



Filing ID #10059870

FINANCIAL DISCLOSURE REPORT

Clerk of the House of Representatives • Legislative Resource Center • B81 Cannon Building • Washington, DC 20515

FILER INFORMATION

Name: Michael Anthony Murphy
Status: Congressional Candidate
State/District: PA04

FILING INFORMATION

Filing Type: Candidate Report
Filing Year: 2024
Filing Date: 05/26/2024
Period Covered: 01/01/2023– 04/30/2024

SCHEDULE A: ASSETS AND "UNEARNED" INCOME

Asset	Owner	Value of Asset	Income Type(s)	Income Current Year to Filing	Income Preceding Year
SPDR S&P 500 (SPY) [EF]	JT	\$1,001 - \$15,000	Capital Gains	\$201 - \$1,000	\$201 - \$1,000
Tesla, Inc. - Common Stock (TSLA) [ST]	JT	\$1,001 - \$15,000	Capital Gains	None	\$201 - \$1,000

* For the complete list of asset type abbreviations, please visit <https://fd.house.gov/reference/asset-type-codes.aspx>.

SCHEDULE C: EARNED INCOME

Source	Type	Amount Current Year to Filing	Amount Preceding Year
Self-Employment (self), Temple University Health System (spouse)	Self-Employment (freelance), Spouse Salary (VP)	\$225,000.00	\$250,000.00

SCHEDULE D: LIABILITIES

Owner	Creditor	Date Incurred	Type	Amount of Liability
JT	United Wholesale Mortgage	October 2021	Home Mortgage	\$250,001 - \$500,000

Owner	Creditor	Date Incurred	Type	Amount of Liability
JT	Volkswagen Credit	November 2021	Vehicle Lease	\$50,001 - \$100,000

SCHEDULE E: POSITIONS

Position	Name of Organization
Designer (architectural)	Self-Employed/freelance
Commercial Photographer	Self-Employed/freelance

SCHEDULE F: AGREEMENTS

None disclosed.

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

Source (Name and Address)	Brief Description of Duties
To Spouse, Temple University Health System (Philadelphia, PA, US)	Exceptional Work

EXCLUSIONS OF SPOUSE, DEPENDENT, OR TRUST INFORMATION

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 dependent child?
☐ Yes ☒ No

Exemption: 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?
☐ Yes ☒ No

CERTIFICATION AND SIGNATURE

☒ I CERTIFY that the statements I have made on the attached Financial Disclosure Report are true, complete, and correct to the best of my knowledge and belief.

Digitally Signed: Michael Anthony Murphy , 05/26/2024