON HOUSE OFFICE BUILDING WASHINGTON, DC 20515 202-225-4476

CONNECTICUT OFFICE: 114 West Main Street, Suite 206 New Britain, CT 06051 860-223-8412