FOR ANNUAL AND TERMINATION REPORTS Amendment **Annual Report** First Name and Middle Initial Senate Office / Agency in Which Employed Calendar Year Covered by Report: Last Name US Senate Lisa A. 2011 Murkowski **Termination Report** Senate Office Telephone Number (Include Area Code) Senate Office Address (Number, Street, City, State, and ZIP Code) Prior Office / Agency in Which Employed Termination Date (mm/dd/yy): 709 Hart, US Senate, Washington, DC 202-224-6665 20510 AFTER READING THE INSTRUCTIONS - ANSWER EACH OF THESE QUESTIONS AND ATTACH THE RELEVANT PART NO YES NO YES Did you, your spouse, or dependent child receive any reportable travel or reimbursements for travel in the reporting period (i.e., worth more than 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? \$350 from one source)? If Yes, Complete and Attach PART VI. If Yes, Complete and Attach PART I. Did you, your spouse, or dependent child have any reportable liability Did you or your spouse have earned income (e.g., salaries or fees) or noninvestment income of more than \$200 from any reportable source in the (more than \$10,000) during the reporting period? If Yes, Complete and Attach PART VII. reporting period? If Yes, Complete and Attach PART II. Did you hold any reportable positions on or before the date of filing in the 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 current calendar year? investment income of more than \$200 in the reporting period? If Yes, Complete and Attach PART VIII. If Yes, Complete & Attach PART IIIA and/or IIIB. Do you have any reportable agreement or arrangement with an outside Did you, your spouse, or dependent child purchase, sell, or exchange any entity? reportable asset worth more than \$1,000 in the reporting period? If Yes, Complete and Attach PART IX. If Yes, Complete and Attach PART IV. If this is your FIRST Report: Did you receive compensation of more than Did you, your spouse, or dependent child receive any reportable gift in the reporting period (i.e., aggregating more than \$350 and not otherwise \$5,000 from a single source in the two prior years? If Yes, Complete and Attach PART X. exempt)? If Yes, Complete and Attach PART V. Each question must be answered and the appropriate PART attached for each "YES" response. File this report and any amendments with the Secretary of the Senate, Office of Public Records, Room 232, Hart Senate Office Building, U.S. Senate, Washington, DC 20510. \$200 Penalty for filing more than 30 days after due date. FOR OFFICIAL USE ONLY This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended. The statement will be made available Do Not Write Below this Line by the Office of the Secretary of the Senate to any requesting person upon written application and will be reviewed by the Select Committee on Ethics. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil and criminal sanctions. (See 5 U.S.C. app. 4, § 104, and 18 U.S.C. § 1001.) Date (Month, Day, Year) Signature of Reporting Individual Certification I CERTIFY that the statements I Marin Marin Steen have made on this form and all attached schedules are true, J2 MAY complete and correct to the best of my knowledge and belief. For Official Use Only - Do Not Write Below This Line Date (Month, Day, Year) Signature of Reviewing Official It is the opinion of the reviewer that the statements made in this form i (J) are in compliance with Title I of the Ethics in Government Act.

99000693647 UNITED STATES SENATE FINA

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Reporting Individual's Name

Lisa A. Murkowski

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PART I. PAYMENTS TO PAY CHARITABLE ORGANIZATIONS IN LIEU OF HONORARIA

Page Number

2

Report the source (name and address), date, and amount of any payment from each source to a charitable organization made in lieu of honoraria to you during the reporting period. Identify the activity (speech, article, or appearance), which generated the payment. For further information, see Instructions.

Note: Travel expenses in excess of \$350 related to activities giving rise to these payments must be reported in Part VI, Reimbursements.

Date o	f Payment	Name of Source	Ac	Idress (City, State)	Speech, Article, or Appearance	Amount
		Association of American Associations	Wash., DC	EXAMPLE	Speech	\$1,000
xample:	3/26/1X 7/23/1X	XYZ Magazine	NY, NY	EXAMPLE	Article	\$500
5/18/1	<u> </u>	American Council for Capital Formation	Washington, DC		Speech	\$2,000
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A separate, confidential report which names the charitable organization receiving such payments must be filed directly with the Select Committee on Ethics.

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Reporting Individual's Name	PA	RT	· [[[]	Α.	P	UE	3LI	CL	Υ.	ΓR	ΑĘ	EΙ	D /	45	SE	TS	ΑI	ND	UI	NE	ARNE	Di	NC	0	ME	S	οι	JRO	CE	S		-	3
BLOCK A Identity of Publicly Traded Assets And Unearned Income Sources			-\ At t	/alu		OC on o	K B	sse	e ts eriod	i.				· -							ype and	BL	OCK	(C	_						_		
Report the complete name of each publicly traded asset held by you, your spouse, or			.,		eck th										٦	ур	e of	Inc	om	e	-	· ·				Am	our	ıt o	fin	con	1e		
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 this PART IIIA a complete identification of each public bond, mutual fund, publicly traded partnership interest, excepted investment funds, bank accounts, excepted and qualified blind trusts, and publicly traded assets of a retirement plan.	None (or less than \$1,001)	1 - \$15,000	\$15,001 - \$50,000	01 - \$	\$100,001 - \$250,000	,001 - \$500,00	\$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)	or less that	\$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	/er \$5,000,000	Actual Amount Required if "Other" Specified
S, IBM Corp. (stock)	╅┈	 		x										Х							Example		X										Example
Example: DC, (S) Keystone Fund					Х													X			Example	X											Example
1 TD Waterhouse Cash		×								ļ					_	×		_				×			_			_	_				
2 State of AK Annuity Plan			×															×				×			_	_		_	_	_			
3 Schwab Cash		×												×				_			<u> </u>	×		_		_		_	-				
4 DC Investor S&P 500 Index Fund (Child 1) (formerly known as MS S&P 500 Index Fund)			×									_		×			_		L		<u> </u>	×					ļ	<u> </u>					
5 DC MS American Fund Op B (Child 1)		×							_			_		×				_	-	_		×		_		_	<u> </u>	_	-	<u> </u>	-	-	
6 DC Investoo S&P 500 Index Fund (Child 2) (formerly known as MS S&P 500 Index Fund)			×						_					×				<u> </u>	-	_	<u> </u>	×		<u> </u> 	<u> </u>	_	-	_		-	-	-	
7 DC MS American Fund Op B (Child 2)		×												×					<u> </u>	ļ	<u> </u>	×		-	_	_	-	_	ļ	<u> </u>	_		
8 DC T Rowe Price College Savings Plan (Enrollment-Based Portfolio 2009) (Child 1)	o -		×								_							×		_	<u> </u>	×	_	_	<u> </u>	_	-		-	_	-	-	
9 DC T Rowe Price College Savings Plan (Enrollment-Based Portfolion 2011) (Child 2)	a -		×							_				\perp		_		×		-		×	-	_	_	<u> </u>	ļ	<u> </u>	-	-	-	_	<u> </u>
10 DC Wells Fargo (shares) (Child 1)		×	۲											×									×									<u></u>	
EXEMPTION TEST (see instructions before marking both the This category applies only if the asset is was held income.)	x): If yo depend	ou orr lently	nitted by th	any a	asset ouse	bec or de	ause epen	it mo	eets child	the ti	hree he a	-part sset	test is/w	for e	xem ther I	ption held t	desc by the	ribed e file:	d in the	ne in: ointly	structions, hetd, use	pleas the of	e che her d	eck to	ox to pories	the of v	right ratue	, as a	appro	priat	e.		

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.

Wells Fargo (acct)

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tra	And Useport the aded asset	BLOCK A of Publicly Traded Assets Inearned Income Sources complete name of each publicly et held by you, your spouse, or			At t	/alu he cl None Che	l atio lose e, or	on c of re less	porti	SS€ ng p 1 \$1,1	eriod 001,	d.						ype	e of	Inc	om		ype and			nt c		Ame			i Inc	on	1 e		
In id fu exactr	ontent structions vestment (1) had a close of (2) gene income income clude on lentification and, publication recounts, counts, usts, and	rated over \$200 in "unearned" e during the reporting period; and/or e during the reporting period. this PART IIIA a complete on of each public bond, mutual cly traded partnership interest, nvestment funds, bank excepted and qualified blind publicly traded assets of a	None (or less than \$1,001)	\$1,001 - \$15,000	\$15,001 - \$50,000	\$50,001 - \$100,000	\$100,001 - \$250,000	,001 - \$500,00	\$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	1	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	00	Actual Amount Required if "Other" Specified
LE	etirement S	BM Corp. (stock)	╁	\vdash		х										Х							Example		X					<u> </u>		_	_		Example
E	xample: Do	(S) Keystone Fund					Х									<u> </u>	 	 _	_	X.		-	Example	ا ×	<u>. </u>	 		-		<u> </u>	┝		\vdash		Example
1		Wells Fargo (shares)	ļ		×								_	_	╢	×	_	_	_	<u> </u>	_	-	<u> </u>	_		 	×	 	-	 	├-	├		-	<u> </u>
2	J	MS Dividend Growth Securities B		×												×			×	_	L		<u> </u>	_	×	_	_	<u> </u>	<u> </u>	_	_	_		-	
3	J	Fidelity Small Cap (Mutual Fund)	T	×														_	×					×	_				<u> </u>	_	_	_	-	-	
4	s	ING. Intl. Small Cap	1	×												×								×	_		L		L	_		<u> </u>	_		
5	DC	Fidelity Small Cap (Mutual Fund) (Child 1)	†	×		1													×						×				<u> </u>	_	igspace	_	-	-	
		Investoo S&P 500 Index Fund (Child 1) (formerly known as MS S&P 500 Index Fund)	1	×		†										×			×					×	_				_	_	igspace	_		-	<u> </u>
7	DC	Fidelity Small Cap (Mutual Fund) (Child 2)	T	×	-														×						×				_		_	-		1	
8	DC	Investoo S&P 500 Index Fund (Child 2) (formerly known as MS S&P 500 Index Fund)	1	*	4			1								×			×					\\		_	_		_	1	_	-	-	_	<u> </u>
9) J	Morgan Stanley Money Market	1	,	1	1												×	١_					Ľ		_	_	-	_		_	-	<u> </u>	igg	
10	0 S	Investoo S&P 500 Index Fund (formerly known as MS S&P 500 Index Fund)	1	١,	1											*	٠							×				_							

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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Reporting Individual's Name Amendment Lisa A. Murkowski	P	٩R	T II	IA.	F	יטי	BL	ICI	LY	TR	RΑΙ	DΕ	D /	45	SE	TS	A	ND	U	NE	ARNE	ED	IN	co	M	E S	Ol	JR	CE	:S		Page	e Number
BLOCK A Identity of Publicly Traded Assets And Unearned Income Sources Report the complete name of each publicly		•	At	Val	uati close ne, o	ion of r	epor s tha	Ass ting in \$1	perio	od.										T	ype and			K C		nco	me						
traded asset held by you, your spouse, or				Ch	eck '	the t	irst c	olun	nn.						7	Гур	e of	Inc	:om	ne						Am	our	it o	f Inc	con	ne		
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 this PART IIIA a complete identification of each public bond, mutual fund, publicly traded partnership interest, excepted investment funds, bank accounts, excepted and qualified blind trusts, and publicly traded assets of a retirement plan.	None (or less than \$1,001)	1 - \$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	Investment Fund		Blind Trust	Other (Specify Type)	th	01 - \$′	\$1,001 - \$2,500	- 1	\$5,001 - \$15,000	\$15,001 - \$50,000	\$50,001 - \$100,000	\$100,001 - \$1,000,000	er \$1,000,	\$1,000,001 - \$5,000,000	00	Actual Amount Required if "Other" Specified
S, IBM Corp. (stock)	1			х										Х							Example	7	Х										Example
Example: DC, or J (S) Keystone Fund					X													X			Example	Х					:						Example
1 (J) MS Focus Growth	:	x												х								x											
2 Vanguard Bond Index ETF			×											x									х										•
3 Vanguard Int'l Equity Index ETF	×													х			X		:			×											
Vanguard REIT ETF		×												х									x										
Vanguard Total Stock MKT ETF	×													х			-			•			x										
Schwab US MKT Broad ETF			x											x			-					x									:		
7 Schwab Int'l Equity ETF		х										;		x			:						X										
Schwab Emg MKT ETF		x												x				•				x											
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EXEMPTION TEST (see instructions before marking box): *** This category applies only if the asset is/was held indep																												as ap	oprop	riate			

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A Re de	Iden ssets port th	BLOCK A Itity of Non-Publicly Traded and Unearned Income Sources e name, address (city, state and on) of each interest held by you,			At 1	Valuate classics of the Charles of t	lationse e, or	of re	of A eport that	Asse ting p	erio ,001	d.					T	уре	of	Inc	om		ype and	_	OCI			Am	·		f Inc	con	ne		
Inc or bu the as	struction investr siness (1) had close (2) gen incor clude the derlying e trade	use, or your dependent child (See ITENTS OF REPORTS Part B of ons) for the production of income ment in a non-public trade or which: I a value exceeding \$1,000 at the e of the reporting period; and/or nerated over \$200 in "unearned" me during the reporting period. The above report for each of asset, which is not incidental to e or business. Publicly traded eld by non-public entity may be Part IIIA.	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 -	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	er \$5,000,000	Actual Amount Required if "Other" Specified
lis	itea on	S, JP Computer, Software Design,	T			x										х						:	Example		х						,				Example
.Ex	ample:	DC, Wash DC or J Undeveloped land, Dubuque, lowa	lacksquare	 	-		X		_						×								Example	X								_	<u> </u>	-	Example
1		First Bank (IRA) (cash)		×												×	:	:						×			L	_		_			_		
2		First Bank (CD)			×			-		 								×							×								_		
3		First Bank (shares)	1		×											×										<u> </u>	×	_		_				<u> </u>	
4	s	Accounts Receivable from promissory note for sale of Alaska Pasta Company to Hope Nelson			×																		payments on note					_		<u> </u> 	_			 	\$5,500
5	J	Rental income from basement apartment in Washington, DC residence			×												×		_			_	<u> </u>		_			×	_	-	_	_	-	 	
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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.

Lisa A. Murkowski

S,

1 (J) Templeton Global Bond Fund

2 Vanguard Total Stock MKT ETF

3 Vanguard Int'l Equity Index ETF

4 Schwab Int'l Equity ETF

5 |Schwab Emg MKT ETF

Schwab Cash

6 Schwab US Broad MKT ETF

Example: DC,

PART IV. TRANSACTIONS

Page Number

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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

IBM Corp. (stock) NYSE

(DC) Microsoft (stock) NASDAQ/OTC

_					-		Am	oun	t of	Trar	sac	tion	(x)		
		nsact /pe (x											0	00	
	Purchase	Sale	Exchange	Transaction Date (Mo., Day, Yr.)	\$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
┪	X			2/1/1X		Х			E	Х	Α	M	Р	L	E
	 	X		1/27/1X		<u> </u>		Х	E	X	A	М	P	L	E
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		х		9/22/11		x			<u> </u>		_				ļ
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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.

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Reporting Individual's Name Amendment	
Lisa A. Murkowski	

PART VII. LIABILITIES

\$50,000,000

\$25,000,000

Page Number

Category of Amount of Value (x)

Report liabilities over \$10,000 owed by you, your spouse, or dependent child (See p.3 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 rented; (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

Date Incurred Interest Rate 101 - \$15,000 101 - \$50,000 101 - \$50,000 1001 - \$250,000 1001 - \$250,000 1001 - \$1,000,000 1001 - \$1,000,000		Interest Rate	Term if Applicable	001 - \$15,000	301 - \$50,000	000,000	,001 - \$250,000	,001 - \$500,000	,001 - \$1,000,000	r \$1,000,000***	000 000 000 000
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pe se ce	riod. Exclud	omobiles househi	on your personal res	sidences unless rented; (2) loans ances; and (3) liabilities owed to ns for reporting revolving charge	Date Incum	Interest Ra	Term if Appli	,001 - \$15,000	,001 - \$50,000	,001 - \$100,000	0,001 - \$250,00	\$250,001 - \$500,00	0,001 - \$1,000,0	Over \$1,000,000***	\$1,000,001 - \$5,000	\$5,000,001 - \$25,00	- 100,000	er \$50,000,000
- :	Name (of Creditor	Address	Type of Liability				\$10	\$15	\$50	\$100		\$500	ð		-		Over
┝	S,	First District Bank	Wash., DC	Mortgage on undeveloped land	1992	13%	25yrs			X		E	X	Α	M	Р	L	E
	Example: DC, or J	(J) John Jones	Wash., DC	Promissory Note	2000	10%	On dmd				Х	E	X	Α	M	Р	L	<u> </u>
1	Wells Fargo		Anchorage, AK	Mortgage on townhouse	7/11	3.75	15 yr				×							
2								_	-									
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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. Lisa A. Murkowski

PART VIII. POSITIONS HELD OUTSIDE U.S. GOVERNMENT

10

Paga Number

Report any positions held by you during the applicable reporting period whether compensated or not. Positions include, but are not limited to those of an officer, director, trustee, general partner, proprietor, representative, employee, or consultant of any corporation, firm, partnership, or other business enterprise or any non-profit organization or educational institution. Both the year and month must be reported for the period of time that the position was held.

Exclude: Positions with federal government, religious, social, fraternal, or political entities, and those solely of an honorary nature.

Compensation in excess of \$200 from any position must be reported in Part II.

N	ame of Organization	Address (City, State)	Type of Organization	Position Held	From (Mo/Yr)	To (Mo/Yr)
	· · · · · · · · · · · · · · · · · · ·	NY,NY EX	AMPLE	Non-profit education	President	6/91	Present
xample:	National Assn. of Rock Collectors Jones & Smith	Hometown, USA	EXAMPLE	Law Firm	Partner	7/96	11 / 1X
us J		Washington, DC		Ind. Federal Agency	Member	2005	Present
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