# UNITED STATES SENATE FINANCIAL DISCLOSURE REPORT FOR ANNUAL AND TERMINATION FILERS

Amendment				
ist Name	First Name and Middle Initial	Annual Report  Calendar Year Covered by Report	Senate Office / Agency in Which Employed	
MURPHY	CHRISTOPHER S.	2012	MURQ137 - CT	
enate Office Address (Number, Street, City, State, and ZIP Code)	Senate Office Telephone Number (Include Area Code)		Dries Office / Acceptuin Which Employed	
STICE B-404 DC SOSIO	202-224-4041	Termination Date (mm/dd/yy)	Prior Office / Agency in Which Employed	
AFTER READING THE INSTRUCT	IONS – ANSWER EACH OF	THESE QUESTIONS A	ND ATTACH THE RELEVAN	<b>PART</b>
	YES NO		Υ	ES NO
id any individual or organization make a donation to aying you for a speech, appearance, or article in the Yes, complete and attach PART I.	reporting period?	Did you, your spouse, or dependent reimbursements for travel in the reposition from one source)? If Yes, complete and attach PART V		X
id you or your spouse have earned income (e.g., sale exporting period? Yes, complete and attach PART II.	able source in the	Did you, your spouse, or dependent (more than \$10,000) during the repo	rting period?	
oid you, your spouse, or dependent child hold any replace than \$1,000 at the end of the period, or receive to estment income of more than \$200 in the reporting Yes, complete & attach PART IIIA and/or IIIB.	unearned or	Did you hold any reportable position current calendar year? If Yes, complete and attach PART V	s on or before the date of filing in the	X
old you, your spouse, or dependent child purchase, so eportable asset worth more than \$1,000 in the reportion of the portion o	ng period?	Do you have any reportable agreementity? If Yes, complete and attach PART IX	ent or arrangement with an outside	
old you, your spouse, or dependent child receive any eporting period (i.e., aggregating more than \$350 and xempt)?  Yes, complete and attach PART V.	not otherwise	If this is your FIRST Report: Did you \$5,000 from a single source in the to If Yes, complete and attach PART X		
Each question must b	e answered and the approp	oriate PART attached fo	r each "YES" response	መን መን
			FOR OFFICIAL USING Below	

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CHRISTOPHER 5. MUPPHY

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### PART II. EARNED AND NON-INVESTMENT INCOME

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	Ad	dress (City, State)	Type of Income	Amount
Example:	JP Computers	Wash., DC	EXAMPLE	Salary	\$15,000
схантріе.	MCI (Spouse)	Arlington, VA	EXAMPLE	Salary	Over \$1,000
1 CONA	JECTICUS (EGAL SERVICES (SPOUSE)	MIDDLEZENN	, <sub>-</sub> -	SALARY	0 VER 1,000
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3					
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Reporting Individual's Name 0 6 2 3 2 0 9		-	·	<u>.</u> .
CHRISTOPHER S. MURPHY	PART IIIA.	PUBLICLY TRADED ASSETS	S AND UNEARNED INCOME	SOURCES

Page Number

BLOCK A Identity of Publicly Traded Assets And Unearned Income Sources Report the complete name of each publicly			At	<b>Val</b> the o	u <b>at</b> i close ne, or	of re	of A	Ass ting   in \$1	perio	od.										Т	ype and		LOC <b>mo</b> l			ncc	me						
raded asset held by you, your spouse, or our dependent child, (See p.3,				ch	eck t	he fii	st c	olum	ıń.							Гур	e o	f Ind	om	ie				_		Am	oui	nt o	f In	cor	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 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)	\$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	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	- \$100,	\$100,001 - \$1,000,000	Over \$1,000,000***	\$1,000,001 - \$5,000,000	0,0	Actual Amount Required if "Other" Specified
S, IBM Corp. (stock)				Х		_								Х							Example		Х										Example
or J (S) Keystone Fund			_		X									ļ				Х			Example	Х			_								Example
DC, CHET 529 Aggressen Mungel Allowsin		X														<u> </u>																	
DC. CHET 529 MOJ. Money HII-ution		×	,																,														
DC CHET 529 Social Choice Option		×			j																												<del>''</del>
SP. Schools IRA - Carly Reserves		X							-																								<del></del> .
SP Fiblity ficulin Fund 2035			X																												·		
SP. Vingues Prim Miny Mores ford		X																															
JT. USAA Checking Account				X																									·-	:			
	-																																
						1	$\dashv$		-			П																					
							$\dashv$					H		<del> </del>																			
XEMPTION TEST (see instructions before marking box): If this category applies only if the asset is/was held independent	f you ende	omit ntly b	tted a by the	ny as	set b use o	ecau r dep	ıse it ende	t mee ent c	ets th	ne thr	ee-p	oart te set is	est fo s/was	or exe s eith	empt er he	ion d eld by	escri the	bed i	n the	instr	ructions, pl eld, use th	ease e oth	ched	ck bo	ox to ories	the r	ight. Iue, a	as ap	prop	riate	<u>_</u>		

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# PART VII. LIABILITIES

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							Cate	go	ry o	f Ar	Amount of Value (x)							
p. tin re re fu	eport liabilities over \$10,000 owns, CONTENTS OF REPORTS, ne during the reporting period. porting period. Exclude: (1) monted (except for Senators); (2 miture or appliances; and (3) liability structions. See Instructions for	Part B of Instructions), Check the highest amort person your person loans secured by autoabilities owed to certain	Date Incurred	Interest Rate	Discount Points Paid for Mortgage (Senators Only)	Term if Applicable	,001 - \$15,000	,001 - \$50,000	.001 - \$100,000	,001 - \$250,000	,001 - \$500,000	,001 - \$1,000,000	\$1,000,000	,000,001 - \$5,000,000	,000,001 - \$25,000,000	01	\$50,000,000	
	Name of Creditor	Address	Type of Liability			Dis Mon		\$10,(	\$15,(	\$50,0	\$100	\$250	\$500,	Over	\$1,0(	\$5,0(	\$25,0	Over
Γ,	S, First District Bank xample: DC,	Wash., DC	Mortgage on undeveloped land	1992	13%	1 pt	25 yrs			X		E	Х	Α	М	P	L	E
L	or J (J) John Jones	Wash., DC	Promissory Note	2000	10%	n/a	On dmd	·			Х	E	Х	Α	М	Р	L	E
1	JT. PHH	Mt. Luurel, N)	Home Mirtgage	2010	5.25	nla	30 yr					×						
2	Sallie Mee	Wilker Dure, RA	St-Jent Low	1998	5.12	n/a			X									
3	SP. Sallia Maa	Wilker Berre, PA	Student Low	1997	5.38	n/a			X							-		
4																	:	
5	note: these Lates are	the Sates that we	began taking															
6	00x 10002 - 6.41 1.001																	
7	Sulle Mee (our grabue	hin 2-ta, are 201	1 (5p-25e) m > 2-02															
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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.

Reporting Individuals figure 6.2	Amendment

CHRISTOPHER S. MURPHY

## PART VIII. POSITIONS HELD OUTSIDE U.S. GOVERNMENT

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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.

_	Na	ame of Organization	Address (City, State)	Type of Organization	Position Held	From (Mo/Yr)	To (Mo/Yr)
	ample:	National Assn. of Rock Collectors	NY,NY <b>EXAMPLE</b>	Non-profit education	President	6/91	Present
-^	ampie.	Jones & Smith	Hometown, USA EXAMPLE	Law Firm	Partner	7/96	11/1X
1	Susa	D. Arthung Prijer	Turring ton. CT	non-profit domestic violace	Advissing Board	2007	Present
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12			•		•		
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Compensation in excess of \$200 from any position must be reported in Part II.