

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

☐ Amendment

Last Name	First Name and Middle Initial	Annual Report Calendar Year Covered by Report	Senate Office / Agency in Which Employed
Markey	Edward J.	2015	Senator Edward J. Markey
Senate Office Address (Number, Street, City, State, and ZIP Code)	Senate Office Telephone Number (Include Area Code)	Termination Report Termination Date (mm/dd/yy)	Prior Office / Agency in Which Employed
255 Dirksen Senate Building	202-224-2742		

## AFTER READING THE INSTRUCTIONS – ANSWER EACH OF THESE QUESTIONS AND ATTACH THE RELEVANT PART

	YES	NO		YES	NO
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 PART I.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Did you, your spouse, or dependent child receive any reportable travel or reimbursements for travel in the reporting period (i.e., worth more than \$350 from one source)? If Yes, complete and attach PART VI.	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Did you or your spouse have earned income (e.g., salaries or fees) or non-investment income of more than \$200 from any reportable source in the reporting period? If Yes, complete and attach PART II.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Did you, your spouse, or dependent child have any reportable liability (more than \$10,000) during the reporting period? If Yes, complete and attach PART VII.	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Did you, your spouse, or dependent child hold any reportable asset worth more than \$1,000 at the end of the period, or receive unearned or investment income of more than \$200 in the reporting period? If Yes, complete & attach PART IIIA and/or IIIB.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Did you hold any reportable positions on or before the date of filing in the current calendar year? If Yes, complete and attach PART VIII.	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset worth more than \$1,000 in the reporting period? If Yes, complete and attach PART IV.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Do you have any reportable agreement or arrangement with an outside entity? If Yes, complete and attach PART IX.	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Did you, your spouse, or dependent child receive any reportable gift in the reporting period (i.e., aggregating more than \$350 and not otherwise exempt)? If Yes, complete and attach PART V.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	If this is your <u>FIRST</u> Report: Did you receive compensation of more than \$5,000 from a single source in the <u>two</u> prior years? If Yes, complete and attach PART X.	<input type="checkbox"/>	<input checked="" type="checkbox"/>

**Each question must be answered and the appropriate PART attached for each "YES" response.**

FOR OFFICIAL USE ONLY  
Do Not Write Below this Line

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SECRETARY OF THE SENATE

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Reporting Individual's Name

☐ Amendment**PART I. PAYMENTS TO PAY CHARITABLE ORGANIZATIONS IN LIEU OF HONORARIA**

Page Number

Edward J. Markey

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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	Address (City, State)	Speech, Article, or Appearance	Amount
Example:	3/26/1X	Association of American Associations	Wash., DC	Speech	\$1,000
	7/23/1X	XYZ Magazine	NY, NY	Article	\$500
1	1/28/15	Father Peter Daly	Prince Frederick, MD	Appearance	\$200
2					
3					
4					
5					
6					
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13					

A separate, confidential report which names the charitable organization receiving such payments must be filed directly with the Select Committee on Ethics.

Reporting Individual's Name

☐ Amendment

Page Number

Edward J.Markey

**PART II. EARNED AND NON-INVESTMENT INCOME****2**

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		Address (City, State)	Type of Income	Amount
Example:	JP Computers	Wash., DC	Salary	\$15,000
	MCI (Spouse)	Arlington, VA	Salary	Over \$1,000
1	U.S. Public Health Service, (U.S. Coast Guard) - (Spouse)	Topeka, KS	Spouse Pension	Over \$1,000
2	Global Health Institute, LLC including Private Practice of Medicine (Spouse)	Chevy Chase, MD	Spouse Salary	Over \$1,000
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Reporting Individual's Name

☐ Amendment**PART IIIA. PUBLICLY TRADED ASSETS AND UNEARNED INCOME SOURCES**

Page Number

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**BLOCK A****Identity of Publicly Traded Assets  
And Unearned Income Sources**

Report the complete name of each publicly traded asset held by you, your spouse, or your dependent child, (See p.3, *CONTENTS OF REPORTS Part B of Instructions*) for production of income or investment which:

- (1) had a value exceeding \$1,000 at the close of the reporting period; and/or  
(2) generated over \$200 in "unearned" income during the reporting period.

Include on this PART IIIA a complete identification of each public bond, mutual fund, publicly traded partnership interest, excepted investment funds, bank accounts, excepted and qualified blind trusts, and publicly traded assets of a retirement plan.

**BLOCK B****Valuation of Assets**

At the close of reporting period.  
If None, or less than \$1,001,  
Check the first column.

**BLOCK C****Type and Amount of Income**

		BLOCK B Valuation of Assets										BLOCK C Type and Amount of Income																						
		At the close of reporting period. If None, or less than \$1,001, Check the first column.										Type of Income							Amount of Income															
		None (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***	\$1,000,001 - \$5,000,000	\$5,000,001 - \$25,000,000	\$25,000,001 - \$50,000,000	Over \$50,000,000	None	Dividends	Rent	Interest	Capital Gains	Excepted Investment Fund	Excepted Trust	Qualified 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	Over \$1,000,000***	\$1,000,001 - \$5,000,000	Over \$5,000,000	Actual Amount Required if "Other" Specified
Example:	S, DC, or J				X										X						Example		X										Example	
	(S) IBM Corp. (stock)																				Example												Example	
	(S) Keystone Fund					X													X				X											
1	S Fidelity MA AMT Tax-Free Money Market Fund				X														X				X											
2	S Fidelity Mass Muni Income Mutual Fund				X														X					X										
3	S Fidelity Municipal Money Market Fund	X																	X				X											
4	S Fidelity SEP - Fidelity Government Cash Reserves Money Market Fund					X													X				X											
5	S Fidelity SEP- Power Shares QQQ Trust Series 1		X																X				X											
6	S Fidelity SEP - SPDR S+P 500 ETF Trust Unit Series 1		X																X				X											
7	S Fidelity SEP - Spartan Extended Market Index Advantage Class Mutual Fund			X															X				X											
8	S Fidelity SEP - Asset Manager 20% Mutual Fund			X															X				X											
9	Firsthand Technology Value Fund	X																	X				X											
10	S Firsthand Technology Value Fund		X																X				X											

EXEMPTION TEST (see instructions before marking box): If you omitted any asset because it meets the three-part test for exemption described in the instructions, please check box to the right.

\*\*\* This category applies only if the asset is/was held independently by the spouse or dependent child. If the asset is/was either held by the filer or jointly held, use the other categories of value, as appropriate.

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Reporting Individual's Name

☐ Amendment**PART IIIA. PUBLICLY TRADED ASSETS AND UNEARNED INCOME SOURCES**

Page Number

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**BLOCK A****Identity of Publicly Traded Assets  
And Unearned Income Sources**

Report the complete name of each publicly traded asset held by you, your spouse, or your dependent child, (See p.3, *CONTENTS OF REPORTS Part B of Instructions*) for production of income or investment which:

- (1) had a value exceeding \$1,000 at the close of the reporting period; and/or  
(2) generated over \$200 in "unearned" income during the reporting period.

Include on this PART IIIA a complete identification of each public bond, mutual fund, publicly traded partnership interest, excepted investment funds, bank accounts, excepted and qualified blind trusts, and publicly traded assets of a retirement plan.

**BLOCK B****Valuation of Assets**

At the close of reporting period.  
If None, or less than \$1,001,  
Check the first column.

**BLOCK C****Type and Amount of Income**

		BLOCK B Valuation of Assets										BLOCK C Type and Amount of Income																						
		At the close of reporting period. If None, or less than \$1,001, Check the first column.										Type of Income							Amount of Income															
		None (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***	\$1,000,001 - \$5,000,000	\$5,000,001 - \$25,000,000	\$25,000,001 - \$50,000,000	Over \$50,000,000	None	Dividends	Rent	Interest	Capital Gains	Excepted Investment Fund	Excepted Trust	Qualified 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	Over \$1,000,000***	\$1,000,001 - \$5,000,000	Over \$5,000,000	Actual Amount Required if "Other" Specified
Example:	S, DC, or J				X										X						Example		X										Example	
	(S) IBM Corp. (stock)																				Example	X											Example	
	(S) Keystone Fund					X													X															
1	S Janus Global Select Class T Mutual Fund			X															X				X											
2	S Janus Global Technology Class T Mutual Fund					X													X							X								
3	Janus Global Technology Class T Mutual Fund			X															X						X									
4	Morgan Stanley Smith Barney Powershares Trust (QQQ)			X															X					X										
5	S R.S. Small Cap Growth Class A Mutual Fund					X													X					X										
6	Rydex NASDAQ 100 Inv Class Mutual Fund				X														X					X										
7	S Rydex NASDAQ 100 Inv Class Mutual Fund						X												X							X								
8	S TIAA-CREF Retirement Annuity - CREF Equity Index						X												X				X											
9	S TIAA-CREF Traditional Retirement Annuity					X													X				X											
10	S Touchstone Focused Class Y Mutual Funds			X															X				X											

EXEMPTION TEST (see instructions before marking box): If you omitted any asset because it meets the three-part test for exemption described in the instructions, please check box to the right.

\*\*\* This category applies only if the asset is/was held independently by the spouse or dependent child. If the asset is/was either held by the filer or jointly held, use the other categories of value, as appropriate.

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Reporting Individual's Name

☐ Amendment**PART IIIA. PUBLICLY TRADED ASSETS AND UNEARNED INCOME SOURCES**

Page Number

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Edward J. Markey

**BLOCK A****Identity of Publicly Traded Assets  
And Unearned Income Sources**

Report the complete name of each publicly traded asset held by you, your spouse, or your dependent child, (See p.3, *CONTENTS OF REPORTS Part B of Instructions*) for production of income or investment which:

- (1) had a value exceeding \$1,000 at the close of the reporting period; and/or  
(2) generated over \$200 in "unearned" income during the reporting period.

Include on this PART IIIA a complete identification of each public bond, mutual fund, publicly traded partnership interest, excepted investment funds, bank accounts, excepted and qualified blind trusts, and publicly traded assets of a retirement plan.

**BLOCK B****Valuation of Assets**

At the close of reporting period.  
If None, or less than \$1,001,  
Check the first column.

**BLOCK C****Type and Amount of Income****Type of Income****Amount of Income**

		BLOCK B Valuation of Assets										BLOCK C Type and Amount of Income																								
		None (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***	\$1,000,001 - \$5,000,000	\$5,000,001 - \$25,000,000	\$25,000,001 - \$50,000,000	Over \$50,000,000	Type of Income							Amount of Income															
														None	Dividends	Rent	Interest	Capital Gains	Excepted Investment Fund	Excepted Trust	Qualified 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	Over \$1,000,000***	\$1,000,001 - \$5,000,000	Over \$5,000,000	Actual Amount Required if "Other" Specified		
Example:	S, DC, or J	IBM Corp. (stock)																																		Example
	(S)	Keystone Fund																																		Example
1	S	Fidelity SEP - Spartan 500 Advantage Class																																		
2																																				
3																																				
4																																				
5																																				
6																																				
7																																				
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EXEMPTION TEST (see instructions before marking box): If you omitted any asset because it meets the three-part test for exemption described in the instructions, please check box to the right.

\*\*\* This category applies only if the asset is/was held independently by the spouse or dependent child. If the asset is/was either held by the filer or jointly held, use the other categories of value, as appropriate.

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Reporting Individual's Name <b>Edward J. Markey</b>		<b>PART IIIB. NON-PUBLICLY TRADED ASSETS AND UNEARNED INCOME SOURCES</b>															Page Number <b>6</b>						
<b>BLOCK A</b> <b>Identity of Non-Publicly Traded Assets and Unearned Income Sources</b>  Report the name, address (city, state and description) of each interest held by you, 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 <u>non-public</u> 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" income during the reporting period. Include the above report for each underlying asset, which is not incidental to the trade or business. Publicly traded assets held by non-public entity may be listed on Part IIIA.		<b>BLOCK B</b> <b>Valuation of Assets</b>  At the close of reporting period. If None, or less than \$1,001, Check the first column.										<b>BLOCK C</b> <b>Type and Amount of Income</b>											
												<b>Type of Income</b>						<b>Amount of Income</b>					
												None Dividends Rent Interest Capital Gains Excepted Investment Fund Excepted Trust Qualified 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 Over \$1,000,000*** \$1,000,001 - \$5,000,000 Over \$5,000,000 Actual Amount Required if "Other" Specified					
Example: S, <i>JP Computer, Software Design, Wash DC</i> or J <i>Undeveloped land, Dubuque, Iowa</i>												Example						Example					
												Example						Example					
1	S	Capital One Bank Accts, Salt Lake City, UT																					
2		Congressional Federal Credit Union Bank Accts, Washington, DC																					
3	S	Global Health Institute, LLC, Chevy Chase, MD - (Nature of Business: Health Education and Medical Practice) Wells Fargo Bank Acct, Portland, OR																					
4	S	Wells Fargo Bank Accts, Portland, OR																					
5	J	Wells Fargo Bank Accts, Portland, OR																					
6		Fidelity Cash Core Acct																					
7																							
8																							
9																							
10																							

EXEMPTION TEST (see instructions before marking box): If you omitted any asset because it meets the three-part test for exemption described in the instructions, please check box to the right.

\*\*\* This category applies only if the asset is/was held independently by the spouse or dependent child. If the asset is/was either held by the filer or jointly held, use the other categories of value, as appropriate.

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Reporting Individual's Name

☐ Amendment

Edward J. Markey

## PART IV. TRANSACTIONS

Page Number

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Report any purchase, sale, or exchange by you, your spouse, or dependent child (See p.3 CONTENTS OF REPORTS Part B of Instructions) during the reporting period of any real property, stocks, bonds, commodity futures, and other securities when the amount of the transaction exceeded \$1,000. Include transactions that resulted in a loss. Do not report a transaction involving property used solely as your personal residence, or a transaction between you, your spouse, or dependent child. Please clarify which two properties are involved in any reportable exchange.

## Identification of Assets

S, Example: DC, or J		IBM Corp. (stock) NYSE	X			2 / 1 / 1X		X			E	X	A	M	P	L	E
1	S	Fidelity SEP- Spartan 500 Advantage Class	X			4/9/15	X										
2	S	Fidelity Municipal Money Market Fund		X		4/9/15	X										
3	S	Fidelity MA AMT Tax-Free Money Market Fund		X		4/9/15	X										
4																	
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EXEMPTION TEST (see instructions before marking box): If you omitted any asset because it meets the three-part test for exemption described in the instructions, please check box to the right.

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Reporting Individual's Name

☐ Amendment

Edward J. Markey

**PART VII. LIABILITIES**

Page Number

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Report liabilities over \$10,000 owed by you, your spouse, or dependent child (See p.3, CONTENTS OF REPORTS, Part B of Instructions), to any one creditor at any time during the reporting period. Check the highest amount owed during the reporting period. Exclude: (1) mortgages on your personal residences unless rented (**except for Senators**); (2) loans secured by automobiles, household furniture or appliances; and (3) liabilities owed to certain relatives listed in Instructions. See Instructions for reporting revolving charge accounts.

Name of Creditor		Address	Type of Liability	Date Incurred	Interest Rate	Discount Points Paid for Mortgage (Senators Only)	Term if Applicable	Category of Amount of Value (x)											
								\$10,001 - \$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***	\$1,000,001 - \$5,000,000	\$5,000,001 - \$25,000,000	\$25,000,001 - \$50,000,000	Over \$50,000,000	
Example: S. DC, or J		First District Bank	Wash., DC	Mortgage on undeveloped land	1992	13%	1 pt	25 yrs			X		E	X	A	M	P	L	E
		(J) John Jones	Wash., DC	Promissory Note	2000	10%	n/a	On dmd				X	E	X	A	M	P	L	E
1	J	Members Mortgage Co.	Woburn, MA	Mortgage	2003	5.375	0	30 yrs				X							
2	J	Chase Home Finance	Columbus, OH	Mortgage	2003	5.5	0	20 yrs					X						
3																			
4																			
5																			
6																			
7																			
8																			
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EXEMPTION TEST (see instructions before marking box): If you omitted any asset because it meets the three-part test for exemption described in the instructions, please check box to the right.

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