000005036	58 UNITED STATES	S SENATE FIN		I OSLIDE DE	DODT		 ,
	FOR AN	INUAL AND TE	RMINATION	LUSUKE KE RFPORTS	PURI		
Amendment				<u> </u>	<u> </u>	 	
Last Name	First Name and M	iddle Initial	Annual Report	······································			· · · · · · · · · · · · · · · · · · ·
00001/			Calendar Year Cov	ered by Report: Se	enate Office / Agency in Whic	:h Employed	
Senate Office Address (Number, Street, C.	ity, State, and ZIP Code) Senate Office Tele	\	20	11	ENATOR PA		244
448 RUSSELL	2016 DING	phone Number (Include Area Co	Termination Date (<u>t</u>			
WASHINGOW O	1c 20510 (202) 2	24-0217			rior Office / Agency in Which	•	
AFTER READIN	G THE INSTRUCTIONS - A	NSWER EACH O	F THESE QUES	TIONS AND A	TTACH THE REI	EVANT DAD	
		YES NO			TAOII IIIE KEL	YES	·
Did any individual or organization	make a donation to charity in lieu of		Did you, your spouse	e, or dependent child	d receive any reportabl	le travel or	NO
If Yes, Complete and Attach PAR	ince, or article in the reporting period' IT I.		reimbursements for t \$350 from one source If Yes, Complete and	travel in the reportin :e)?	g period (i.e., worth mo	ore than	
investment income of more than 9	ned income (e.g., salaries or fees) or \$200 from any reportable source in the	non-					
if Yes, Complete and Attach PAR	T]].		(more than \$10,000) If Yes, Complete and	during the reporting	d have any reportable li g period?	ability	
Did you, your spouse, or depende	ent child hold any reportable asset wo	orth	D: 1				
more than \$1,000 at the end of the investment income of more than \$ 1 f Yes, Complete & Attach PART	e period, or receive unearned or \$200 in the reporting period?	X	Current calendar yea if Yes, Complete and	r?	or before the date of fi	iling in the	
•	ent child purchase, sell, or exchange a	any 7			or arrangement with an	outside	-
The Yes, Complete and Attach PAR	Ŧ IV .		entity? If Yes, Complete and				X
Did you, your spouse, or depende reporting period (i.e., aggregating	nt child receive any reportable gift in more than \$350 and not otherwise	the	If this is your FIRST I	Report: Did vou rec	eive compensation of r	nore than	
exempt)? If Yes, Complete and Attach PAR			\$5,000 from a single If Yes, Complete and	source in the two pr	rior years?		
ندعه واستنفاقت واستنطأ الفنتيانات المساور السديد	question must be answer					<u> </u>	
i he this report and any an	nendments with the Secretar	V of the Senate Of	fice of Dublic Do	acried for each	n "YES" respons	se.	
	GOTO. ATOR LENGITA IOL HIIIIIA	Hilore than 30 days	atch aun 19116 ?			ffice Building,	U.S.
Triis Financial Disclosure State	ement is required by the Ethics in	Government Act of 19	78 as amandad Ti	ne statement will k	no made quellable	FOR OFFICIAL TO	25 ON! V
- y are divided of the occitotely of	vi the Schate to any rephesing ne	PISON NOOM Wolffon and	dication and will be a	والأراج والمراجع والمراجع والمراجع	and the second of the second o	FOR OFFICIAL US Do Not Write Belov	v this Line
The state of the s	NIOWINGIA AND WILLIAM TRISHES, OF	WOO KROWINGLY and w	illfully fails to file this	s report may be su	ubject to civil and	- C	-
.C.O 6 550) :6(16)15:15:	C. app. 4, 8 104, and 16 0.5.C. 9	1001.)			,	₹	
Certification I CERTIFY that the statements I	Signature o	of Reporting Individual		Date (Mont	h, Day, Year)		
have made on this form and all				_		→ <u>E</u>	
attached schedules are true.		KA BALL		-/1		5	
complete and correct to the best of my knowledge and belief.				5/4/1	/ _		
The third digo diffe bonds.	For Official Use Or	L. D. Martinian B. M.		·		述 . 菁	
It is the Opinion of the reviewer that		nly - Do Not Write Below T of Reviewing Official	nis Line			:: SE	
the statements made in this form		or reviewing Official		Date (Month	h, Day, Year)	Z	·
are in compliance with Title I of the Ethics in Government Act.						ST A	i
a6						<u>. </u>	· •

Reporting ladividuals ve	Ame	ndment
MURRAY	PATTY L	

PART II. EARNED AND NON-INVESTMENT INCOME

Page Number

2

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.

Wash., DC EXAMPLE Arlington, VA EXAMPLE SCATTLE, WA	Salary Salary SALARY	\$15,000 Over \$1,000
SCATTLE, WA	SALARY	0 VON 100
1		
		<u> </u>
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BLOCK A Identity of Publicly Traded Assets And Unearned Income Sources Report the complete name of each publicly			At	the -	iual clos	t ion e of	repo	B Ass rting an \$	peri	od.					<u>-</u>					1	ype an		LOC mo i			inco	ome					<u> </u>	
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								colur							-	Тур	e o	f In	con	ne						An	lou	nt c	of In	cor	ne	**	
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)	\$1,001 - \$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	r \$50,000,000	•	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	Actual Amount Required if "Other" Specified
S, IBM Corp. (stock)				X										Х							Example		х										Example
or J (S) Keystone Fund		_			X													X			Example	X											Example
1 (J) CHOSE (CHECKING)		X																				Y											
2 (J) US SENATE F-CU (CHECKING)		X								-												X			•							1	
3 (F) US SEWATE FCU (SAVINGS)			X																			X		_									
4 PRINCIPAL INVESTORS EQUITY INCOINT (PRIAX)			X															X					X										
FIDELITY (S) FREEDOM K 2015 (FKYFX)			X											_				X	1				X								+	_	<u>.</u>
6 (S) FREEDOM K 2015 (FKYFX)						X												X									X				1	+	<u>. </u>
7 (S) FIDELITY SHOOT- INTER GOVT FUND (FFXSX)					χ													X		1					χ		~	_	\dashv	$\neg \dagger$	\dashv	1	
8 (S) SHORT-INIBL GOVT FUND (FFXSX)					X													X							X	7				_		+	<u>-</u> -
9 PUBLIC EMPLOYETS RETIREMENT FUND 5785E OF WASHINGTON			X															X		1			χ	\dashv		_			+	_	\dashv	+	
(5) MOREON EREWAI FUND (VMREX)	7	V											 				_		_	1			4		┪				\dashv			\dashv	

Reporting Individual's Name CO E Amendment	PART IIIA. PUBLICLY TRADED ASSETS AND UNEARNED INCOME SOURCES													age Number																			
MURRAY, PATTY L.	۲/ 	\ K	 	IA.	, t	וטי	BL'	ICI	LY	TF	(A)	DE	:D	AS	SF	ETS	S A	\N[D U	INE	EARN	ED	IN	CC)M	E S	30 ′	UR	CE	ES			4
BLOCK A Identity of Publicly Traded Assets And Unearned Income Sources			A		B Iuati close	ion		Ass												7	Type an		LOÇ	-		incc	-m∈	<u>.</u>			-	<u>.</u>	•
Report the complete name of each publicly traded asset held by you, your spouse, or your dependent child, (See p.3,			. [1	If Nor	ne, or heck t	r less	s tha	an \$1	1,001	, ,					_	Тур	oe c	of In	cor	ne		L				An	10U	nt o	f In	ICOI			<u> </u>
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"	\$1,001)								000	000	000							pun			Other	1)	:										Actual Amount
income during the reporting period. Include on this PART IIIA a complete identification of each public bond, mutual	less than \$1,0		0,000	00,00	\$250,000	500,000	1,000,000	***000	\$5,000,000	\$25,000,0	- \$50,000	000,						estment Fi	St	d Trust	(Specify Type)	\$20		500	000	000	000.	000'0	000'000'	***000	5,000,000	000	Required if "Other"
fund, publicly traded partnership interest, excepted investment funds, bank accounts, excepted and qualified blind trusts, and publicly traded assets of a	None (or less		001 -	1-81	.001	,001 - \$	30,001 – \$	er \$1,000,	.000,001 -	000,001 -	5,000,001	er \$50,000	je Je	Dividends	 	Interest	Capital Gains	epted Inve	epted Tru	Qualified Blind		e (or less	1 - \$1,000	1 - \$2,	1 - \$5,	1 - \$15,	,001 - \$50,	001 - \$100	0,001 - \$1,	r \$1,000,0	00,001 - \$	r \$5,000,0	Specified
retirement plan.	ž	\$1	\$1.	\$50	\$100	\$250	\$500	Ove	\$1.	\$5,0	\$25	ð	None	Ö	Rent	Inte	Car	Exc	Exc	QUE		Non	\$201	\$1,0	\$2,5	\$5,00	\$15	\$50,001	\$100	ŏ	\$1,0	O O	
Example: DC, or J (S) Keystone Fund				X	V		_							Х							Example		Х										Example
VanGuara			,	\square	^			-		-				 	 	+-	—	X			Example	Х											Example
(S) PRIMECAP FUND (VPMCX)		X					_	_								<u> </u>		X					X					ĺ					
2(5) VANGUARD (VGENX)		X																X					X										
3 (5) FIDELITY VACINGUE ANNUITY ASSET MER (FAVAM)			X																			X							1	1		7	
4 (S) INST SHOOT INTER GOVT FUND (FFXSX)		X																				X	7	1				_	+	-			
5 (5) SPARITH SCO INDEA FUND (FUSEX)		X						7														Íχ	-					_	+	-			
6 (5) GROWIN +INCOME (FERIX)		X																				X	\top	_				\dashv	+	+	$\overline{}$	+	
7 (5) FIDELIN (FMAGX)		X				\top																X	-	\uparrow	1	+	-	\dashv	+	\dashv	\dashv	-	
8 (3) BUFFALC MID CAP (BUFMX)			X															X				\bigcap	X	1	+	1	1	+	+	1	\dashv	+	
9 (5) COL MID CAP VALOPRY (RSCMX)			X					\top													,	X		+	7	+	+	\uparrow	+	\dashv		+	
10			\prod				1	7						\Box					\Box		 -	\bigcap	+	\dashv	十	-	-+	+	+	\dashv	+	+	

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.

<u> DODOORFORSES</u> Reporting Individual's Name Amendment Page Number PART IV. TRANSACTIONS MURRAY **Amount of Transaction (x)** Report any purchase, sale, or exchange by you, your spouse, or dependent Transaction child (See p.3 CONTENTS OF REPORTS Part B of Instructions) during the Type (x) reporting period of any real property, stocks, bonds, commodity futures, and \$25,000,000 \$5,000,000 other securities when the amount of the transaction exceeded \$1,000. \$1,000,000 Include transactions that resulted in a loss. Do not report a transaction \$250,000 \$500,000 100,000 Transaction Over \$1,000,000*** 50,000 involving property used solely as your personal residence, or a transaction Over \$50,000,000 Date between you, your spouse, or dependent child. Please clarify which two (Mo., Day, Yr.) \$1,000,001 properties are involved in any reportable exchange. \$25,000,001 Exchange \$5,000,001 \$500,001 \$100,001 \$250,001 5,00 ,001 **Identification of Assets** IBM Corp. (stock) NYSE 2/1/1X E M Example: DC, Microsoft (stock) NASDAQ/OTC 1/27/1XE FIDEZITY GOUT PORTFOLIO 5 HORT - INTER BINCEKLY FIDELITY BARAX BAREN A-SSET FUND FRELITY つしいしい BUFMX, BUFFERO MID - CAP

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 I	ndividual s Name	9 U	Amendme	nt

PART VII. LIABILITIES

Page	Number
	6

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	Term if Applicable	0,001 - \$15,000	5,001 - \$50,000	0,001 - \$100,000	00,001 - \$250,000	50,001 - \$500,000	000,000, \$1,000,000	/er \$1,000,000***	,000,0001 - \$5,000,000	,000,000, - \$25,000,000	5,000,001 - \$50,000,000	
	 		0,0	2,0	Ö,	00,	50,	00,	/er (Š.	8	5,0	

Category of Amount of Value (x)

accounts.		-		Dat	Inte	Term	001 - \$1	001 - \$5	001 - \$1	3,001 - \$	- 100,	3,001 - 9	r \$1,000	000,001	000,001	000,	r \$50,00
Name	of Creditor	Address	Type of Liability	,			\$10,	\$15,	\$50,	\$100	\$250	\$500,00	Over	\$1,0	\$5,0	\$25,	Over
S,	First District Bank	Wash., DC	Mortgage on undeveloped land	1992	13%	25yrs	-		X		Ε	X	Α	M	Р	Ŀ	E
Example: DC, or J	(J) John Jones	Wash., DC	Promissory Note	2000	10%	On dmd				X	Ε	X	Α	M	Ρ	L	E
(J) C 14	4SE	SEATTLE, WA	REFINANCE	2002	5.5%	15,49			_	X		·					
	ASE	SEATTLE WA	REFINANCE		5.5%					X							
3 (J) CI		SEATTLE, WA	HOME EQUITY LOAN	2005	PRIME RATE			X					,				
4							<u></u>						-				
5																	
6									<u> </u>								
7					<u> </u>			<u> </u>				<u> </u>					
8				<u> </u>	<u> </u>											_	
9							_				<u> </u>	-	<u> </u>		 - -	_	
10							_			-		 	ļ <u></u>			<u> </u>	
11								-						<u> </u>			
12																	

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.