

UNITED STATES SENATE FINANCIAL DISCLOSURE REPORT FOR ANNUAL AND TERMINATION FILERS

Amendment			
Last Name	First Name and Middle Initial	Annual Report Calendar Year Covered by Report	Senate Office / Agency in Which Employed
MURRAY	PATTY L.	2012	SENATOR PATTY MURRAY
Original Office Address (Number, Street, City, State, and ZIP Code)	Senate Office Telephone Number (Include Area Code)	Termination Report Termination Date (mm/dd/yy)	Prior Office / Agency in Which Employed
154 RUSSELL BUILDING WASHINGTON, DC 20510	(202) 224-0217		

AFTER READING THE INSTRUCTIONS - ANSWER EACH OF THESE QUESTIONS AND ATTACH THE RELEVANT PART

	YES	NO		YES	NO
Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? If Yes, complete and attach PART I.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Did you, your spouse, or dependent child receive any reportable travel or reimbursements for travel in the reporting period (i.e., worth more than \$350 from one source)? If Yes, complete and attach PART VI.	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Did you or your spouse have earned income (e.g., salaries or fees) or non-investment income of more than \$200 from any reportable source in the reporting period? If Yes, complete and attach PART II.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Did you, your spouse, or dependent child have any reportable liability (more than \$10,000) during the reporting period? If Yes, complete and attach PART VII.	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Did you, your spouse, or dependent child hold any reportable asset worth more than \$1,000 at the end of the period, or receive unearned or investment income of more than \$200 in the reporting period? If Yes, complete & attach PART IIIA and/or IIIB.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Did you hold any reportable positions on or before the date of filing in the current calendar year? If Yes, complete and attach PART VIII.	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset worth more than \$1,000 in the reporting period? If Yes, complete and attach PART IV.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Do you have any reportable agreement or arrangement with an outside entity? If Yes, complete and attach PART IX.	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Did you, your spouse, or dependent child receive any reportable gift in the reporting period (i.e., aggregating more than \$350 and not otherwise exempt)? If Yes, complete and attach PART V.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	If this is your FIRST Report: Did you receive compensation of more than \$5,000 from a single source in the two prior years? If Yes, complete and attach PART X.	<input type="checkbox"/>	<input type="checkbox"/>

Each question must be answered and the appropriate PART attached for each "YES" response.

FOR OFFICIAL USE
Do Not Write Below

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SECRETARY OF THE SENATE

MURRAY PATTY L.

PART II. EARNED AND NON-INVESTMENT INCOME

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Report the source (name and address), type, and amount of earned income to you from any source aggregating \$200 or more during the reporting period. For your spouse, report the source (name and address) and type of earned income which aggregate \$1,000 or more during the reporting period. No amount needs to be specified for your spouse. (See p.3, CONTENTS OF REPORTS, Part B of Instructions.) Do not report income from employment by the U.S. Government for you or your spouse.

Individuals not covered by the Honoraria Ban:

For you and /or your spouse, report honoraria income received which aggregates \$200 or more by exact amount, give the date of, and describe the activity (speech, appearance or article) generating such honoraria payment. Do not include payments in lieu of honoraria reported on Part I.

Name of Income Source		Address (City, State)	Type of Income	Amount
Example:	JP Computers	Wash., DC	Salary	\$15,000
	MCI (Spouse)	Arlington, VA	Salary	Over \$1,000
1	SSA MARINE (SPOUSE)	SEATTLE, WA	SALARY	OVER \$1,000 ⁰⁰
2				
3				
4				
5				
6				
7				
8				
9				
0				
1				
2				
13				

PART IIIA. PUBLICLY TRADED ASSETS AND UNEARNED INCOME SOURCES

BLOCK A Identity of Publicly Traded Assets And Unearned Income Sources		BLOCK B Valuation of Assets										BLOCK C Type and Amount of Income																					
Report the complete name of each publicly traded asset held by you, your spouse, or your dependent child, (See p.3, CONTENTS OF REPORTS, Part B of Instructions) for production of income or investment which: (1) had a value exceeding \$1,000 at the close of the reporting period; and/or (2) generated over \$200 in "unearned" income during the reporting period. Include on PART IIIA a complete identification of each public bond, mutual fund, publicly traded partnership interest, excepted investment fund, bank account, excepted and qualified blind trust, and publicly traded asset of a retirement plan.		At the close of reporting period. If None, or less than \$1,001, check the first column.										Type of Income						Amount of Income															
		None (or less than \$1,001)	\$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	Over \$1,000,000***	\$1,000,001 - \$5,000,000	\$5,000,001 - \$25,000,000	\$25,000,001 - \$50,000,000	Over \$50,000,000	None	Dividends	Rent	Interest	Capital Gains	Excepted Investment Fund	Excepted Trust	Qualified Blind Trust	Other (Specify Type)	None (or less than \$201)	\$201 - \$1,000	\$1,001 - \$2,500	\$2,501 - \$5,000	\$5,001 - \$15,000	\$15,001 - \$50,000	\$50,001 - \$100,000	\$100,001 - \$1,000,000	Over \$1,000,000***	\$1,000,001 - \$5,000,000	Over \$5,000,000
Example: S, DC, or J	IBM Corp. (stock)				X									X							Example		X										Example
	(S) Keystone Fund					X											X				Example	X											Example
(J)	CHASE (CHECKING)	X																				X											
(J)	USSFCU (CHECKING)	X																				X											
(J)	USSFCU (SAVINGS)	X																				X											
	PRINCIPAL INVESTORS EQUITY INCOME (PQIAX)			X													X								X								
(S)	PRINCIPAL INVESTORS EQUITY INCOME (PQIAX)			X													X								X								
(S)	FIDELITY FREEDOM K2015 (FKVFX)					X											X										X						
(S)	FIDELITY SHORT-INTER GOVT FUND (FFKX)					X											X								X								
(S)	FIDELITY SHORT-INTER GOVT FUND (FFKX)					X											X									X							
	PUBLIC EMPLOYEES RETIREMENT FUND STATE OF WASHINGTON			X													X						X										
(S)	VANGUARD MORRIS GROWTH FUND (VMRGX)	X															X						X										

EXEMPTION TEST (see instructions before marking box): If you omitted any asset because it meets the three-part test for exemption described in the instructions, please check box to the right.
 * This category applies only if the asset is/was held independently by the spouse or dependent child. If the asset is/was either held by the filer or jointly held, use the other categories of value, as appropriate.

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PART IV. TRANSACTIONS

Report any purchase, sale, or exchange by you, your spouse, or dependent child (See p.3, CONTENTS OF REPORTS, Part B of Instructions) during the reporting period of any real property, stocks, bonds, commodity futures, and other securities when the amount of the transaction exceeded \$1,000. Include transactions that resulted in a loss. Do not report a transaction involving property used solely as your personal residence, or a transaction between you, your spouse, or dependent child. Please clarify which two properties are involved in any reportable exchange.

Identification of Assets		Pur	Sale	Exc		\$1,0	\$15	\$50	\$10	\$25	\$50	Ove	\$1,0	\$5,0	\$25	Ove
Example: DC, or J	IBM Corp. (stock) NYSE	X			2/1/1X		X			E	X	A	M	P	L	E
	(DC) Microsoft (stock) NASDAQ/OTC		X		1/27/1X				X	E	X	A	M	P	L	E
1	(S) FIDELITY SHORT-TERM GOVT PORTFOLIO (FFXSX)	X			BIWEEKLY		X									
2																
3																
4																
5																
6																
7																
8																
9																
10																
1																
2																

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PART VII. LIABILITIES

Report liabilities over \$10,000 owed by you, your spouse, or dependent child (See **CONTENTS OF REPORTS**, Part B of Instructions), to any one creditor at any time during the reporting period. Check the highest amount owed during the reporting period. Exclude: (1) mortgages on your personal residences unless **noted (except for Senators)**; (2) loans secured by automobiles, household furniture or appliances; and (3) liabilities owed to certain relatives listed in Instructions. See Instructions for reporting revolving charge accounts.

Name of Creditor		Address	Type of Liability			Disc Mortg	T	\$10,001	\$15,001	\$50,001	\$100,00	\$250,00	\$500,00	Over \$1	\$1,000,0	\$5,000,0	\$25,000	Over \$5
Example:	S, DC, or J	First District Bank	Wash., DC	Mortgage on undeveloped land	1992	13%	1 pt	25 yrs			X	E	X	A	M	P	L	E
		(J) John Jones	Wash., DC	Promissory Note	2000	10%	n/a	On dmd				X	E	X	A	M	P	L
1	(J)	CHASE	SEATTLE, WA	REFINANCE	2002	5.5%	-	15 YRS			X							
2	(J)	CHASE	SEATTLE, WA	REFINANCE	2002	5.5%	-	15 YRS			X							
3	(J)	CHASE	SEATTLE, WA	HOME EQUITY LOAN	2005	WST PRIME RATE	-	-		X								
4																		
5																		
6																		
7																		
8																		
9																		
0																		
1																		
2																		

EXEMPTION TEST (see instructions before marking box): If you omitted any asset because it meets the three-part test for exemption described in the instructions, please check box to the right.
 *** This category applies only if the asset is/was held independently by the spouse or dependent child. If the asset is/was either held by the filer or jointly held, use the other categories of value, as appropriate.