

**UNITED STATES HOUSE OF REPRESENTATIVES
FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 2006**

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For use by Members, officers, and employees

LEGISLATIVE RESOURCE CENTER
2007 MAY 15 PM 2:42

Joseph D. Courtney

(Full Name)

9 Tobias Court Vernon, CT 06066

(Mailing Address)

202.225.2076

Daytime Telephone:

OFFICE OF THE CLERK
U.S. HOUSE OF REPRESENTATIVES
RECEIVED AND DELIVERED
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Filer Status

Member of the U.S. House of Representatives
State: CT
District: 02

Officer Or Employee
Employing Office:

A \$200 penalty shall be assessed against anyone who files more than 30 days late.

Report Type

Annual (May 15) Amendment Termination

Termination Date:

PRELIMINARY INFORMATION -- ANSWER EACH OF THESE QUESTIONS

<p>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 <input checked="" type="checkbox"/> No <input type="checkbox"/> If yes, complete and attach Schedule I.</p>	<p>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 <input type="checkbox"/> No <input checked="" type="checkbox"/> If yes, complete and attach Schedule VI.</p>
<p>II. 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 <input type="checkbox"/> No <input checked="" type="checkbox"/> If yes, complete and attach Schedule II.</p>	<p>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)? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> If yes, complete and attach Schedule VII.</p>
<p>III. 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? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> If yes, complete and attach Schedule III.</p>	<p>VIII. Did you hold any reportable positions on or before the date of filing in the current calendar year? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> If yes, complete and attach Schedule VIII.</p>
<p>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? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> If yes, complete and attach Schedule IV.</p>	<p>IX. Did you have any reportable agreement or arrangement with an outside entity? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> If yes, complete and attach Schedule IX.</p>
<p>V. Did you, your spouse, or a dependent child have any reportable liability (more than \$10,000) during the reporting period? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> If yes, complete and attach Schedule V.</p>	<p>Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.</p>

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

<p>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 <input type="checkbox"/> No <input checked="" type="checkbox"/></p>
<p>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 <input type="checkbox"/> No <input checked="" type="checkbox"/></p>

CERTIFICATION -- THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended. The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct or its designee. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil penalties and criminal sanctions (See 5 U.S.C. app. 4, § 104 and U.S.C. § 1001).

<p>Certification</p>	<p>Signature of Reporting Individual</p>	<p>Date (Month, Day, Year)</p>
<p>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.</p>	<p><i>Joseph D. Courtney</i></p>	<p>5-14-07</p>

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
Courtney Boyan & Foran	Salary (pre congress)	\$87,000
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

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<p align="center">BLOCK A</p> <p align="center">Asset and/or Income Source</p> <p>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 asset or source of income which generated more than \$200 in "unearned" income during the year. For rental property or land, provide an address. Provide full names of any mutual funds. For a self directed IRA (i.e., one where you have the power to select the specific investments) provide information on each asset in the account that exceeds the reporting threshold and the income earned for the account. For an IRA or retirement plan that is not self-directed, name the institution holding the account and provide its value at the end of the reporting period. For an active business that is not publicly traded, in Block A state the nature of the business and its geographic location. For additional information, see instruction booklet for the reporting year.</p> <p>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.</p> <p>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.</p>	<p align="center">BLOCK B</p> <p align="center">Year-End Value of Asset</p> <p>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."</p>	<p align="center">BLOCK C</p> <p align="center">Type of Income</p> <p>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)</p>	<p align="center">BLOCK D</p> <p align="center">Amount of Income</p> <p>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.</p>	<p align="center">BLOCK E</p> <p align="center">Transaction</p> <p>Indicate if asset had purchases (P), sales (S), or exchanges (E) exceeding \$1,000 in reporting year.</p>
<p>Merrill Lynch CMA (Cash Management Account) in entirety</p>	<p>None</p>	<p>CAPITAL GAINS/DIVIDENDS</p>	<p>\$1,001 - \$2,500</p>	<p>S</p>
<p>-CMA Holding: Wells Fargo Common Stock, symbol STSAX</p>	<p>None</p>	<p>CAPITAL GAINS/DIVIDENDS</p>	<p>\$1 - \$200</p>	<p>S</p>
<p>-CMA Holding: American Growth Fund of America, symbol GFACX</p>	<p>None</p>	<p>CAPITAL GAINS/DIVIDENDS</p>	<p>\$201 - \$1,000</p>	<p>S</p>
<p>-CMA Holding: Lord Abbett Large Cap, symbol LLRCX</p>	<p>None</p>	<p>CAPITAL GAINS/DIVIDENDS</p>	<p>\$201 - \$1,000</p>	<p>S</p>
<p>-CMA Holding: Van Kampen Global Franchised, symbol VGFCX</p>	<p>None</p>	<p>CAPITAL GAINS/DIVIDENDS</p>	<p>\$1,001 - \$2,500</p>	<p>S</p>

SCHEDULE III - ASSETS AND "UNEARNED" INCOME

Name Joseph D. Courtney

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	Merrill Lynch SRA (Simple Retirement Trust) - in entirety	\$50,001 - \$100,000	DIVIDENDS		
	-SRA Holding: American Growth Fund, symbol GFACX	\$15,001 - \$50,000	DIVIDENDS	na	
	-SRA Holding: Blackrock Focus, symbol MCFOX	\$1,001 - \$15,000	DIVIDENDS		
	-SRA Holding: Lord Abbett, symbol LSBCX	\$1,001 - \$15,000	DIVIDENDS		
	-SRA Holding: Lord Abbett Large Cap, symbol LLRCX	\$15,001 - \$50,000	DIVIDENDS		
	-SRA Holding: -Putnam Intl New Opps C, symbol PIOCX	\$1,001 - \$15,000	DIVIDENDS	na	
	Merrill Lynch IRA - in entirety	\$100,001 - \$250,000	DIVIDENDS	\$5,001 - \$15,000	
	-IRA Holding: American Grown Mutual Fund, SymbolFGACX	\$15,001 - \$50,000	DIVIDENDS	na	
	-IRA Holding: American Small CAP World, Symbol SMCWX	\$15,001 - \$50,000	DIVIDENDS	\$201 - \$1,000	
	-IRA Holding: Blackrock Large CAP, smbol MCLR X	\$15,001 - \$50,000	DIVIDENDS		
	-IRA Holdings: J Hancock Financial Inds, symbol FIDAX	\$15,001 - \$50,000	DIVIDENDS	\$201 - \$1,000	
	-IRA Holdings: Van Kampen Global, symbol VGFCX	\$15,001 - \$50,000	DIVIDENDS		

SCHEDULE III - ASSETS AND "UNEARNED" INCOME

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	Rockville Bank	\$1,001 - \$15,000	DIVIDENDS	\$1 - \$200	
	Merrill Lynch 529 (College Savings Account) in entirety	\$15,001 - \$50,000	DIVIDENDS	\$1 - \$4000	
	-529 Holding: Franklin Flex Cap Growth Fund	\$1,001 - \$15,000	DIVIDENDS		
	-529 Holding: Franklin Large Cap Value Fun	\$1,001 - \$15,000	DIVIDENDS		
	-529 Holding: Franklin Small-Mid Cap Growth Fund	\$1,001 - \$15,000	DIVIDENDS		
	-529 Holding: Franklin Mutual Shares Fund	\$1,001 - \$15,000	DIVIDENDS		
	-529 Holding: Franklin Mutual European Fund	\$1,001 - \$15,000	DIVIDENDS		
	-529 Holding: Franklin Templeton Foreign Fund	\$1,001 - \$15,000	DIVIDENDS		
	-529 Holding: Franklin Total Return Fund	\$1,001 - \$15,000	DIVIDENDS		
	-529 Holding: Franklin US Govt. Securities Fund	\$1,001 - \$15,000	DIVIDENDS		
	-529 Holding: Franklin Strategic Income Fund	\$1,001 - \$15,000	DIVIDENDS		
	-529 Holding: Templeton Global Bond Fund	\$1,001 - \$15,000	DIVIDENDS		

SCHEDULE IV - TRANSACTIONS

Name Joseph D. Courtney

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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 or series of transactions exceeded \$1,000. Include transactions that resulted in a loss. 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. Provide a brief

SP, DC, JT	Asset	Type of Transaction	Date	Amount of Transaction
	Merrill Lynch CMA (Cash Management Account) in entirety	S	08-16-06	\$1,001 - \$15,000
	-CMA Holding: Wells Fargo Common Stock, symbol STSAX	S	08-16-06	\$1,001 - \$15,000
	-CMA Holding: American Growth Fund of America, symbol GFACX	S	08-16-06	\$1,001 - \$15,000
	-CMA Holding: Lord Abbett Large Cap, symbol LLRCX	S	08-16-06	\$1,001 - \$15,000
	-CMA Holding: Van Kampen Global Franchised, symbol VGFCX	S	08-16-06	\$1,001 - \$15,000

SCHEDULE VIII - POSITIONS

Name Joseph D. Courtney

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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