United States Senate

OFFICE OF THE SECRETARY

OFFICE OF PUBLIC RECORDS

PAMELA B. GAVIN
SUPERINTENDENT

HART SENATE OFFICE BUILDING SUITE 232 WASHINGTON, DC 20510–7116 PHONE: (202) 224–0322

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JUN 1 5 2009

Public Disclosure Commission

MEMORANDUM

TO:

Secretary of State

FROM:

Senate Office of Public Records

RE:

Public Financial Disclosure Reports

Pursuant to the Ethics in Government Act Section 103(i), please find an enclosed report and/or amendment for a candidate/senator's public financial disclosure report. Please keep a copy for your records.

If you have any further questions, please contact April Judd in the Senate Public Records Office at (202) 224-0322.

Enclosure

RECEIVED

UNITED STATES SENATE FINANCIAL DISCLOSURE REPORT JUN 1 5 2009 FOR ANNUAL AND TERMINATION REPORTS Last Name First Name and Middle Initial Annual Report Senate Office / Agency in Which Employed Commission Calendar Year Covered by Report: MURRAY Y MURRAY 2008 SENATOR PATT Senate Office Address (Number, Street, City, State, and ZIP Code) Senate Office Telephone Number (Include Area Code) Termination Report Prior Office / Agency in Which Employed 173 RUSSELL BUILDING Termination Date (mm/dd/yy): (202) 224-0217 WASHINGTON DC 20510 AFTER READING THE INSTRUCTIONS - ANSWER EACH OF THESE QUESTIONS AND ATTACH THE RELEVANT PART YES NO Did any individual or organization make a donation to charity in lieu of Did you, your spouse, or dependent child receive any reportable travel or reimbursements for travel in the reporting period (i.e., worth more than paying you for a speech, appearance, or article in the reporting period? \$335 from one source)? If Yes, Complete and Attach PART I. If Yes, Complete and Attach PART VI. 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 Did you, your spouse, or dependent child have any reportable liability (mdre than \$10,000) during the reporting period? reporting period? If Yes, Complete and Attach PART VII. If Yes, Complete and Attach PART II. 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 Did you hold any reportable positions on or before the date of filing in the investment income of more than \$200 in the reporting period? current calendar year? If Yes, Complete and Attach PART VIII. If Yes, Complete & Attach PART IIIA and/or IIIB Did you, your spouse, or dependent child purchase, sell, or exchange any Do you have any reportable agreement or arrangement with an outside reportable asset worth more than \$1,000 in the reporting period? entity? If Yes, Complete and Attach PART IV. If Yes, Complete and Attach PART IX. Did you, your spouse, or dependent child receive any reportable gift in the If this is your FIRST Report: Did you receive compensation of more than reporting period (i.e., aggregating more than \$335 and not otherwise \$5,000 from a single source in the two prior years? exempt)? If Yes, Complete and Attach PART X. 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. This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended. The statement will be made available FOR DEFICIAL USE ONLY by the Office of the Secretary of the Senate to any requesting person upon written application and will be reviewed by the Select Committee Do Not Write Below this Line 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. 6, 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. For Official Use Only - Do Not Write Below This Line It is the Opinion of the reviewer that Signature of Reviewing Official Date (Month, Day, Year) the statements made in this form are in compliance with Title I of the Ethics in Government Act.

1	RAY, PATTY L.	PART	II. EARNED	AND NON-INVESTM	IENT INCOME	Page Number									
For you amount	ir spouse, report the source (name and address) and typur spouse. (See p.3, CON	you from any source aggregating \$200 or more during the reporting period. ome which aggregate \$1,000 or more during the reporting period. No ORTS Part B of Instructions.) Do not report income from employment by the												
For you	uals not covered by the Ho and /or your spouse, report a, appearance or article) gen	honoraria income received			nount, give the date of, and des noraria reported on Part I.	cribe the activity									
	Name of Income	Source	Add	dress (City, State)	Type of Income	Amount									
Example:	JP Computers		Wash., DC	Example	Salary Example	\$15,000									
1 S	SA MARINE	(SPOUSE)	SEATTLE	Example V18	Salary Example SALARY	Over \$1,000									
2			001)/			ED									
3					RECEN	200									
4															
5					Public Disch	n.									
6															
7															
8															
9															
10	_														
11															
12															

PART IIIA. PUBLICLY TRADED ASSETS AND UNEARNED INCOME SOURCES															_	Number 3																	
BLOCK A Identity of Publicly Traded Assets And Unearned Income Sources Report the complete name of each publicly			ts eriod			BLOCK C Type and Amount of Income If "None (or less than \$201)" is Checked, no other entry is needed in Block C for that item. This includes income received or accrued to the benefit of the individual.															This												
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		\$1,001 - \$15,000	\$15,001 - \$50,000		\$100,001 - \$250,000	\$250,001 - \$500,000			\$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		Qualified Blind Trust	Other (Specify Type)	None (or less than \$201)		JU	C N Bill Bill Bill Bill Bill Bill Bill Bi	E 15 Disconnis	\neg	E C 09)000		000'000	8	Actual Amount Required if "Other" Specified
s, IBM Corp. (stock) Example: DC	1			х			_							х							Example	X	Х		_								Example Example
or J (S) Keystone Fund	+	 	_	_	X	_	+	-				\vdash	-		-	-	-	X			Example	Ĵ					-						
1 (J) WASHINGTON MUTUAL (CHECKA) 2 (J) US SENATE FCU 3 PRINCIPAL EQUITY INCOME 4 (S) PRINCIPAL EQUITY INCOME 5 (S) RETIREMENT PLAN 5 (S) RETIREMENT PLAN 6 (S) FLOELITY 6 (S) FLOELITY 7 PUBLIC EMPLOYELS RETROMBER FOR 7 STATE OF WASHINGTON	۵	X	XXX	X		X								X				XXX				X	XXX	X									
8 (S) YANGUARD 9 (S) YANGUARD PRIMECAR FUND	+	X		+	-	-			-		-	+	- -		-	-	-	X		H		X	X				+	\perp	_	+	+	1	
10 (S) PRIMECAR FUND 10 (S) PRIMECAR FUND	1	X	.1									I		for		Intion	des	Y	1 in #	ne in	structions,	plea	X se ch	_	pox t	to the	e righ	1t.					

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 MURRAY, PATTY L.	PART IIIA. PUBLICLY TRADED ASSETS AND UNEARNED INCOME SOURCES															4																	
BLOCK A Identity of Publicly Traded Assets And Unearned Income Sources		BLOCK B Valuation of Assets At the close of reporting period.											If "N	lone	(or le	ess t	than t	\$201	4 \" ic	pe and Checked,	Am	other	n t o t entry	v is r	need	ed in	ı Bloo	sk C	for t	that i	tem.	This	
Report the complete name of each public traded asset held by you, your spouse, or		If None, or less than \$1.001, Check the first column.												Type of Income Amount of Income RECEIVED																			
your dependent child, (See p.3, CONTENTS OF REPORTS Part B of Instructions) for production of income or investment which:																									JUN	1 1	5 2	2009	- 1				
(1) had a value exceeding \$1,000 at the close of the reporting period; and/or(2) generated over \$200 in "unearned"	6 \$1,001)						0		300	000	000,00							t Fund	- -		Other	\$201)		1	Publ	ic Di omin		1	000		000,0	- 1	Actual Amount Required
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	than	- \$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	0,001 - \$25,000,000		Over \$50,000,000		spu		st	Capital Gains	Excepted Investment Fund	Excepted Trust	Qualified Blind Trust	(Specify Type)	None (or less than \$	\$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	\$5,000,000	if "Other" Specified
accounts, excepted and qualified blind trusts, and publicly traded assets of a retirement plan.	None (\$1,001	\$15,00	\$50,00	\$100,0	\$250,0	\$500,0	Over \$	\$1,000	\$5,000,001	\$25,00	Over §	None	1	Rent	Interest	Capite	Exce	Excet	Qualit	•	_		\$1,00	\$2,50	\$5,00	\$15,(\$50,(\$100	Over	\$1,0	Over	Example
S, IBM Corp. (stock) Example: DC, or J (S) Keystone Fund		+	+	х	x		-	-	-	-	-	\vdash		X	-	<u> </u>	_	x			Example Example	1	X										Example
1 (5) FIDELITY INVESTMENT LIFE INS. VARIABLE ANNITY - ASSET MANY	RACI	X																				X								<u> </u>	 	-	
2 (5) FIDELITY NUST SHOOT-INTER GOV'T PORTE	Į.	X						Γ														X	<u>'</u>		_	<u> </u>	_	_	-	-	1-	-	
3 (5) PIDELITY INDEX POSTED		X														_	_			_		X	_	_	-	_	-	-	-	-	1-	-	
4 (5) FIDERITY + INCOME POETFOR		X												1	1	_	1	_	1	1_	1	X	_	-	 	-	-	-	-	+	-	1	
5 (5) FIDELITY PORTOLIO		X	1					_				_			_	1	1	1	1	1-	<u> </u>	X	1	1.0	-	+-	+-	+-	-	+	+	┼	-
6 (5) FIDELITY RYS MID CAP VALUE R	24		X				_	_	1	1	1	1			1	_	1-	X		1	<u> </u>	+	+-	X	+-	+	-	+-	+	+	+	+-	-
7 (S) FIDELITY ASSET FUND		1	X		1	L	_	<u> </u>	_			1		1	+	_	1	X	1	1	 	1	 	X	+	+	+-	+-	+	+	+-	+	-
8		1	1	_	1_	_	<u></u>	1	1	1	_	-	-	4	+	+	1	+	+	1		+	+-	+	+	-	+	+	+	+	+	+-	
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10																								<u></u>	L	<u></u>		<u>_</u>					1
EXEMPTION TEST (see instructions before marking *** This category applies only if the asset is/was held	<i>box)</i> : If y	ou on dently	nitted by th	any ie sp	asset ouse	t bec or d	ause lepen	e it m ndent	neets t child	the t	three the a	-parl isset	t test is/w	for e as ei	ther	ption held	des by th	cribe 1e file	d in t r or j	the in jointly	structions, / held, use	plea the c	se ch other	eck l cate	oox t gorie	io the is of t	value	n. e, as	аррг	opria	ate.		

Page Number

MURRAY, PATTY L.	PAF	et l	V. TF	RAN	SACTIONS			A			T		4:		Number 5	-
Report any purchase, sale, or exc child (See p.3 CONTENTS OF RE	nange by you, your spouse, or dependent PORTS Part B of Instructions) during the		ansact		RECEI JUN 15			Ame	oun	τοτ	ıran	isac	tion			
reporting period of any real proper other securities when the amount Include transactions that resulted involving property used solely as y between you, your spouse, or dep properties are involved in any repo	Purchase	Sale	Exchange	Public Disc Commiss Transaction Date (Mo., Day, Yr.)	l	١.	\$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	
	ation of Assets		တိ	m		\$1	1	\$5	\$1			Ó			\rightarrow	
Example: DC, IBM Corp. (stock		X	 		2/1/0X		×			E	X	Α	M	P	<u> </u>	E
or J (DC) Microsoft (stock	NASDAQ/OTC		X		1/27/0X				Х	E	Х	Α	М	Р	<u> </u>	Ε
(2) INST. SHOET-INTE	R GOUT PORTFOLIO	X			BINGERLY		X									
2 (S) FIDELITY APPREC	Cocer		X		10/13/69		X									
3 (S) FIDELITY RYS MID CA	P VALUE RY	X			10/13/09		X									
4																
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EXEMPTION TEST (see instructions before ma *** This category applies only if the asset is/was he	king box): If you omitted any asset because it meets the thred independently by the spouse or dependent child. If the asset	ee-par is/was	t test for either he	exempt ld by the	ion described in the ins filer or jointly held, use t	truction	ons, p her cat	lease legorie	check s of va	box talue, a	to the	right. ropriat	te.			