## UNITED STATES SENATE FINANCIAL DISCLOSURE REPORT FOR ANNUAL AND TERMINATION FILERS

		FOR	ANNUAL	<u>- An</u>	ו טו		KMINA HON FII	LERS		
	Amendment								viewani wa waliofi ili ili ili ili ili ili ili ili ili i	
Las	st Name		First Name and Middle Init	ial	- · · · ·		Annual Report			
М	larkey		Edward J.				Calendar Year Covered by Report 2014	Senate Office / Agency in Which Employed Senator Edward J. Markey		
Se	nate Office Address (Number	, Street, City, State, and ZIP Code)	Senate Office Telephone N	Number (Inc	lude Area Co	de)	Termination Report		iki dikesi in dike dida di dida. Masa dikeda kabasa ka	
	55 Dirksen Senate ashington, DC 20	•	202-224-2742				Termination Date (mm/dd/yy)	Prior Office / Agency in Which Employed		
:	AFTER READI	NG THE INSTRUCT	TIONS – ANSW	ER E	ACH O	FT	HESE QUESTIONS AN	ND ATTACH THE RELEV	ANT P/	ART
:				YES	NO	 			YES	NO
pa		nization make a donation to appearance, or article in the ch PART I.	-		X	reir \$35		child receive any reportable travel or or orting period (i.e., worth more than		X
in\ re		ave earned income (e.g., sale re than \$200 from any report ch PART II.	_	X		(mo	you, your spouse, or dependent or ore than \$10,000) during the reportes, complete and attach PART VI	rting period?	X	
mo inv	ore than \$1,000 at the	dependent child hold any rependent child hold any rependent of the period, or receive one than \$200 in the reporting PART IIIA and/or IIIB.	unearned or	X		cur	you hold any reportable positions rent calendar year? es, complete and attach PART VI	s on or before the date of filing in the		X
re	· · · · · · · · · · · · · · · · · · ·	dependent child purchase, so ore than \$1,000 in the reporti ch PART IV.		X		ent	you have any reportable agreementity? 'es, complete and attach PART IX	ent or arrangement with an outside		X
re <sub>l</sub>		dependent child receive any regating more than \$350 and the child PART V.			X	<b>\$</b> 5,	nis is your FIRST Report: Did you 000 from a single source in the two	receive compensation of more than on the prior years?	(n)	
· ''. '	Ea	ch question must l	e answered a	nd the	appro	pri	ate PART attached for	each "YES" response.		
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## 00000001125

Reporting Individual's Name	Amendment
Edward J. Markey	

## PART II. EARNED AND NON-INVESTMENT INCOME

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1

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	Add	lress (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 \$1000
2 Globa	Health Institute, LLC including Private Practice of Medicine (Spouse)	Chevy Chase, MI	)	Spouse Salary	Over \$1000
3 Ohio	State University (Spouse)	Columbus, OH		Spouse Speech	\$5,000
4 Evai	ngelical Community Hospital (Spouse)	Lewisburg, PA		Spouse Speech	\$12,000
5 Dari	tmouth-Hitchcock Memorial Hospital (Spouse)	Lebanon, NH		Spouse Speech	\$5,000
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	<b>And</b> Report∙th	BLOCK A tity of Publicly Traded Assets d Unearned Income Sources he complete name of each publicly	BLO tion e of or les	of repo	Ass rting an \$1	perio	od.	_							-	-	7	Гуре an		LOC <b>mo</b> i			Inc	ome	9		<b>-</b>		- -						
y C Ir in In id fu exact to	our dep CONTEN Instruction (1) had close (2) gen incorn clude of lentification ind, publication xcepted ccounts usts, an	sset held by you, your spouse, or pendent child, (See p.3, NTS OF REPORTS Part B of ons) for production of income or ent which: If a value exceeding \$1,000 at the e of the reporting period; and/or nerated over \$200 in "unearned" me during the reporting period. On this PART IIIA a complete ation of each public bond, mutual colicly traded partnership interest, if investment funds, bank is, excepted and qualified blind and publicly traded assets of a	one (or less than \$1,001)	\$15,000	\$15,001 - \$50,000	0,001 - \$100,000	,001 - \$250,000	,001 - \$500,000	000,000,000	\$1,000,000,00	,001 - \$5,000,000	\$5,000,001 - \$25,000,000	- 100'C	Over \$50,000,000		Dividends		est.	tal Gains	ed Investment Fund	Excepted Trust	Qualified Blind Trust	Other (Specify Type)	e (or less tha	- \$1,000	,001 - \$2,500	,501 - \$5,000	001 - \$15,000	,001 - \$50,000	,001 - \$100,000	0,001 - \$1,000,000	Over \$1,000,000,***	,000,001 - \$5,000,000	rer \$5,000,000	Actual Amount Required if "Other" Specified
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Ex	kample: D	S, IBM Corp. (stock) OC, (S) Keystone Fund	╁	<del> </del>		X	x	ļ. 	-							<del>                                     </del>				X	<u> </u>		Example Example	X	X					-					Example Example
1	S	Fidelity MA AMT Tax-Free Money Market Fund				×														×				×											Example
2	s	Fidelity Mass Muni Income Mutual Fund	T			×														×		:		; · · · · ·		×		-						•	· -
3	s	Fidelity Municipal Money Market Fund	丁	×																×				×						<u> </u>					
4	s	Fidelity SEP- Fidelity Cash Reserves Money Market Fund					×													×				×				<u> </u>	_						
5	S	Fidelity SEP- Power Shares QQQ Trust Series		×									-							×				×											_
6	S	Fidelity SEP- SPDR S+P 500 ETF Trust Unit Series 1		×																×				×											_
7	s	Fidelity SEP- Spartan Extended Market Index Advantage Class Mutual Fund			×		-													×			_		×	_								-	
8	s	Fidelity SEP- Asset Manager 20% Mutual Fund			×						_				-					×					×									1	
9		Firsthand Technology Value Fund		×	П	<u>-</u>														×					×									-	
10	s	Firsthand Technology Value Fund			×					$\dashv$	_				<b> </b>	<b>†</b>				×					<del> </del>	_	:	×					$\dashv$	-	
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	close	of t	he reporting period ed over \$200 in "u	d; and/or nearned"	١Ĕ									Q	9			l				pg			Other												Actual Amount
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1	S	Jan	us Global Select Class	T Mutual Fund			×															×				×	:										
2	s	Janu	s Global Technology Class	s T Mutual Fund					×													×									×						
3		Janu	is Global Technology Class	s T Mutual Fund			×															×						×									
4		Morg (QQ0	an Stanley Smith Barney Pow	rershares Trust			×			:												×					×										
5	s	R.S.	Small Cap Growth Class	s A Mutual Fund					×						<u>-</u> -		-					×								×							
6		Ryde	ex NASDAQ 100 Inv Cla	ss Mutual Fund				×														×						×									
7	s	Ryde	ex NASDAQ 100 Inv Cla	ss Mutual Fund						×								<b> </b>				×								×					$\vdash$		
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9	S	TIA	A-CREF Traditional Reti	rement Annuity			П		×								一					×	_					$\dashv$	$\dashv$								<u> </u>
10	s	Touc	chstone Focused Class	Y Mutual Fund	- <b>-</b> -		×				$\dashv$	$\dashv$					-					×				×							$\dashv$		$\Box$		
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At the close of reporting period. If None, or less than \$1,001, Check the first column.  At the close of reporting period. If None, or less than \$1,001, Check the first column.  At the close of reporting period. If None, or less than \$1,001, Check the first column.  At the close of reporting period. If None, or less than \$1,001, Check the first column.  At the close of reporting period. If None, or less than \$1,001, Check the first column.  At the close of reporting period. If None, or less than \$1,001, Check the first column.  At the close of reporting period. If None, or less than \$1,001, Check the first column.  At the close of reporting period. If None, or less than \$1,001, Check the first column.  At the close of reporting period. If None, or less than \$1,001, Check the first column.  At the close of reporting period. If None, or less than \$1,001, Check the first column.  At the close of reporting period. If None, or less than \$1,001, Check the first column.  At the close of reporting period. If None, or less than \$1,001, Check the first column.  At the close of reporting period. If None, or less than \$1,001, Check the first column.  At the close of reporting period. If None, or less than \$1,001, Check the first column.  At the close of rest than \$1,001, Check the first column.  At the close of rest than \$1,001, Check the first column.  At the close of rest than \$1,001, Check the first column.  At the close of rest than \$1,001, Check the first column.														ED	AS	SSE	ETS	5 A	ND	UI	NEAR	)E	) II	NC(	MC	IE S	so	UR	CE	S		Paç	ge Number 4
Identity of Non-Publicly Traded Assets and Unearned Income Sources Report the name, address (city, state and			Ai	the	l <b>uat</b> close ne, o	ion e of r er les	of a	Ass rting an \$1	perio	od.				-						7	Гуре an		LOC <b>mo</b> i			ncc	ome	··					
your spouse, or your dependent child (See p.3, CONTENTS OF REPORTS Part B of Instructions) for the production of income or investment in a non-public trade or business which:  (1) had a value exceeding \$1,000 at the close of the reporting period; and/or (2) generated over \$200 in "unearned"	one (or less than \$1,00	1,001 - \$15,000	,001 - \$50,	000,000 - \$100	,001 - \$250,000	,001 - \$500,000	,001 – \$1,000,000	\$1,000,000,***	00,001 - \$5,000,000	0,001 - \$25,000,000	00,000 - \$50,000,00	\$50,000,000		Dividends		Interest	Gains	d Investment Fund	d Trust	Qualified Blind Trust	Other (Specify Type)	(or less th	\$201 - \$1,000	\$1,001 - \$2,500	1 - \$5,000	- \$15,000	01 - \$50,000	1 - \$100,000	,001 - \$1,000,000	Over \$1,000,000***	,000,001 - \$5,000,000	80	Actual Amount Required if "Other" Specified
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Global Health Institute, LLC, Chevy Chase, MD- (Nature of Business: Health Education and Medical Practice) Wells Fargo Bank Acct, Portland, OR			×						·				-			×			-			×											
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R	eporting In		Name Markey	Amendment		RT IN	/. TI	RAN	SACTIONS									Pag	e Numb	er
		·										Am	oun	t of	Tra	nsad	ction	ı (x)		
С	hild (Se	ee p.3	CONTE	NTS OF REPO	nge by you, your spouse, or dependent ORTS Part B of Instructions) during the		nsac ype (							i	:		i.		8	
o Ir ir b	ther se iclude volving etweer	curitie transa prope you,	s when ctions the erty use your spo	the amount of nat resulted in a solely as you buse, or depend in any reports	stocks, bonds, commodity futures, and 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.	ırchase	Sale	change	Transaction Date (Mo., Day, Yr.)	,001 - \$15,000	5,001 - \$50,000	0,001 - \$100,000	100,001 - \$250,000	50,001 - \$500,000	00,001 - \$1,000,000	er \$1,000,000***	,000,000 - \$5,000,000	000,001 - \$25,000,000	5,000,001 - \$50,000,000	er \$50 000 000
_	<del>-</del>	S,	Γ ,	Identificat BM Corp. (stock)	ion of Assets	٩	Ö	Ж	2 (4 (4))	₩	\$1	\$50	\$1	\$250	\$500	Over	\$1	\$5,	\$25	Ĉ
	Example	: DC, or J		licrosoft (stock) N.	······································	X	X	<u> </u>	2/1/1X 1/27/1X	<u> </u>	<u> </u>		х	E	X	A	M	P		E
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Reporting Individual's		TIC: IL	PART V	711. LI	ABILI	TIES									Page N	umber 6	3	
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p.3, CONTENtime during the reporting period rented (exception for approximation of approximation).	TS OF REPORTS, e reporting period.  od. Exclude: (1) months of the second (1) months of the second (2) list pliances; and (3) list pliances.	Part B of Instructions Check the highest an ortgages on your pers	se, or dependent child (See s), to any one creditor at any nount owed during the onal residences unless tomobiles, household in relatives listed in harge accounts.	Date Incurred	Interest Rate	scount Points Paid for tgage (Senators Only)	Term if Applicable	1 - \$15,000	1 - \$50,000	1 - \$100,000	01 - \$250,000	001 - \$500,000	01 - \$1,000,000	\$1,000,000,1\$	,001 - \$5,000,000	,001 - \$25,000,000	0,000,000,000	000
Name	of Creditor	Address	Type of Liability			Disc		\$10,00	\$15,00	\$50,00	\$100,0	\$250,	_	Over	\$1,000	\$5,000	ري	20,00
S, Example: DC,	First District Bank	Wash., DC	Mortgage on undeveloped land	1992	13%	1 pt	25 yrs			Х		Ε	Х	A	М	Р	L	E
or J	(J) John Jones	Wash., DC	Promissory Note	2000	10%	n/a	On dmd				Х	Е	X	A	М	Р	L	E
1 J Meml	oers Mortgage Co.	Woburn, MA	Mortgage	2003	5.375	0	30 yrs	:			×							
2 J Chase	Home Finance	Columbus, OH	Mortgage	2003	5.5	0	20 yrs					×					$\neg$	
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EXEMPTION TEST  *** This category appl	(see instructions before miles only if the asset is/was h	narking box): If you omitted an neld independently by the spous	y asset because it meets the three-part se or dependent child. If the asset is/was e	test for ex either held l	emption deby the filer	escribed in or jointly hel	the instructio	ns, pl er cat	lease egorie	ched es of v	k box value,	to th	e rigt	ht. riate.	,			