

UNITED STATES HOUSE OF REPRESENTATIVES		FORM A	Page 1 of 7
FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 2005		For use by Members, officers, and employees	
Edward J. Markey			
(Full Name)			
2108 Rayburn HOB Washington, DC 20515		202-225-2836	
(Mailing Address)		Daytime Telephone:	
Filer Status	<input checked="" type="checkbox"/> Member of the U.S. House of Representative	State: MA District: 07	<input type="checkbox"/> Officer Or Employee Employing Office:
Report Type	<input checked="" type="checkbox"/> Annual (May 15)	<input type="checkbox"/> Amendment	<input type="checkbox"/> Termination
			Termination Date:

2006 MAY 15 PM 4: 27
OFFICE OF THE CLERK
U.S. HOUSE OF REPRESENTATIVES

HAND DELIVERED MC

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

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

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	Signature of Reporting Individual	Date (Month, Day, Year)
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.	<i>Edward J. Markey</i>	May 12, 2006

SCHEDULE I - EARNED INCOME

Name Edward J. Markey

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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
US Public Health Service, US Department of Health and Human Services	Spouse -- Pension	N/A
Private Practice of Medicine	Spouse -- Medical Fees	N/A
Mayo Clinic Jacksonville	Spouse -- Visiting Professor	N/A
Zenith Insurance Co.	Spouse -- Medical Consulting Fees	N/A
Inova Hospital Health Care Services	Spouse -- Lecture Fees	\$1,500
Stanford University	Spouse -- Lecture Fees	\$500
Wake County (NC) Human Services	Spouse -- Lecture Fees	\$4,000
University of Medicine & Dentistry of New Jersey	Spouse -- Lecture Fees	\$3,000
Mayo Clinic Rochester	Spouse -- Lecture Fees	\$2,500
Jewish Federation of Greater Houston	Spouse -- Lecture Fees	\$10,000

SCHEDULE III - ASSETS AND "UNEARNED" INCOME

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<p>BLOCK A</p> <p>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>BLOCK B</p> <p>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>BLOCK C</p> <p>Type of Income</p> <p>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>BLOCK D</p> <p>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.</p>	<p>BLOCK E</p> <p>Transaction</p> <p>Indicate if asset was purchased (P), sold (S), or exchanged (E) in reporting year.</p>
<p>Cong. Federal Credit Union Accts</p>	<p>\$15,001 - \$50,000</p>	<p>INTEREST</p>	<p>\$1 - \$200</p>	
<p>Rydex OTC Investor Class Fund</p>	<p>\$15,001 - \$50,000</p>	<p>DIVIDENDS</p>	<p>\$1 - \$200</p>	
<p>Janus Global Technology Fund</p>	<p>\$1,001 - \$15,000</p>	<p>DIVIDENDS</p>	<p>\$1 - \$200</p>	
<p>Salomon Smith Barney, IRA-NASDAQ 100 Trust (QQQ)</p>	<p>\$1,001 - \$15,000</p>	<p>NONE</p>	<p>NONE</p>	
<p>Firsthand Technology Value Fund</p>	<p>\$1,001 - \$15,000</p>	<p>NONE</p>	<p>NONE</p>	
<p>JT Wachovia Bank Acct (formerly First Union Bank)</p>	<p>\$15,001 - \$50,000</p>	<p>INTEREST</p>	<p>\$201 - \$1,000</p>	

SCHEDULE III - ASSETS AND "UNEARNED" INCOME

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SP	Wachovia Bank Accts (formerly First Union Bank)	\$50,001 - \$100,000	INTEREST	\$201 - \$1,000	
SP	Morgan Stanley Dean Witter IRA - S+P Depository Receipts	\$1,001 - \$15,000	NONE	NONE	
SP	Morgan Stanley Dean Witter IRA - Liquid Asset Fund	\$1 - \$1,000	INTEREST	\$1 - \$200	
SP	Fidelity Municipal Money Market	\$100,001 - \$250,000	DIVIDENDS	\$2,501 - \$5,000	REINVESTED
SP	TIAA-CREF Retirement Annuity	\$100,001 - \$250,000	NONE	NONE	
SP	Janus Global Technology Fund	\$50,001 - \$100,000	DIVIDENDS	\$1 - \$200	
SP	Janus Olympus Fund	\$1,001 - \$15,000	DIVIDENDS	\$1 - \$200	
SP	Rydex OTC Fund	\$100,001 - \$250,000	DIVIDENDS	\$201 - \$1,000	
SP	R.S. Emerging Growth Fund	\$50,001 - \$100,000	NONE	NONE	
SP	Firsthand Technology Value Fund	\$50,001 - \$100,000	NONE	NONE	
SP	Brown Advisory Opportunity Fund (formerly Nevis Fund - name changed 12/30/05)	\$1,001 - \$15,000	NONE	NONE	
SP	Old Mutual Technology & Communications Fund (formerly PHBG Technology Fund - name changed 12/12/05)	\$1,001 - \$15,000	NONE	NONE	
SP	Morgan Stanley Dean Witter IRA - NASDAQ 100 Trust Series I	\$1,001 - \$15,000	NONE	NONE	

SCHEDULE IV - TRANSACTIONS

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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.

SP, DC, JT	Asset	Type of Transaction	Date	Amount of Transaction
SP	Fidelity Municipal Money Market	REINVESTED	Monthly dividend reinvestment	\$1,001 - \$15,000

SCHEDULE VII - TRAVEL PAYMENTS AND REIMBURSEMENTS

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Identify the source and list travel itinerary, dates, and nature of expenses provided for travel and travel-related expenses totalling more than \$305 received by you, your spouse, or a dependent child during the reporting period. Indicate whether a family member accompanied the traveler at the sponsor's expense, and the amount of time, if any, that was not at the sponsor's expense. Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor. Exclude: Travel-related expenses provided by federal, state, and local governments, or by a foreign government required to be separately reported under the Foreign Gifts and Decorations Act (5 U.S.C § 7342); political travel that is required to be reported under the Federal Election Campaign Act; travel provided to a spouse or dependent child that is totally independent of his or her relationship to you.

Source	Date(s)	Point of Departure-- Destination--Point of Return	Lodging? (Y/N)	Food? (Y/N)	Was a Family Member Included? (Y/N)	Days not at sponsor's expense
World Economic Forum	Jan. 26 - 30	Wash., D.C. -- Switzerland -- Washington, DC	Y	Y	Y	N/A

SCHEDULE VIII - POSITIONS

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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
Board member	Boston College Law School Board of Advisors (uncompensated)
Honorary board member	Boston University Alzheimer's Disease Center Advisory Board (uncompensated)