				NCIAL DISCLO RMINATION FI	_	REPORT		
Amendment				· · · · · · · · · · · · · · · · · · ·		· · · · · · · · · · · · · · · · · · ·		
Last Name	First Name and Middle Initi	ial		Annual Report	T. o	1 MATCH Condensed		
Markey	Edward J.			Calendar Year Covered by Report 2015	1	dward J. Markey		
Senate Office Address (Number, Street, City, State, and ZIP Code)	Senate Office Telephone N	Number (Incli	ude Area Code					
255 Dirksen Senate Building	202-224-2742			Termination Date (mm/dd/yy)	Prior Office / Agen	ncy in Which Employed		
AFTER READING THE INSTRUC	TIONS – ANSW	ER EA	CH OF	THESE QUESTIONS A	ND ATTAC	H THE RELEVA	NT P	\RT
	······	YES	NO				YES	NO
Did any individual or organization make a donation to paying you for a speech, appearance, or article in the If Yes, complete and attach PART I.	charity in lieu of reporting period?	X		Did you, your spouse, or dependent reimbursements for travel in the rep \$350 from one source)? If Yes, complete and attach PART 's page 1.5 in the comple	oorting period (i.e.			X
Did you or your spouse have earned income (e.g., sa investment income of more than \$200 from any report reporting period? If Yes, complete and attach PART II.	laries or fees) or non- table source in the	X		Did you, your spouse, or dependen (more than \$10,000) during the rep If Yes, complete and attach PART	orting period?	eportable liability	X	
Did you, your spouse, or dependent child hold any remore than \$1,000 at the end of the period, or receive investment income of more than \$200 in the reporting If Yes, complete & attach PART IIIA and/or IIIB.	unearned or	X		Did you hold any reportable positio current calendar year? If Yes, complete and attach PART		e date of filing in the		X
Did you, your spouse, or dependent child purchase, so reportable asset worth more than \$1,000 in the report of Yes, complete and attach PART IV.	sell, or exchange any ting period?	X		Do you have any reportable agreer entity? If Yes, complete and attach PART		ent with an outside		X
Did you, your spouse, or dependent child receive any reporting period (i.e., aggregating more than \$350 an exempt)? If Yes, complete and attach PART V.	reportable gift in the did not otherwise		$+\times+$	If this is your FIRST Report: Did you \$5,000 from a single source in the If Yes, complete and attach PART.	<u>two</u> prior years?	nsation of more than		X
Each question must	be answered a	nd the	approp	oriate PART attached for	or each "YE	S" response.	91 3£C	
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Reporting Individual's Name	☐ Amendment			Page Number
Edward J.Markey	•	PART I.	PAYMENTS TO PAY CHARITABLE ORGANIZATIONS IN LIEU OF HONORARIA	1

Report the source (name and address), date, and amount of any payment from each source to a charitable organization made in lieu of honoraria to you during the reporting period. Identify the activity (speech, article, or appearance), which generated the payment. For further information, see Instructions.

Note: Travel expenses in excess of \$350 related to activities giving rise to these payments must be reported in Part VI, Reimbursements.

	Date of	Payment	Name of Source	A	ddress (City, State)	Speech, Article, or Appearance	Amount
٦,	vomplo:	3/26/1X	Association of American Associations	Wash., DC	EXAMPLE	Speech	\$1,000
	kample:	7/23/1X	XYZ Magazine	NY, NY	EXAMPLE	Article	<i>\$500</i>
1	1/28/1	5	Father Peter Daly	Prince Frederick,	MD	Appearance	\$200
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3							
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7						-	
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A separate, confidential report which names the charitable organization receiving such payments must be filed directly with the Select Committee on Ethics.

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Reporting Individual's Name	Amendment			Page Number
		PART II.	EARNED AND NON-INVESTMENT INCOME	2
Edward J.Markey				~

Report the source (name and address), type, and amount of earned income to you from any source aggregating \$200 or more during the reporting period. For your spouse, report the source (name and address) and type of earned income which aggregate \$1,000 or more during the reporting period. No amount needs to be specified for your spouse. (See p.3, CONTENTS OF REPORTS Part B of Instructions.) Do not report income from employment by the U.S. Government for you or your spouse.

Individuals not covered by the Honoraria Ban:

For you and /or your spouse, report honoraria income received which aggregates \$200 or more by exact amount, give the date of, and describe the activity (speech, appearance or article) generating such honoraria payment. Do not include payments in lieu of honoraria reported on Part I.

	Name of Income Source	Ad	dress (City, State)	Type of Income	Amount
Example:	JP Computers MCI (Spouse)	Wash., DC Arlington, VA	EXAMPLE	Salary Salary	\$15,000 Over \$1,000
1 U.S.	Public Health Service, (U.S. Coast Guard) - (Spouse)	Topeka, KS		Spouse Pension	Over \$1,000
2 Globa	I Health Institute, LLC including Private Practice of Medicine (Spouse)	Chevy Chase, M	1D	Spouse Salary	Over \$1,000
3 %		·			·
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Rep	porting Indi	ividual's Name	☐ Amendment																						•									Ì	Pag	e Number
E	dward	J.Markey		PA	RI	ווו ד	A.	F	Ų	BL	ICL	_Y 	TR	AI	DE	D /	AS	SE	TS	Al	ND	UI	NE	ARNE	ED_	INC	<u></u>	ME	E S	Ol	JR [®]	CE —	S			3
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tra	aded as	set held by you	ı, your spouse, or				Cni	eck 1	ine n	irst c	Olum	ın.						٦	уре	e of	Inc	om	е						Am	our	it o	f Inc	con	ne		
Cinini Inidia fullex	onten struction vestmen (1) had close (2) gene incom clude of clude of entificate nd, pub scepted ccounts	nt which: a value exceed of the reporting erated over \$20 ne during the re n this PART III/ tion of each pul- licly traded par- investment fur	on of income or ding \$1,000 at the g period; and/or 00 in "unearned" porting period. A a complete blic bond, mutual tnership interest, ids, bank qualified blind	tone (or less than \$1,001)	1,001 - \$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***	\$1,000,0001 - \$5,000,000	\$5,000,001 - \$25,000,000	0,001 -	Over \$50,000,000		ividends	Rent	Interest	Capital Gains	xcepted Investment Fund	Excepted Trust	Sualified Blind Trust	Other (Specify Type)	None (or less than \$201)	\$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	rer \$1,000,	\$1,000,001 - \$5,000,000	er \$5,000,000	Actual Amount Required if "Other" Specified
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2	s	Fidelity Mass Mu	ini Income Mutual Fund	T			×														×						×									
3	s	Fidelity Municip	al Money Market Fund	×				:													x				×											
4	s	Fidelity SEP - Fidelity Money Market Fund	Government Cash Reserves					×													×				×											
5	s	Fidelity SEP- Power	r Shares QQQ Trust Series		×																×				×											
6	s	Fidelity SEP - SPDR S	S+P 500 ETF Trust Unit Series 1		×																×				×											
7	s	Fidelity SEP - Spartan Advantage Class Mutu	Extended Market Index all Fund			×								<u>.</u>							×				×											
8	s	Fidelity SEP - Asset	l Manager 20% Mutual Fund			×															×	^			×											
9		Firsthand Tec	hnology Value Fund	×																	×				×											
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1	S	Janus Global Sele	ect Class T Mutual Fund			×										L					×				×											
2	S	Janus Global Techno	ology Class T Mutual Fund	·				×													×								×							
3		Janus Global Techno	ology Class T Mutual Fund			×															×						×	•								
4		Morgan Stanley Smith ((QQQ)	Barney Powershares Trust			×															×					×										· · ·
5	s	R.S. Small Cap Gro	owth Class A Mutual Fund					×													×						×									
6		Rydex NASDAQ 10	00 Inv Class Mutual Fund				×														×						×									
7	s	Rydex NASDAQ 10	00 Inv Class Mutual Fund						×												×								×							
8	S	TIAA-CREF Retirement	t Annuity - CREF Equity Index						×												x				×											
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10	s	Touchstone Focuse	ed Class Y Mutual Funds			×															×					×										
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2		Congressional Feder Washington, DC	ral Credit Union Bank Ac	cts,		×										L		L	×						×											
3			Chevy Chase, MD - (Nature of Busic of Practice) Wells Fargo Bank Acct,			×													×						×											
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	•				nge by you, your spouse, or dependent ORTS Part B of Instructions) during the		nsact ype (x					•							00	
ot In in be	her seconde to the colude to the colude to the column of t	curitie ransa prop you,	s when ctions the erty use your sp	the amount of hat resulted in ed solely as you ouse, or dependent	the transaction exceeded \$1,000. a loss. Do not report a transaction or personal residence, or a transaction dent child. Please clarify which two able exchange.	urchase	Sale	xchange	Transaction Date (Mo., Day, Yr.)	1,001 - \$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***	1,000,0001 - \$5,000,000	5,000,001 - \$25,000,000	-	Over \$50,000,000
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p. tin re re fu	3, CON ne during porting ented (e irniture	ng the period except or app	reporting period. d. Exclude: (1) mo t for Senators); (2) oliances; and (3) lia	Part B of Instructions) Check the highest am ortgages on your perso) loans secured by aut abilities owed to certain	nount owed during the onal residences unless tomobiles, household in relatives listed in		Interest Rate	iscount Points Paid for ortgage (Senators Only)	Term if Applicable	- \$15,000	- \$50,000	001 - \$100,000	,001 - \$250,000	,001 - \$500,000	,001 - \$1,000,000	\$1,000,000,**	00,000 - \$5,000,000	00,001 - \$25,000,000	000,000, \$50,000,000	\$50,000,000
	Ņ	ame c	f Creditor	Address	Type of Liability			ä§		\$10,001	\$15,	\$50,	\$100	\$250	\$500	Ove	\$1,00	\$5,0	\$25,0	Ove
	Evample	S,	First District Bank	Wash., DC	Mortgage on undeveloped land	1992	13%	1 pt	25 yrs			X		E	+ +	┼	+ +	+ +	 	E
•	-	sport liabilities over \$10,000 or 3, CONTENTS OF REPORTS are during the reporting period porting period. Exclude: (1) in the structions of the structions. See Instructions for the structions. See Instructions for the structions of the structions of the structions. See Instructions for the structions of the structions		Wash., DC	Promissory Note	2000	10%	n/a	On dmd				X	E	X	A	М	P		E
1	J	ward J.Markey port liabilities over \$10,000 or CONTENTS OF REPORTS e during the reporting period orting period. Exclude: (1) inted (except for Senators); (niture or appliances; and (3) tructions. See Instructions for Name of Creditor Name of Creditor		Woburn, MA	Mortgage	2003	5.375	0	30 yrs				×							
2	eport liabilities over \$10,000 contents of REPORTS are during the reporting period eporting period. Exclude: (1) rented (except for Senators); arniture or appliances; and (3) estructions. See Instructions for Sexample: DC, or J			Columbus, OH	Mortgage	2003	5.5	0	20 yrs					×						
3	eport liabilities over \$10,000 of 3, CONTENTS OF REPORTS me during the reporting period eporting period. Exclude: (1) nented (except for Senators); (arniture or appliances; and (3) netructions. See Instructions for Name of Creditor Name of Creditor																			
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5	reporting period. Exclude: (1) rented (except for Senators); furniture or appliances; and (3) Instructions. See Instructions for John Jones Members Mortgage Company Control (1) John Jones																			
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E)	KEMPTIO This cate	N TEST	(see instructions before ralies only if the asset is/was	narking box): If you omitted ar held independently by the spou	ny asset because it meets the three-partise or dependent child. If the asset is/was	t test for e	xemption of the state of the st	described in r or jointly he	n the instruction	ons, p her ca	olease ategor	e cher ries of	ck bo i value	x to t	he riç appro	jht. priate	<i>t</i> .			