

**UNITED STATES HOUSE OF REPRESENTATIVES**  
**FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 2007**

**FORM A** For use by Members, officers, and employees

**HAND DELIVERED**

Joseph D. Courtney  
 (Full Name)  
 202.225.2076  
 (Daytime Telephone)

LEGISLATIVE RESOURCE CENTER  
 2009 MAY 15 PM 3:14  
 (Office Use Only) *Mc*

**Filer Status**  Member of the U.S. House of Representative State: CT District 02  
 Officer or Employee  
 Employing Office

**Report Type**  Annual (May 15)  Amendment  Termination Termination Date

**OFFICE OF THE CLERK**  
**A \$200 penalty shall be assessed against anyone who files more than 30 days late.**

**PRELIMINARY INFORMATION -- ANSWER EACH OF THESE QUESTIONS**

I. Did you or your spouse have "earned" income (e.g., salaries or fees) of \$200 or more from any source in the reporting period? Yes  No  VI. Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than \$305 and not otherwise exempt)? Yes  No

II. If yes, complete and attach Schedule I. 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? Yes  No  VII. Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than \$305 from one source)? If yes, complete and attach Schedule VII. Yes  No

III. If yes, complete and attach Schedule II. Did you, your spouse, or a dependent child receive "unearned" income of more than \$1,000 in the reporting period or hold any reportable asset worth more than \$1,000 at the end of the period? If yes, complete and attach Schedule III. Yes  No  VIII. Did you hold any reportable positions on or before the date of filing in the current calendar year? Yes  No

IV. Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset in a transaction exceeding \$1,000 during the reporting period? If yes, complete and attach Schedule IV. Yes  No  IX. Did you have any reportable agreement or arrangement with an outside entity? If yes, complete and attach Schedule IX. Yes  No

V. Did you, your spouse, or a dependent child have any reportable liability (more than \$10,000) during the reporting period? Yes  No

If yes, complete and attach Schedule V.

**EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION -- ANSWER EACH OF THESE QUESTIONS**

**Trusts-** Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child? Yes  No

**Exemptions--** Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption? Yes  No

Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.

# SCHEDULE I - EARNED INCOME

Name Joseph D. Courtney

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List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) totaling \$200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria; list only the source for other spouse earned income exceeding \$1,000.

Source	Type	Amount
Boyan, Balskus and Foran, LLC	Compensation for legal services rendered prior to becoming a member of Congress	\$9,504.77
St. Francis Hospital and Medical Center	Spouse Salary	N/A
Windham Hospital	Spouse Salary	N/A

**SCHEDULE III - ASSETS AND "UNEARNED" INCOME**

Name Joseph D. Courtney

BLOCK A <b>Asset and/or Income Source</b> <small>Identify (a) each asset held for investment or production of income with a fair market value exceeding \$1,000 at the end of the reporting period, and (b) any other assets or sources of income which generated more than \$200 in "unearned" income during the year. For rental property or land, provide a complete address. Provide full names of stocks and mutual funds (do not use ticker symbols). For all IRAs and other retirement plans (such as 401(k) plans) that are self directed (i.e., plans in which you have the power, even if not exercised, to select the specific investments), provide the value and income information on each asset in the account that exceeds the reporting threshold. For retirement plans that are not self-directed, name the institution holding the account and its value at the end of the reporting period. For an active business that is not publicly traded, state the name of the business, the nature of its activities, and its geographic location in Block A. For additional information, see the instruction booklet.</small>	BLOCK B <b>Year-End Value of Asset</b> <small>at close of reporting year. If you use a valuation method other than fair market value, please specify the method used. If an asset was sold and is included only because it is generated income, the value should be "None."</small>	BLOCK C <b>Type of Income</b> <small>Check all columns that apply. Check "None" if asset did not generate any income during the calendar year. If other than one of the listed categories, specify the type of income by writing a brief description in this block. (For example: Partnership income or Farm Income)</small>	BLOCK D <b>Amount of Income</b> <small>For retirement plans or accounts that do not allow you to choose specific investments, you may write "NA" for income. For all other assets, indicate the category of income by checking the appropriate box below. Dividends, even if reinvested, should be listed as income. Check "None" if no income was earned.</small>	BLOCK E <b>Transaction</b> <small>Indicate if asset had purchases (P), sales (S), or exchanges (E) exceeding \$1,000 in reporting year.</small>
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Exclude: Your personal residence(s) (unless there is rental income); any debt owed to you by your spouse, or by your or your spouse's child, parent or sibling; any deposits totaling \$5,000 or less in personal savings accounts; any financial interest in or income derived from U.S. Government retirement programs.

If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT), in the optional column on the far left

Merrill Lynch IRA-In entirely	\$100,001 - \$250,000	DIVIDENDS	\$1,001 - \$2,500	
-IRA Holding: American Growth Fund of America, CLC (Symbol: GFACX)	\$15,001 - \$50,000	DIVIDENDS	\$1 - \$200	
*Rollover from Merrill Lynch SRA that was consolidated in 2007 with the Merrill Lynch IRA				
-IRA Holding: American Small Cap World, FD C LA, (Symbol: SMCWX)	\$15,001 - \$50,000	DIVIDENDS	\$201 - \$1,000	
-IRA Holding: Blackrock Large Cap Core , FD C, (Symbol: MCLRX)	\$15,001 - \$50,000	None	NONE	

**SCHEDULE III - ASSETS AND "UNEARNED" INCOME**

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-IRA Holding: Blackrock Focus, Growth Fund Inc C, (Symbol: MCFOX) \$1,001 - None NONE

\*Rollover from Merrill Lynch SRA that was consolidated in 2007 with the Merrill Lynch IRA

-IRA Holding: J Hancock Financial Ind, FD CL A, (Symbol: FIDAX) \$15,001 - \$50,000 DIVIDENDS \$1 - \$200

-IRA Holding: Lord Abbett, Small Cap Blend CI C, (Symbol: LSBCX) \$1,001 - \$15,000 None NONE

\*Rollover from Merrill Lynch SRA that was consolidated in 2007 with the Merrill Lynch IRA

-IRA Holding: Putnam Intl New Opps C, (Symbol: PIOCX) \$1,001 - \$15,000 DIVIDENDS \$1 - \$200

\*Rollover from Merrill Lynch SRA that was consolidated in 2007 with the Merrill Lynch IRA

-IRA Holding: Van Kampen Global, Franchise FD CL C, (Symbol: VGFCX) \$15,001 - \$50,000 DIVIDENDS \$1 - \$200

-IRA Holding: Lord Abbett Large Cap, Core Fund CL C, (Symbol: LLRCX) \$15,001 - \$50,000 None NONE

\*Rollover from Merrill Lynch SRA that was consolidated in 2007 with the Merrill Lynch IRA

**SCHEDULE III - ASSETS AND "UNEARNED" INCOME**

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Merrill Lynch (College Savings Account) in entirety	\$15,001 - \$50,000	INTEREST	\$5,001 - \$15,000
-529 Holding: Franklin Flex Cap Growth Fund	\$1,001 - \$15,000	None	NONE
-529 Holding: Franklin Large Cap Value Fund	\$1,001 - \$15,000	None	NONE
-529 Holding: Franklin Small-Mid Cap Growth Fund	\$1,001 - \$15,000	None	NONE
-529 Holding: Franklin Mutual Shares Fund	\$1,001 - \$15,000	None	NONE
-529 Holding: Franklin Mutual European Fund	\$1,001 - \$15,000	None	NONE
-529 Holding: Franklin Templeton Foreign Fund	\$1,001 - \$15,000	None	NONE
-529 Holding: Franklin US Govt. Securities Fund	\$1,001 - \$15,000	None	NONE
-529 Holding: Franklin Strategic Income Fund	\$1,001 - \$15,000	None	NONE
-529 Holding: Franklin Total Return Fund	\$1,001 - \$15,000	None	NONE
-529 Holding: Templeton Global Bond Fund	\$1,001 - \$15,000	None	NONE

**SCHEDULE VII - TRAVEL PAYMENTS AND REIMBURSEMENTS**

Name Joseph D. Courtney

Identify the source and list travel itinerary, dates, and nature of expenses provided for travel and travel-related expenses totaling more than \$305 received by you, your spouse, or a dependent child during the reporting period. Indicate whether a family member accompanied the traveler at the sponsor's expense, and the amount of time, if any, that was not at the sponsor's expense. Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor. Exclude: Travel-related expenses provided by federal, state, and local governments, or by a foreign government required to be separately reported under the Foreign Gifts and Decorations Act (5 U.S.C. § 7342); political travel that is required to be reported under the Federal Election Campaign Act; travel provided to a spouse or dependent child that is totally independent of his or her relationship to you.

Source	Date(s)	Point of Departure-- Destination--Point of Return	Lodging? (Y/N)	Food? (Y/N)	Was a Family Member Included? (Y/N)	Days not at sponsor's
American Shipbuilding Association	November 26-28	Hartford-Naples	Y	Y	N	1 Days

# SCHEDULE VIII - POSITIONS

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Report all positions, compensated or uncompensated, held during the current calendar year as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm, partnership, or any business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States. Exclude: Positions held in any religious, social, fraternal, or political entities; positions solely of an honorary nature; and positions listed on Schedule I.

Position	Name of Organization
Director	Connecticut Health Policy Project