

**00000603647 UNITED STATES SENATE FINA LOSURE REPORT
FOR ANNUAL AND TERMINATION REPORTS**

<input type="checkbox"/> Amendment			
Last Name	First Name and Middle Initial	Annual Report Calendar Year Covered by Report:	Senate Office / Agency in Which Employed
Murkowski	Lisa A.	2011	US Senate
Senate 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
709 Hart, US Senate, Washington, DC 20510	202-224-6665		


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 checked="" type="checkbox"/>	<input 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 type="checkbox"/>	<input checked="" 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 checked="" type="checkbox"/>	<input 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 checked="" type="checkbox"/>	<input 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.

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.

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended. The statement will be made available 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.)

Certification	Signature of Reporting Individual	Date (Month, Day, Year)
I CERTIFY that the statements I have made on this form and all attached schedules are true, complete and correct to the best of my knowledge and belief.		5/15/12
For Official Use Only - Do Not Write Below This Line		
It is the opinion of the reviewer that the statements made in this form are in compliance with Title I of the Ethics in Government Act.	Signature of Reviewing Official	Date (Month, Day, Year)

**FOR OFFICIAL USE ONLY
Do Not Write Below this Line**

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Reporting Individual's Name

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

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Lisa A. Murkowski

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 of Payment		Name of Source	Address (City, State)	Speech, Article, or Appearance	Amount
Example:	3/26/1X	Association of American Associations	Wash., DC	EXAMPLE Speech	\$1,000
	7/23/1X	XYZ Magazine	NY, NY	EXAMPLE Article	\$500
1	5/18/11	American Council for Capital Formation	Washington, DC	Speech	\$2,000
2					
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13					

A separate, confidential report which names the charitable organization receiving such payments must be filed directly with the Select Committee on Ethics.

Lisa A. Murkowski

PART IIIA. PUBLICLY TRADED ASSETS AND UNEARNED INCOME SOURCES

BLOCK A
Identity of Publicly Traded Assets
And Unearned Income Sources

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 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.

Example: S, DC, or J	IBM Corp. (stock)
	(S) Keystone Fund

BLOCK B

Valuation of Assets

At the close of reporting period.
If None, or less than \$1,001,
Check the first column.

BLOCK C
Type and Amount of Income

[illegible]

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.

Reporting Individual's Name

☐ Amendment**PART IIIA. PUBLICLY TRADED ASSETS AND UNEARNED INCOME SOURCES**

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Lisa A. Murkowski

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			BLOCK B Valuation of Assets At the close of reporting period. If None, or less than \$1,001, Check the first column.										BLOCK C Type and Amount of Income																					
													Type of Income							Amount of Income									Actual Amount Required if "Other" Specified					
			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
Example:	S, DC, or J	IBM Corp. (stock)				X										X						Example		X									Example	
		(S) Keystone Fund				X														X		Example	X										Example	
1	DC	Wells Fargo (shares) (Child 2)		X												X								X										
2	J	Investco S&P 500 Index Fund (formerly known as MS S&P 500 Index Fund)			X											X								X										
3	DC	AK Permanent Fund Dividend		X											X										X									
4	DC	AK Permanent Fund Dividend		X											X										X									
5	S	AK Permanent Fund Dividend		X											X										X									
6		AK Permanent Fund Dividend		X											X										X									
7	DC	Wells Fargo (acct) (Child 1)			X													X					X											
8	DC	Northrim Bank (acct) (Child 2)			X													X					X											
9		Northrim Bank (acct)	X															X					X											
10		Wells Fargo (acct)			X													X					X											

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Reporting Individual's Name

☐ Amendment

Lisa A. Murkowski

PART IIIA. PUBLICLY TRADED ASSETS AND UNEARNED INCOME SOURCES

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And Unearned Income Sources**

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:

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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.

Example: S, IBM Corp. (stock)
DC, (S) Keystone Fund
or J

BLOCK B**Valuation of Assets**

At the close of reporting period.
If None, or less than \$1,001,
Check the first column.

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 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.			Check the first column.											Type of Income							Amount of Income											Actual Amount Required if "Other" Specified	
			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***
Example: S, IBM Corp. (stock)						X									X							Example		X									Example
Example: DC, (S) Keystone Fund							X											X				Example	X										Example
1		Wells Fargo (shares)			X										X											X							
2	J	MS Dividend Growth Securities B		X											X			X						X									
3	J	Fidelity Small Cap (Mutual Fund)		X														X					X										
4	S	ING. Intl. Small Cap		X											X								X										
5	DC	Fidelity Small Cap (Mutual Fund) (Child 1)		X														X					X										
6	DC	Investco S&P 500 Index Fund (Child 1) (formerly known as MS S&P 500 Index Fund)		X											X			X					X										
7	DC	Fidelity Small Cap (Mutual Fund) (Child 2)		X														X					X										
8	DC	Investco S&P 500 Index Fund (Child 2) (formerly known as MS S&P 500 Index Fund)		X											X			X					X										
9	J	Morgan Stanley Money Market		X													X						X										
10	S	Investco S&P 500 Index Fund (formerly known as MS S&P 500 Index Fund)		X											X								X										

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Click...to create an additional page for this part.

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PART VII. LIABILITIES

Reporting Individual's Name

☐ Amendment

Lisa A. Murkowski

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 accounts.

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 accounts.				Date Incurred	Interest Rate	Term if Applicable	Category of Amount of Value (x)										
							\$10,001 - \$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
Name of Creditor		Address	Type of Liability														
Example: S, DC, or J	First District Bank	Wash., DC	Mortgage on undeveloped land	1992	13%	25yrs			X		E	X	A	M	P	L	E
	(J) John Jones	Wash., DC	Promissory Note	2000	10%	On dmd				X	E	X	A	M	P	L	E
1	Wells Fargo	Anchorage, AK	Mortgage on townhouse	7/11	3.75	15 yr				x							
2																	
3																	
4																	
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12																	

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PART VIII. POSITIONS HELD OUTSIDE U.S. GOVERNMENT

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.