

**UNITED STATES HOUSE OF REPRESENTATIVES**  
**CALENDAR YEAR 2008 FINANCIAL DISCLOSURE STATEMENT**

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

**HAND DELIVERED**

Joseph D. Courtney  
 (Full Name)

202.225.2076  
 (Daytime Telephone)

2009 MAY 15 PM 12:49  
 (Office Use Only)

LEGISLATIVE RESOURCE CENTER

<b>Filer Status</b>	<input checked="" type="checkbox"/> Member of the U.S. House of Representatives	<b>State:</b> CT	<b>District:</b> 02	<b>Officer Or Employee</b>	<input type="checkbox"/> Officer <input type="checkbox"/> Employee	<b>Employing Office:</b>	<b>U.S. HOUSE OF REPRESENTATIVES</b>
<b>Report Type</b>	<input checked="" type="checkbox"/> Annual (May 15)	<b>Amendment</b>	<b>Termination</b>	<b>Termination Date:</b>			<b>A \$200 penalty shall be assessed against anyone who files more than 30 days late.</b>

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

<b>I.</b>	Did you or your spouse have "earned" income (e.g., salaries or fees) of \$200 or more from any source in the reporting period? If yes, complete and attach Schedule I.	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>	<b>VI.</b>	Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than \$335 and not otherwise exempt)? If yes, complete and attach Schedule VI.	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
<b>II.</b>	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? If yes, complete and attach Schedule II.	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>	<b>VII.</b>	Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than \$335 from one source)? If yes, complete and attach Schedule VII.	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
<b>III.</b>	Did you, your spouse, or a dependent child receive "unearned" income of more than \$200 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 <input checked="" type="checkbox"/>	No <input type="checkbox"/>	<b>VIII.</b>	Did you hold any reportable positions on or before the date of filing in the current calendar year? If yes, complete and attach Schedule VIII.	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
<b>IV.</b>	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 <input type="checkbox"/>	No <input checked="" type="checkbox"/>	<b>IX.</b>	Did you have any reportable agreement or arrangement with an outside entity? If yes, complete and attach Schedule IX.	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
<b>V.</b>	Did you, your spouse, or a dependent child have any reportable liability (more than \$10,000) during the reporting period? If yes, complete and attach Schedule V.	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>	<b>Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.</b>			

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

<b>Trusts-</b>	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 <input type="checkbox"/>	No <input checked="" type="checkbox"/>
<b>Exemptions--</b>	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? Do not answer "yes" unless you have first consulted with the Committee on Standards of Official Conduct.	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>

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# SCHEDULE I - EARNED INCOME

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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
St. Francis Hospital and Medical Center	Spouse Salary	N/A
Boyan, Balskus and Foran, LLC	Compensation for legal services rendered prior to becoming a Member of Congress	\$24,435.86

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

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BLOCK A <b>Asset and/or Income Source</b> 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.  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.	BLOCK B <b>Year-End Value of Asset</b> 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."	BLOCK C <b>Type of Income</b> Check all columns that apply. For retirement plans or accounts that do not allow you to choose specific investments, you may write "NA." For all other assets including all IRAs, indicate the type of income by checking the appropriate box below. Dividends and interest, even if reinvested, should be listed as income. Check "None" if asset did not generate any income during the calendar year.	BLOCK D <b>Amount of Income</b> For retirement plans or accounts that do not allow you to choose specific investments, you may write "NA" for income. For all other assets, including all IRAs, indicate the category of income by checking the appropriate box below. Dividends and interest, even if reinvested, should be listed as income. Check "None" if no income was earned or generated.	BLOCK E <b>Transaction</b> Indicate if asset had purchases (P), sales (S), or exchanges (E) exceeding \$1,000 in reporting year.
Merrill Lynch College Savings Account - in entirety	\$15,001 - \$50,000	DIVIDENDS	\$5,001 - \$15,000	
-529 Holding: Franklin Flex Cap Growth Fund	\$1,001 - \$15,000	DIVIDENDS	NA	
-529 Holding: Franklin Small-Mid Cap Growth Fund	\$1,001 - \$15,000	DIVIDENDS	NA	
-529 Holding: Franklin Mutual Shares	\$1,001 - \$15,000	DIVIDENDS	NA	*E
-529 Holding: Franklin Mutual European Fund	\$1,001 - \$15,000	DIVIDENDS	NA	
-529 Holding: Franklin Templeton Foreign Fund	\$1,001 - \$15,000	DIVIDENDS	NA	

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

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-529 Holding: Franklin US Govt. Securities Fund	\$1,001 - \$15,000	DIVIDENDS	NA
-529 Holding: Franklin Strategic Income Fund	\$1,001 - \$15,000	DIVIDENDS	NA
-529 Holding: Franklin Total Return Fund	\$1,001 - \$15,000	DIVIDENDS	NA
-529 Holding: Templeton Global Bond Fund	\$1,001 - \$15,000	DIVIDENDS	NA
Merrill Lynch Individual Retirement Account - in entirety	\$100,000 - \$250,000	None	NONE
-Retirement Holding: American Growth Fund of America, CLC	15,001 - \$50,000	None	NONE
-Retirement Hold: American Small Cap World, FD C LA	\$15,001 - \$50,000	DIVIDENDS	\$1 - \$200
-Retirement Holding: Blackrock Large Cap Core, FD C	\$15,001 - \$50,000	None	NONE
-Retirement Holding: Blackrock Focus, Growth Fund Inc C	\$1,001 - \$15,000	None	NONE
-Retirement Holding: J Hancock Financial Ltd, FD CIA	\$1,001 - \$15,000	DIVIDENDS	\$1 - \$200
-Retirement Holding: Lord Abbett, Small Cap Blend Cl C	\$1,001 - \$15,000	None	NONE
-Retirement Holding: Lord Abbett Large Cap, Core Fund CL C	\$15,001 - \$50,000	None	NONE
-Retirement Holding: Putnam International New Opps C	\$1,001 - \$15,000	None	None

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

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-Retirement Holding: Van  
Kampen Global, Franchise FD  
CL C

\$15,001 -  
\$50,000

CAPITAL  
GAINS/DIVIDEN  
DS

\$2,501 - \$5,000

**SCHEDULE IV - TRANSACTIONS**

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Report any purchase, sale, or exchange by you, your spouse, or dependent child during the reporting year of any real property, stocks, bonds, commodities futures, or other securities when the amount of the transaction exceeded \$1,000. Include transactions that resulted in a loss. Provide a brief description of any exchange transaction. Do not report a transaction between you, your spouse, or your dependent child, or the purchase or sale of your personal residence, unless it is rented out. If only a portion of an asset is sold, please so indicate (i.e., "partial sale"). See example below.

SP, DC, JT	Asset	Type of Transaction	Date	Amount of Transaction
	*Merrill Lynch College Savings Account 529 Holding Franklin Large Cap Value Fund exchanged for 529 Holding Franklin Mutual Shares Fund	*E	*October-01-2007	\$1,001 - \$15,000

(This was exchanged during the end of the prior filing year, but was not included on last year's form)

**SCHEDULE VII - TRAVEL PAYMENTS AND REIMBURSEMENTS**

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Identify the source and list travel itinerary, dates, and nature of expenses provided for travel and travel-related expenses totaling more than \$335 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 expense
American Shipbuilding Association	November 30th- December 2nd	Hartford-Fort Myers-Hartford	Y	Y	N	1 Day

# 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
Trustee	Leo B. Flaherty Trust