

**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

Martin Olav Sabo

(Full Name)

2336 Rayburn House Office Building Washington, DC 20515

(Mailing Address)

Member of the U.S. House of Representative
State: MN District: 5th

Daytime Telephone: 202-225-4755

Employing Office:

Officer Or
 Employee

Report Type: Annual (May 15) Amendment Termination

Termination Date:

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

(Office Use Only)

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 type="checkbox"/> No <input checked="" type="checkbox"/>	Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than \$306 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"/>	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 checked="" type="checkbox"/> No <input type="checkbox"/>
III. Did you, your spouse, or a dependent child receive "unearned" income of 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"/>	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"/>	Did you have any reportable agreement or arrangement with an outside entity? If yes, complete and attach Schedule IX.	Yes <input type="checkbox"/> No <input checked="" 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 type="checkbox"/> No <input checked="" 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

Martin Olav Sabo

Date (Month, Day, Year)

5-03-2006

HAND DELIVERED

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SCHEDULE III - ASSETS AND "UNEARNED" INCOME

Name Martin Olav Sabo

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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.
State of MN Retirement Plan	None	Annuity	\$15,001 - \$50,000	NA
Lutheran Brotherhood IRA (LB Growth Fund)	\$1,001 - \$15,000	DIVIDENDS	NONE	NA
Farm Land - North Dakota	\$50,001 - \$100,000	Rents & Crops	\$5,001 - \$15,000	NA
Congressional Federal Credit Union	\$50,001 - \$100,000	INTEREST	\$1,001 - \$2,500	NA
A&P Mutual Fund (Changed to Amerprise)	\$1,001 - \$15,000	DIVIDENDS	\$1 - \$200	NA
MOSAIC Money Fund	\$1,001 - \$15,000	INTEREST	\$1 - \$200	NA

SCHEDULE III - ASSETS AND "UNEARNED" INCOME

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SP	Northern States Power (changed to XCEL Stock)	\$1,001 - \$15,000	DIVIDENDS	\$201 - \$1,000	NA
SP	Mass Mutual	\$1,001 - \$15,000	INTEREST	\$201 - \$1,000	NA
SP	INTEL	\$1,001 - \$15,000	DIVIDENDS	\$1 - \$200	NA
SP	CISCO	\$1,001 - \$15,000	NONE	None	NA
SP	General Electric	\$1,001 - \$15,000	DIVIDENDS	\$1 - \$200	NA
SP	Pfizer	\$1,001 - \$15,000	DIVIDENDS	\$1 - \$200	NA
SP	Congressional Federal Credit Union Certificate	\$15,001 - \$50,000	INTEREST	\$1,001 - \$2,500	NA
SP	Congressional Federal Credit Union Certificate	\$15,001 - \$50,000	INTEREST	\$1,001 - \$2,500	NA
SP	Statoil Stock	\$1,001 - \$15,000	DIVIDENDS	\$201 - \$1,000	NA
SP	UBS Pace Large Cap Growth Fund IRA	\$15,001 - \$50,000	INTEREST	NONE	NA
SP	UBS Large Cap Value Fund IRA	\$15,001 - \$50,000	INTEREST	NONE	NA
SP	UBS Pace International Equity Fund IRA	\$1,001 - \$15,000	INTEREST	NONE	NA
SP	UBS Small Medium Growth Fund IRA	\$1,001 - \$15,000	INTEREST	NONE	NA
SP	UBS Small Medium Value Fund IRA	\$1,001 - \$15,000	INTEREST	NONE	NA

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
American Association of Airport Executives	Jan. 9-13, 2005	Minneapolis, MN to Honolulu, HI to Minneapolis, MN	Y	Y	N	None