

2006 MAY 15 PM 4:00

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U.S. HOUSE OF REPRESENTATIVES

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

**UNITED STATES HOUSE OF REPRESENTATIVES
FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 2005**

FORM A

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For use by Members, officers, and employees

Alexander Green

(Full Name)

7447 Cambridge, #109 Houston, TX 77054

(Mailing Address)

(202) 225-7508

Daytime Telephone:

Member of the U.S. House of Representatives

State: TX

Officer Or Employee

Employing Office:

Report Type: Annual (May 15)

Amendment

Termination

Termination Date:

PRELIMINARY INFORMATION -- ANSWER EACH OF THESE QUESTIONS

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

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

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"/>
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"/>

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).

Certification

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.

Signature of Reporting Individual

Alexander Green

Date (Month, Day, Year)

May 15, 2006

SCHEDULE I - EARNED INCOME

Name Alexander Green

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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) totalling \$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
Law Offices of Benjamin L. Hall, III, LL.P	Deferred Compensation Earned for Legal Services Rendered Prior to Entering Congress	\$13,553
State of Texas Texas County and Retirement System	Pension	\$96,948

SCHEDULE III - ASSETS AND "UNEARNED" INCOME

Name Alexander Green

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BLOCK A Asset and/or Income Source 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. 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. 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.	BLOCK B Year-End Value of Asset 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."	BLOCK C Type of Income 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)	BLOCK D Amount of Income 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.	BLOCK E Transaction Indicate if asset was purchased (P), sold (S), or exchanged (E) in reporting year.
Unity National Bank Houston, TX	\$50,001 - \$100,000	INTEREST	\$1,001 - \$2,500	
Hibernia National Bank Houston, TX	\$100,001 - \$250,000	INTEREST	\$1,001 - \$2,500	
Congressional Federal Credit Union Washington, DC	\$50,001 - \$100,000	INTEREST	\$50,001 - \$100,000	
7447 Cambridge, #105 Houston, TX	\$100,001 - \$250,000	RENT	\$5,001 - \$15,000	
7447 Cambridge, #107 Houston, TX	\$100,001 - \$250,000	RENT	\$5,001 - \$15,000	
7447 Cambridge, #124 Houston, TX	\$100,001 - \$250,000	RENT	\$5,001 - \$15,000	

SCHEDULE III - ASSETS AND "UNEARNED" INCOME

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350 G Street, SW, #N208 Washington, DC	\$250,001 - \$500,000	DC Residence	NONE	
Morgan Stanley MM Account Houston, TX	\$1 - \$1,000	CAPITAL GAINS	\$1 - \$200	
Morgan Stanley SEP IRA Houston, TX	\$15,001 - \$50,000	Morgan Stanley Proprietary Fund/Mutual Fund-American Opportunities Fund	NA	
RETIREMENT				
Texas County & District Retirement System	\$1,000,001 - \$5,000,000	Pension	NA/\$96,948. (Schedule 1)	
Harris County, Texas Deferred Compensation Program Houston, TX	\$100,001 - \$250,000	Self Directed Pension Program: Variable Annuity Mutual Fund-SEI Index Fund S&P 500, American Century Ultra IC	NA	

SCHEDULE V - LIABILITIES

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Report liabilities of over \$10,000 owed to any one creditor at any time during the reporting period by you, your spouse, or dependent child. Mark the highest amount owed during the year. Exclude: Any mortgage on your personal residence (unless all or part of it is rented out); loans secured by automobiles, household furniture, or appliances; and liabilities owed to a spouse, or the child, parent, or sibling of your or your spouse. Report "revolving charge accounts" only if the balance at the close of the preceding calendar year exceeded \$10,000.

SP, DC, JT	Creditor	Type of Liability	Amount of Liability
	Bank of America Jacksonville, FL	Washington, DC Residence (350 G Street, SW, #N208 - Washington, DC 20024	\$250,001 - \$500,000

SCHEDULE IX - AGREEMENTS

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Identify the date, parties to, and general terms of any agreement or arrangement with respect to: future employment; a leave of absence during the period of government service; continuation or deferral of payments by a former or current employer other than the U.S. Government; or continuing participation in an employee welfare or benefit plan maintained by a former employer.

Date	Parties To	Terms of Agreement
4/14/2003	Law Offices of Benjamin L. Hall, III, LLP	Deferred Compensation Earned for Legal Services Rendered Prior to Entering Congress
1/31/04	Texas County 7 District Retirement System	Defined Benefit Plan