

STATEMENT OF ECONOMIC INTERESTS
COVER PAGE

MAR26'14PM2:42

Please type or print in ink.

NAME OF FILER (LAST) (FIRST) (MIDDLE)
Murphy Michael Walker

1. Office, Agency, or Court

Agency Name (Do not use acronyms)

City of Merced

Council Member

Division, Board, Department, District, if applicable

Your Position

► If filing for multiple positions, list below or on an attachment. (Do not use acronyms)

Agency: See attached list

Position: See attached list

2. Jurisdiction of Office (Check at least one box)

- State
- Multi-County _____
- City of Merced
- Judge or Court Commissioner (Statewide Jurisdiction)
- County of _____
- Other _____

3. Type of Statement (Check at least one box)

- Annual: The period covered is January 1, 2013, through December 31, 2013.
- or-
- The period covered is _____, through December 31, 2013.
- Assuming Office: Date assumed _____
- Leaving Office: Date Left _____ (Check one)
- The period covered is January 1, 2013, through the date of leaving office.
- The period covered is _____, through the date of leaving office.
- Candidate: Election year _____ and office sought, if different than Part 1: _____

4. Schedule Summary

Check applicable schedules or "None."

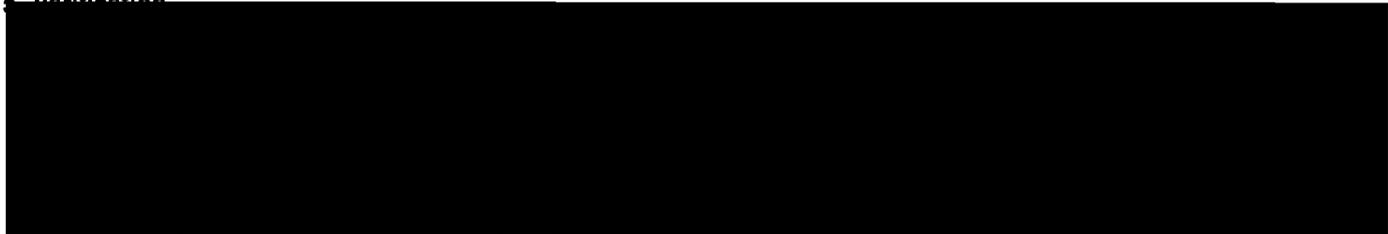
► Total number of pages including this cover page: 5

- Schedule A-1 - Investments - schedule attached
- Schedule A-2 - Investments - schedule attached
- Schedule B - Real Property - schedule attached
- Schedule C - Income, Loans, & Business Positions - schedule attached
- Schedule D - Income - Gifts - schedule attached
- Schedule E - Income - Gifts - Travel Payments - schedule attached

-or-

None - No reportable interests on any schedule

5. Verification



I certify under penalty of perjury under the laws of the State of

Date Signed 3/26/14
(month, day, year)

SCHEDULE D
Income – Gifts

Name
Michael W. Murphy

▶ NAME OF SOURCE (Not an Acronym)
Berliner Cohen

ADDRESS (Business Address Acceptable)
2844 Park Ave., Merced, CA 95348

BUSINESS ACTIVITY, IF ANY, OF SOURCE
Law firm

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
09 / 28 / 13	\$ 300.00	Medical foundation gala
___ / ___ / ___	\$ _____	_____
___ / ___ / ___	\$ _____	_____

▶ NAME OF SOURCE (Not an Acronym)
Pacific Gas and Electric Company

ADDRESS (Business Address Acceptable)
3185 M Street, Merced, CA 95348

BUSINESS ACTIVITY, IF ANY, OF SOURCE
Public utility

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
03 / 22 / 13	\$ 50.00	CASA fundraiser tickets
03 / 28 / 13	\$ 40.00	Farm Bureau meeting
09 / 21 / 13	\$ 35.00	BBQ competition tickets

▶ NAME OF SOURCE (Not an Acronym)

ADDRESS (Business Address Acceptable)

BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
___ / ___ / ___	\$ _____	_____
___ / ___ / ___	\$ _____	_____
___ / ___ / ___	\$ _____	_____

▶ NAME OF SOURCE (Not an Acronym)
Pacific Gas and Electric Company

ADDRESS (Business Address Acceptable)
3185 M Street, Merced, CA 95348

BUSINESS ACTIVITY, IF ANY, OF SOURCE
Public utility

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
10 / 12 / 13	\$ 70.00	CASA fundraiser tickets
___ / ___ / ___	\$ _____	_____
___ / ___ / ___	\$ _____	_____

▶ NAME OF SOURCE (Not an Acronym)

ADDRESS (Business Address Acceptable)

BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
___ / ___ / ___	\$ _____	_____
___ / ___ / ___	\$ _____	_____
___ / ___ / ___	\$ _____	_____

▶ NAME OF SOURCE (Not an Acronym)

ADDRESS (Business Address Acceptable)

BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
___ / ___ / ___	\$ _____	_____
___ / ___ / ___	\$ _____	_____
___ / ___ / ___	\$ _____	_____

Comments: _____

Michael W. Murphy

Form 700- Statement of Economic Interests

Agency	Position
City Council	Council Member
Public Financing and Economic Development Authority	Council Member
Parking Authority	Council Member
Merced Industrial Development Authority	Council Member
Flood Hazard Control Board	Council Member