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				ICIAL DISCLO RMINATION FI		PORT	
Amendment							
nat Namo	First Name and Middle Initi	al		Annual Report Calendar Year Covered by Report	Senate Office / Agency in		· · · · · · · · · · · · · · · · · · ·
MURRAY	PATTY	L.		2012	SENATOR	PATH MU	RRAY
nuntin Office Address (Number, Street, City, State, and ZIP Code)	Senate Office Telephone N	lumber (Include /	Area Code)	Termination Report Termination Date (mm/dd/yy)	Prior Office / Agency in V		· · · · · · · · · · · · · · · · · · ·
154 RUSSELL BUILDING			_	remination Date (minutary)		THOU Employee	
WASHINGTON, DC 20510	(202) 22	J4-02	-17				
AFTER READING THE INSTRUC	TIONS - ANSW	ER EAC	H OF	THESE QUESTIONS A	ND ATTACH TI	HE RELEVANT	PART
			NO			YE	ES NO
Did any individual or organization make a donation to baying you for a speech, appearance, or article in the f Yes, complete and attach PART I.	charity in lieu of reporting period?			oid you, your spouse, or dependent eimbursements for travel in the rep 350 from one source)? Yes, complete and attach PART	porting period (i.e., wort	rtable travel or h more than	
Did you or your spouse have earned income (e.g., san nestment income of more than \$200 from any reported period? If Yes, complete and attach PART II.	laries or fees) or non- table source in the	X	(oid you, your spouse, or dependent more than \$10,000) during the rep of Yes, complete and attach PART	orting period?	able liability	
Did you, your spouse, or dependent child hold any remore than \$1,000 at the end of the period, or received investment income of more than \$200 in the reporting of Yes, complete & attach PART IIIA and/or IIIB.	unearned or			oid you hold any reportable position current calendar year? If Yes, complete and attach PART		∍ of filing in the	
Did you, your spouse, or dependent child purchase, a reportable asset worth more than \$1,000 in the report If Yes, complete and attach PART IV.	sell, or exchange any ting period?			Do you have any reportable agreer entity? f Yes, complete and attach PART		th an outside	
Did you, your spouse, or dependent child receive any reporting period (i.e., aggregating more than \$350 are exempt)? If Yes, complete and attach PART V.	nd not otherwise			f this is your FIRST Report: Did you 55,000 from a single source in the f Yes, complete and attach PART	two prior years? X.	_] - - -	
Each question must	be answered a	nd the a	pprop	riate PART attached for	or each "YES" i	esponse. من	
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THE SENATE

porting Individual's Nati	ne Amendment
MURRAY	PATTY L.

PART II. EARNED AND NON-INVESTMENT INCOME

Page Number

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 mount 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
	JP Computers	Wash., DC EXAMPLE	Salary	\$15,000
Example:	MCI (Spouse)	Arlington, VA EXAMPLE	Salary	Over \$1,000
1 59	SA MARINE (SPOUSE)	SEATTLE, WA	SALARY	00 ER 108
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And Unearned Income Sources Oport the complete name of each publicly aded asset held by you, your spouse, or		•	At	the f No	close ne, o	e of r	repoi s tha	Ass rting an \$1 colum	peri	od.								,		T	ype an			-		nce	ome	;					
our dependent child, (See p.3,	H	T	Τ		!	ı.	1		1			-	_	r	·	Тур	e o	f ind	con	ne T	····					An	iou:	nt o	f In	cor	ne	· ·	
contents of REPORTS, Part B of instructions) for production of income or exestment 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 dentification of each public bond, mutual and, publicly traded partnership interest, excepted investment fund, bank account, excepted and qualified blind trust, and publicly traded asset of a retirement plan.	None (or less than \$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	Vone	Dividends	Rent	interest	Sapital Gains	excepted Investment Fund	Excepted Trust	Sualified 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	000	Actual Amount Required if "Other" Specified
S, IBM Corp. (stock)	_	- -		х				, , , , , , , , , , , , , , , , , , ,		-			┝	 X							Example	· • • ·	X	63	63	#	<i>\$</i> ⇒	₩	: €?	0	\$		Example
or J (S) Keystone Fund					X													x			Example	X		-									Example
(J) CHASE (CHECKING)		X																				V				····							
(J) USSFCU (CHECKING)		X		_							_			Н					-			$\hat{\mathbf{x}}$		\dashv		-							
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PRINCIPAL INVESTORS			γ	:						-			<u> </u>		 -			¥	\dashv						V								
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(3) FREEDOM KLOIS (FKUFX)					V	Δ	-			-	_				_			Ŋ							_	_		X					· <u>- </u>
(9) SHORT-INTER GOVT FUND (FFX9X)					Λ			:	:							·		X	•				.			χ							
(5) SHORT-INTER GOVT FUND (FFXSX) (5) SHORT-INTER GOVT FUND (FFXSX)					X		,	•		Ì								X									χ						•
STATE OF WASHINGTON			X															X	1				X				/)		\dashv			_	
(S) YANGUADO (COMPEX) (S) MORESO GROWN FUND (VIMPEX)		X		:		\dashv					\neg				-			X	-	\dashv			$\frac{\wedge}{\lambda}$						_			-	
KEMPTION TEST (see instructions before marking box): I											i	1:						771	1				<i>/</i> '										

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BLOCK A Identity of Publicly Traded Assets And Unearned Income Sources Report the complete name of each publicly			At	the c	B uati close e, or eck t	of res	of A epon s tha	Ass ting in \$1	perio	od.							•			٦	ype and		_OC	_		nco	me						
raded asset held by you, your spouse, or your dependent child, (See p.3,	_	,	 	. 1				orum,		٠	-				٦	Гур	e o	fin	con	ne						Am	oui	nt o	f In	con	ne -		
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 dentification 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.	None (or less than \$1,001)	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)	e (or less th	\$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	rer \$5,000,000	Actual Amount Required if "Other" Specified
S, IBM Corp. (stock)	<u> </u>			Х										Х							Example		X									······································	Example
or J (S) Keystone Fund		V			X	,					-	Н	-					X		_	Example	X			_					\dashv			Example
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XEMPTION TEST (see instructions before marking box): I This category applies only if the asset is/was held independent	lf you ende	omit	ted a	ny as spot	set b use o	oeca or dep	use i bend	t mee ent c	ets th hild.	ne thr If th	ee-p	art te set is	est fo :/was	eithe	mpti er he	on do Id by	escri the	bed i filer o	n the	e insti ntly h	ructions, pl eld, use th	ease e oth	ched er ca	k bo tego	x to t	he ri	ght. ue, a	ıs ap	propr	iate.			

Janorling Individual's Name	88		ndment
MURRAY	Pa	1 7 Y	L.

PART IV. TRANSACTIONS

Page Number

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 :	•	•						,	Am	oun	t of	Trar	ısac	tion	ı (x)		
0	hild (See p.3,	rchase, sale, or exchange by you, your spouse, or dependent CONTENTS OF REPORTS, Part B of Instructions) during the		nsac ype (
10 11 10	ther securities there securities include transatively proposition of the securities include transatively propositions are securities in the securities of the securities are securities ar	od of any real property, stocks, bonds, commodity futures, and s when the amount of the transaction exceeded \$1,000. In ctions that resulted in a loss. Do not report a transaction erty used solely as your personal residence, or a transaction your spouse, or dependent child. Please clarify which two involved in any reportable exchange.	ırchase	e	Exchange	Transaction Date (Mo., Day, Yr.)	,001 - \$15,000	\$15,001 - \$50,000	0,001 - \$100,000	00,001 - \$250,000	50,001 - \$500,000	00,001 - \$1,000,000	er \$1,000,000***	,000,001 - \$5,000,000	,000,001 - \$25,000,000	,000,001 - \$50,000,000	er \$50,000,000
qui		Identification of Assets	<u>a</u>	Sale	EX		\$1,	\$15	\$50	\$100	\$250	\$500	Over	\$1,(\$5,(\$25	Over
	Example: DC,	IBM Corp. (stock) NYSE	Х			2/1/1X		Χ			E	X	Α	М	Р	L	Е
 ''Je	or J	(DC) Microsoft (stock) NASDAQ/OTC		X	·	1/27/1X ·	·			Х	Е	Х	Α	М	Р	L	E
1.	(2) LIDE	ORT-INTER GOVT PORTFOLIO (FFXSX)	X			BIMERKUY		X			<* · ·				- ·		
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EXE	EMPTION TEST (a This category applic	see instructions before marking box): If you omitted any asset because it meets the threes only if the asset is/was held independently by the spouse or dependent child. If the asset is	e-part to	est for e ther held	exemption	on described in the instr filer or jointly held, use th	ruction e other	ns, ple er cate	ease c	check s of va	box to lue, as	the ri	ight. opriate	<u></u>			

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More RAY.	PATTY	L.

PART VII. LIABILITIES

Page Number

Category of Amount of Value (x)

Report liabilities over \$10,000 owed by you, your spouse, or dependent child (See
See a light machines over a 10,000 owed by you, your spouse, or dependent child (See
DI, CONTENTS OF REPORTS, Part B of Instructions), to any one creditor at any
United during the reporting period. Check the highest amount owed during the
thing the reporting period. Check the nighest amount owed during the
(x)) orting period. Exclude: (1) mortgages on your personal residences unless
(except for Senators); (2) loans secured by automobiles, household
the territory of the conditions, (2) to any secured by automobiles, nousenoid
Whiture or appliances; and (3) liabilities owed to certain relatives listed in
lightructions. See Instructions for reporting revolving charge accounts.
the figure of the factoris for reporting revolving charge accounts.

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Date Incurred	Interest Rate	Discount Points Paid for Mortgage (Senators Only)	Term if Applicable	\$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 o	of Creditor	Address	Type of Liability					\$10,0	\$15,0	\$50,0	\$100,	\$250,	\$500,	Over	\$1,00	\$5,00	\$25,0	Over (
1	S, Example: DC,	First District Bank	Wash., DC	Mortgage on undeveloped land	1992	13%	1 pt	25 yrs			Х		Е	Х	Α	М	P	L	E
	or J	(J) John Jones	Wash., DC	Promissory Note	2000	10%	n/a	On dmd			·	Х	E	X	Α	M	Р	 	E
	(J) CH	0 , 5 €	SEATTLY WA	REFINANCE	2002	5,5%	-	رج ۲۸۲			X				,				
2	(J) CV	17.5£	SOBSTLE WA	REFINANCE	2002	5.5%		15 Yes			X								
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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 elther held by the filer or jointly held, use the other categories of value, as appropriate.