SHEILA JACKSON LEE
18TH DISTRICT, TEXAS

WASHINGTON OFFICE
2160 Rayburn House Office Building
Washington, DC 20515
(202) 225 3816

DISTRICT OFFICE
1919 SMITH STREET, SUITE 1180
THE GEORGE "MICKEY" LELAND FEDERAL BUILDING
HOUSTON, TX 77002
(713) 655-0050

ACRES HOME OFFICE
6719 WEST MONTGOMERY, SUITE 204
HOUSTON, TX 77019
(713) 691-4882

HEIGHTS OFFICE
420 WEST 19TH STREET
HOUSTON, TX 77008
(713) 861-4070

FIFTH WARD OFFICE
3300 LYONS AVENUE, SUITE 301
HOUSTON, TX 77020

**Congress of the United States**
**House of Representatives**
**Washington, DC 20515**

2011 OCT 26 PM 5:44
U.S. HOUSE

**HAND DELIVERED**

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MIDDLE EAST AND SOUTH ASIA
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SENIOR WHIP
DEMOCRATIC CAUCUS

October 26, 2011

MC

**COPY FAXED to 202-225-3713**

**Hand Delivered**

The Honorable Joe Bonner, Chairman
Committee on Standards of Official Conduct
1015 Longworth House Office Building
Washington, DC 20515

The Honorable Linda Sanchez, Ranking Member
Committee on Standards of Official Conduct
1015 Longworth House Office Building
Washington, DC 20515

Dear Chairman Bonner and Ranking Member Sanchez:

This letter responds to your August 26, 2011 request for additional information for Schedule III, Schedule V, and Schedule VII of my Financial Disclosure Statement required by the Ethics in Government Act which was filed this year.

Please find attached the additional information requested for Schedule III and Schedule V. After review of the Schedule VI request for filing travel disclosures, my records show that I already filed forms for the CBC Institute, South Carolina, 2010 and the Harvard Black Law Students, Boston, May 2010 (forms attached). The other trips in question, where my name was submitted as a possible participant, were not attended by me or were paid by me personally.

If you have any additional questions regarding this submission, please feel free to contact me directly at 202-225-3816.

Sincerely,

Sheila Jackson Lee

Sheila Jackson Lee
Member of Congress

Attachments (will not be faxed)

10/25/2011

TO: Ms. Heather Jones
Senior Counsel
Committee on Ethics
U.S. House of Representatives
1015 Longworth HOB
Washington, D.C. 20515
Phone: (202) 225-7103
Fax: (202) 225-3713

c/o Hon. Sheila Jackson Lee
U.S House of Representatives
18th Congressional District, Texas
(202) 225-3816

FROM: Elwyn C. Lee
(Spouse of Sheila Jackson Lee)
4428 N. Roseneath
Houston, Texas 77021
Work: 832-842-5090
Cell: 832-816-6127

Elwyn C. Lee

RE: Questions Concerning Sheila Jackson Lee's 2009 Financial Disclosure

This memo addresses some, but not all of the questions raised in the email of August 18th, 2011 set forth at **Attachment A**. In particular I shall address those questions concerning spousal assets under Schedule III of the disclosure document , and questions concerning loans under Schedule V. As a preliminary matter let me say that I have reviewed the Schedule III questions with my financial advisor who handles my retirement accounts. He is willing to address any questions that I may not have answered sufficiently. His contact information is as follows:

Mr. Alan J. Kasser
Kasser Investment Advisors, LLC
4010 blue Bonnet Blvd., Suite #116
Houston, Texas 77025
Phone: 713-666-6552
Cell: 713-503-0067
Alan@KasserInvestmentAdvisors.com

## SCHEDULE III.

ING 403b Annuity. – My financial advisor has informed me that the ING (403b) is technically, not an annuity, but a TSI, tax sheltered investment. It is a (403b) with has the assets invested in two accounts, one growth, and one moderate risk.:

VT 2566 --- a Growth portfolio
VT 2164 ---- a Moderate portfolio

These funds have dozens of various stocks and bonds which may change daily. They are not fixed. Neither Mr. Kasser, nor I have any control over what is bought or sold in each portfolio nor when these purchases or sales are made. **(See Attachment B)**

MML Annuity –This account is valued at about $23,000 and is technically a traditional IRA. In **Attachment C** you will see the current listing of the "Model E" fund asset allocation model. Please note the document is labeled about three inches from the top: "Annuity-MassMutual Transitions Select". There are 10 different funds listed in the account. Neither my financial advisor nor I have control over when or what stocks, bonds, etc. are moved in or out of the funds comprising the account.

First Investor Mutual Fund – There are six funds in this asset. They are all growth funds and are listed in the **Attachment D**. Again, neither my financial advisor nor I have control over when or what stocks, bonds, etc. are moved in or out of these accounts.

Pioneer Mutual Fund – The three (3) funds listed in this asset are set forth in Attachment E. There are as follow: (1) International/Global Growth (Pioneer Emerging Markets Fund B, (2) Income (Pioneer Government Income Fund B, and (3) Money Market (Pioneer Cash Reserve Fund B). The account currently has a little more than $3400 dollars. **See Attachment E.**

## SCHEDULE V

The question asked the month and year in which each listed loan was incurred.

a. Wells Fargo Bank – This loan was incurred May, 2002.
b. Sallie Mae – This educational loan was incurred January, 1999.
c. Chase Manhattan – This mortgage loan was incurred ~~June~~ MAY 2001. E.C. EW

# ATTACHMENT

# A

**Rushing, Glenn**

**From:** Jones, Heather
**Sent:** Thursday, August 18, 2011 9:34 AM
**To:** Rushing, Glenn
**Subject:** Rep. Jackson Lee's FD

Glenn-
The Congresswoman will be getting a letter from the Committee asking her to provide some addition information in her Financial Disclosure Statement. The letter likely will come next week, but the information that we need is below:

**Schedule III:**
Please provide a list of assets (stocks/bonds/mutual funds) held in the following accounts:

ING 403b Annuity (if variable, if fixed please indicate)
MML Annuity (if variable, if fixed please indicate)

Please indicate which fund (e.g. high yield, growth, etc):

First Investors Mutual Fund (which one?)
Pioneer Mutual Fund (which one?)

**Schedule V:** Please indicate month and year in which each loan was incurred.

**Schedule VII**: Please file information related to the following trips:

CBC Institute, South Carolina, March 2010
CBC Foundation, North Carolina, April 2010
Harvard Black Law Students, Boston, May 2010
NAACP, Kansas City, July 2010
CBC Institute, Tunica, MS, August 2010
USC, Los Angeles, September 2010
CBC Institute, Las Vegas, November 2010

Please let me know if you have questions,

Heather

Heather Jones
Senior Counsel
Committee on Ethics
U.S. House of Representatives
1015 Longworth HOB
Washington, DC 20515
Phone: (202) 225-7103
Fax: (202) 225-3713

SHEILA JACKSON LEE
18TH DISTRICT, TEXAS

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(713) 691-4882

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# Congress of the United States
## House of Representatives
Washington, DC 20515

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Courts and Competition Policy
Immigration, Citizenship, Refugees, Border Security, and International Law
Crime, Terrorism and Homeland Security
Constitution, Civil Rights, and Civil Liberties

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SUBCOMMITTEES
Chair
Transportation Security and Infrastructure Protection
Border, Maritime, and Global Counterterrorism

FOREIGN AFFAIRS
SUBCOMMITTEES
Africa and Global Health
Middle East and South Asia
Terrorism, Nonproliferation, and Trade

Senior Whip
DEMOCRATIC CAUCUS

December 14, 2010

MC

2010 DEC 21 PM 4:02

HAND DELIVERED

The Honorable Lorraine Miller
Clerk of the U.S. House of Representatives
Legislative Resource Center
B106 Cannon HOB
Washington, D.C. 20515

Re: Amendment to 2009 Financial Disclosure

Dear Ms. Miller:

This letter is to amend my 2009 Financial Disclosure in order to clarify and correct SCHEDULE III – Assets and "Unearned" Income. Most of the corrections involve retirement accounts of my spouse that were being consolidated into one retirement 403 (b) annuity named ING in 2009. The additions, involve accounts that did not get consolidated in 2009, and therefore should be reflected on the SCHEDULE III.

Deletions from SCHEDULE III

1. Oppenheimer (Sp) should be deleted since it was merged into the ING (403b) annuity.
2. Mass Mutual (Sp) should be deleted since it was merged into the ING (403b) annuity.
3. Metropolitan (Sp) should be deleted since it was merged into the ING (403b)

Clarifications:

1. First Investors (Sp) is a mutual fund account valued at about $6,000 in 2009.
2. Woodforest bank account (Sp) asset value has been corrected.

Additions:

1. ING (403 b) annuity (Sp) is my spouses primary retirement asset valued at just over $500,000 in 2009.
2. MML annuity (Sp) valued at about $23,000.
3. Pioneer mutual fund (Sp) valued at about $3,400
4. MML IRA (Sp) – contains no individual stock but has the following accounts collectively valued at just over $100,000 in 2009:
   a. Fidelity Advisor New Insights CL (mutual fund)
   b. Oppenheimer Dev. Markets FD Class (mutual fund)
   c. CB Richard Ellis Rlty Tr Com (reit)

These deletions and additions are reflected in the attachment to this letter.

Sincerely,

Sheila Jackson Lee
Member of Congress

## SCHEDULE III — ASSETS AND "UNEARNED" INCOME
Continuation Sheet (if needed)

Name: SHEILA JACKSON LEE | Page 2 of 2

| SP, DC, JT | BLOCK A Asset and/or Income Source | BLOCK B Year-End Value of Asset: A None | B $1 – $1,000 | C $1,001 – $15,000 | D $15,001 – $50,000 | E $50,001 – $100,000 | F $100,001 – $250,000 | G $250,001 – $500,000 | H $500,001 – $1,000,000 | I $1,000,001 – $5,000,000 | J $5,000,001 – $25,000,000 | K $25,000,001 – $50,000,000 | L Over $50,000,000 | BLOCK C Type of Income: NONE | DIVIDENDS | RENT | INTEREST | CAPITAL GAINS | EXCEPTED/BLIND TRUST | Other Type of Income (Specify) | BLOCK D Amount of Income: I None | II $1 – $200 | III $201 – $1,000 | IV $1,001 – $2,500 | V $2,501 – $5,000 | VI $5,001 – $15,000 | VII $15,001 – $50,000 | VIII $50,001 – $100,000 | IX $100,001 – $1,000,000 | X $1,000,001 – $5,000,000 | XI Over $5,000,000 | BLOCK E Transaction P, S, E |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| SP | ING (403b) Annuity | | | | | | | | X | | | | | X | | | | | | | X | | | | | | | | | | | |
| SP | MML Annuity | | | | X | | | | | | | | | X | | | | | | | X | | | | | | | | | | | |
| SP | Pioneer mutual fund | | | X | | | | | | | | | | | X | | | | | | | X | | | | | | | | | | |
| SP | MML IRA | | | | | | X | | | | | | | | X | | | X | | | | | | X | | | | | | | | |
| | -Fidelity Advisor New Insights CL | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | - Oppenheimer Dev. Markets FD class | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | - CB Richard Ellis Rlty Tr. Com | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

This page may be copied if more space is required.

# SCHEDULE III – ASSETS AND "UNEARNED" INCOME

Name: SHEILA Jackson Lee    Page 1 of 2

**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 sources of income which generated more than $200 in "unearned" income during the year. For rental property or land, provide a complete address. Provide full names of stocks and mutual funds (do not use ticker symbols). For *all IRAs* and other retirement plans (such as 401(k) plans) that are self directed (*i.e.*, plans in which you have the power, *even if not exercised*, to select the specific investments), provide the value and income information on *each asset* in the account that exceeds the reporting threshold. For retirement plans that are not self-directed, name the institution holding the account and its value at the end of the reporting period. For an active business that is not publicly traded, state the name of the business, the nature of its activities, and its geographic location in Block A. For additional information, see the instruction booklet.

**Exclude:** Your personal residence(s) (unless there is rental income); any debt owed to you by your spouse, or by you or your spouse's child, parent, or sibling; any deposits totaling $5,000 or less in personal savings accounts; and 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 — Value of Asset**

Indicate 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 during the reporting year and is included only because it generated income, the value should be "None."

A None; B $1 – $1,000; C $1,001 – $15,000; D $15,001 – $50,000; E $50,001 – $100,000; F $100,001 – $250,000; G $250,001 – $500,000; H $500,001 – $1,000,000; I $1,000,001 – $5,000,000; J $5,000,001 – $25,000,000; K $25,000,001 – $50,000,000; L Over $50,000,000

**BLOCK C — Type of Income**

Check all columns that apply. For retirement plans or accounts that do not allow you to choose specific investments, you may write "NA." For all other assets *including all IRAs*, indicate the type of income by checking the appropriate box below. **Dividends and interest, even if reinvested, should be listed as income.** Check "None" if asset did not generate any income during calendar year.

NONE; DIVIDENDS; RENT; INTEREST; CAPITAL GAINS; EXCEPTED/BLIND TRUST; Other Type of Income (Specify: 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, *including all IRAs*, indicate the category of income by checking the appropriate box below. **Dividends and interest, even if reinvested, should be listed as income.** Check "None" if no income was earned or generated.

I None; II $1 – $200; III $201 – $1,000; IV $1,001 – $2,500; V $2,501 – $5,000; VI $5,001 – $15,000; VII $15,001 – $50,000; VIII $50,001 – $100,000; IX $100,001 – $1,000,000; X $1,000,001 – $5,000,000; XI Over $5,000,000

**BLOCK E — Transaction**

Indicate if the asset had purchases (P), sales (S), or exchanges (E) exceeding $1,000 in reporting year.

If only a portion of an asset is sold, please indicate as follows: (S) (partial) See below for example.

P, S, E

| SP/DC/JT | Block A: Asset and/or Income Source | Block B: Value of Asset | Block C: Type of Income | Block D: Amount of Income | Block E: Transaction |
|---|---|---|---|---|---|
| Examples: SP | Mega Corp. Stock | E ($50,001 – $100,000) X | Dividends X; Capital Gains X | IV ($1,001 – $2,500) X | S (partial) |
| | Simon & Schuster | Indefinite | Royalties | IX ($100,001 – $1,000,000) X | |
| | 1st Bank of Paducah, KY Accounts | F ($100,001 – $250,000) X | Rent X | VI ($5,001 – $15,000) X | |
| SP | Oppenheimer DELETE | | | | |
| SP | Mass Mutual DELETE | | | | |
| SP | Metropolitan DELETE | | | | |
| SP | First Investors, mutual fund | C ($1,001 – $15,000) X | Dividends X; Capital Gains X | V ($2,501 – $5,000) X | |
| SP | Woodforest bank acct | E ($50,001 – $100,000) X | Interest X | IV ($1,001 – $2,500) X | |
| | | | | | |

For additional assets and unearned income, use next page.

# ATTACHMENT

# B

ELWYN C LEE
April 01, 2011 - June 30, 2011


two accounts

**At Your Service:**
>www.ingretirementplans.com
ING
PO Box 990067
Hartford, CT 06199-0067
>TDD (Hearing Impaired): 1-800-855-2880

>Customer Service: 1-800-262-3862
Automated Voice Response System available 24/7
Representatives available Monday thru Friday, 8 a.m. - 9 p.m. ET

# About Your Plan

| Plan Number | Plan Type | Balance on 04/01/2011 | Contributions | Withdrawals | Investment Earnings | Balance on 06/30/2011 |
|---|---|---|---|---|---|---|
| VT2164 | 403B | $643,838.63 | $5,411.86 | $0.00 | $6,714.73 | $655,965.22 |
| VT2566 | 403B | $54,091.45 | $3,000.00 | $0.00 | $309.09 | $57,400.54 |

# Activity Statement for Your 403(B) Plan VT2164

| Investment Objective | Balance on 04/01/2011 | Total Activity | Investment Earnings | Balance on 06/30/2011 | Number of Units/Shares | Unit/Share Price |
|---|---|---|---|---|---|---|
| **Asset Allocation** | | | | | | |
| ING Strategic Alloc Moderate Port I | $643,838.63 | $5,411.86 | $6,714.73 | $655,965.22 | 36,420.7937 | $18.0107 |
| **Total** | **$643,838.63** | **$5,411.86** | **$6,714.73** | **$655,965.22** | | |

Unit/Share prices are displayed to four decimal places.

| | |
|---|---|
| ING Strategic Alloc Moderate Port I | 100% |
| **Total** | **100%** |

ECC contributions

UH ORP - UH monthly contributions

| | Balance on 04/01/2011 | Contributions | Withdrawals | Investment Earnings | Balance on 06/30/2011 |
|---|---|---|---|---|---|
| Employee Contributions -EE | $39,086.22 | $2,375.50 | $0.00 | $395.70 | $41,857.42 |
| Employer Contributions -ER | $49,941.66 | $3,036.36 | $0.00 | $505.59 | $53,483.61 |
| Rollover -RO | $550,806.32 | $0.00 | $0.00 | $5,771.48 | $556,577.80 |
| Optional Retirement Plan 2 -TX | $4,004.43 | $0.00 | $0.00 | $41.96 | $4,046.39 |
| **Total** | **$643,838.63** | **$5,411.86** | **$0.00** | **$6,714.73** | **$655,965.22** |

| Transaction Type | Process Date | Money Source | Investment | Number of Units/Shares | Unit/Share Price | Transaction Amount |
|---|---|---|---|---|---|---|
| Contribution | 05/09/2011 | Employee Contributions -EE | ING Strategic Alloc Moderate Port I | 65.2927 | $18.1911 | $1,187.75 |
| Contribution | 05/09/2011 | Employer Contributions -ER | ING Strategic Alloc Moderate Port I | 83.4570 | $18.1911 | $1,518.18 |
| Contribution | 06/01/2011 | Employee Contributions -EE | ING Strategic Alloc Moderate Port I | 65.8316 | $18.0422 | $1,187.75 |
| Contribution | 06/01/2011 | Employer Contributions -ER | ING Strategic Alloc Moderate Port I | 84.1459 | $18.0422 | $1,518.18 |
| **Total** | | | **Contribution** | | | **$5,411.86** |

ING — Elwyn C. Lee

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# Activity Statement for Your 403(B) Plan VT2566

| Investment Objective | Balance on 04/01/2011 | Total Activity | Investment Earnings | Balance on 06/30/2011 | Number of Units/Shares | Unit/Share Price |
|---|---|---|---|---|---|---|
| **Asset Allocation** | | | | | | |
| ING Strategic Alloc Growth Port I | $54,091.45 | $3,000.00 | $309.09 | $57,400.54 | 3,182.0689 | $18.0387 |
| **Total** | **$54,091.45** | **$3,000.00** | **$309.09** | **$57,400.54** | | |

Unit/Share prices are displayed to four decimal places.

| | |
|---|---|
| ING Strategic Alloc Growth Port I | 100% |
| **Total** | **100%** |

| | Balance on 04/01/2011 | Contributions | Withdrawals | Investment Earnings | Balance on 06/30/2011 |
|---|---|---|---|---|---|
| Voluntary Contributions -VO | $54,091.45 | $3,000.00 | $0.00 | $309.09 | $57,400.54 |
| **Total** | **$54,091.45** | **$3,000.00** | **$0.00** | **$309.09** | **$57,400.54** |

| Transaction Type | Process Date | Money Source | Investment | Number of Units/Shares | Unit/Share Price | Transaction Amount |
|---|---|---|---|---|---|---|
| Contribution | 05/09/2011 | Voluntary Contributions -VO | ING Strategic Alloc Growth Port I | 82.1003 | $18.2703 | $1,500.00 |
| Contribution | 06/01/2011 | Voluntary Contributions -VO | ING Strategic Alloc Growth Port I | 83.1673 | $18.0359 | $1,500.00 |
| **Total** | | | **Contribution** | | | **$3,000.00** |

**YOUR PERSONAL PERFORMANCE** The returns shown are estimated dollar-weighted rates of return in your account, assuming evenly distributed cashflow throughout the period. The actual timing of cash flows into and out of your account may cause your actual returns to differ from these estimates. Past performance is no guarantee of future results.

WWW users: point your browser to http://www.orptx.com, a website dedicated to the faculty and staff of Texas Higher Education. Features include customer account balance inquiry/account transactions, fund performance data, and more!

**Important** Please review the information on this statement carefully and report any discrepancies within 30 days to our customer service department. Reported values will be considered final and correct after 30 days.

**ING Excessive Trading Policy** ING has an Excessive Trading Policy and monitors fund transfer activity. To view ING's Excessive Trading Policy refer to www.ingretirementplans.com or your plan's website, or to obtain a copy of ING's Excessive Trading Policy contact our customer service department at the number on the front of this statement.

**Agreements to Share Trading Information with Funds** For information please refer to www.ingretirementplans.com or your plans website.

**Redemption Fees** For information please refer to www.ingretirementplans.com or your plan's website, or each fund's prospectus.

ING — Elwyn C. Lee

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**Redemption Fees** For information please refer to www.ingretirementplans.com or your plan's website, or each fund's prospectus.

ACCOUNT HISTORY NOW AVAILABLE ON ING ACCESS You no longer have to wait until the arrival of your statement to track your account history. With the new "Account History" feature on ING Access, you can track your contributions, fund activity, exchanges, withdrawals, and disbursements quickly and conveniently. "Account History" also allows you to keep your records up-to-date with a history download capability. With "Account History," you are better informed about your retirement plan. Log on to ING Access today to see this latest enhancement, as well as many other features already available that make it easy to do business with ING.

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This statement is provided on behalf of ING Financial Advisers, LLC (member SIPC).

ING - Elwyn C. Lee

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## Messages for Plan YT2586 (continued)

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This statement is provided on behalf of ING Financial Advisers, LLC (member SIPC).

ING – Elwyn C. Lee

# ATTACHMENT

# C

Elwyn C. Lee

FieldNet Your Link To Success

MassMutual FINANCIAL GROUP

[ Print Preview ] [Print]

## Portfolio Audit and Account Review

**Today's date is October 12, 2011**

**For Producer Use Only. Not for Use with the Public**

**Information shown is as of 10/11/2011 and could differ based on the last premium payment received, the policy status, and any policy changes which may have occurred today.**

### ANNUITY - MASSMUTUAL TRANSITIONS SELECT

**Contract Information**

| | |
|---|---|
| Contract ID: | TRN44829772 |
| Product Type: | MassMutual Transitions Select |
| Issued by: | MML |
| Status: | Premium Paying |
| Market Type: | Traditional IRA |
| Annuitant: | ELWYN C LEE |
| Annuitant Sex: | M |
| Date of Birth: | 03/04/1949 |
| Owner(s): | ELWYN C LEE |
| Payor: | ELWYN C LEE |
| Contract Status: | In-Force |
| Contract State: | TX |

**Premium Information**

| | |
|---|---|
| Billed Premium: | $0.00 |
| Method: | No Bill |
| Frequency: | Single Prem or No Bill |
| Annualized Premium: | $0.00 |
| Total Contributions: | $23,343.60 |

**Contract Values**

| | |
|---|---|
| Contract Value: | $19,935.57 |
| Surrender Charges: | $1,072.56 |
| Surrender Value: | $18,823.01 |
| Free Withdrawal Amount: | $2,059.64 |
| Total Death Benefit Value: | $23,343.60 |

**Loan Information**

| | |
|---|---|
| Available: | $0.00 |
| Principal: | N/A |
| Interest Rate: | N/A |
| Payoff Amount: | N/A |
| As of Date: | N/A |
| Loan Status: | N/A |

**Surrender Charge Period**

| | |
|---|---|
| Term: | 7 |

**Agency Information**

| | |
|---|---|
| Servicing Agency: | 043 |

**Contract Dates**

| | |
|---|---|
| Issue Date: | 11/19/2007 |
| Maturity Date: | 03/04/2049 |

| Agent Name | Agent ID | Agent Role | Agent Status | Agent Home Agy | Commission |
|---|---|---|---|---|---|
| ALAN KASSER | 505082 | Servicing/Writing | Active | 043 | N/A |

**Additional Information**

| Rider Information | Effective Date | Benefit Value |
|---|---|---|
| Base Free Withdrawal | 11/19/2007 | N/A |
| Standard Death Benefit | 11/19/2007 | N/A |

| Fund Asset Allocation Model | Effective Date |
|---|---|
| Model E | 11/19/2007 |

| Account Information | Asset Class | Number of Units | Unit Price | Fund Balance | % of Total Fund Balance | Premium Allocation |
|---|---|---|---|---|---|---|
| MML Templeton Foreign | International/Global | 248.9000 | 12.025918 | $2,993.25 | 15.01% | 15.00% |
| Oppenheimer Global Securities | International/Global | 124.1760 | 14.537945 | $1,805.26 | 9.06% | 9.00% |
| MML W & R/Wellington Small Cap Growth | Small/Mid Cap Growth | 142.2130 | 14.246649 | $2,026.05 | 10.16% | 10.00% |
| Oppenheimer Small & MidCap | Small/Mid Cap Growth | 170.5720 | 11.714265 | $1,998.13 | 10.02% | 10.00% |
| MML AllianceBern Small/Mid Cap Value | Small/Mid Cap Value | 160.7670 | 11.253649 | $1,809.21 | 9.08% | 9.00% |
| MML American Century | | | | | | |

MassMutual – Elwyn C. Lee

Elwyn C. Lee



| | | | | | | |
|---|---|---|---|---|---|---|
| Mid Cap Value | Small/Mid Cap Value | 131.1380 | 13.443555 | $1,762.96 | 8.84% | 9.00% |
| Oppenheimer Capital Appreciation | Large Cap Growth | 182.2180 | 11.014332 | $2,007.01 | 10.07% | 10.00% |
| Fidelity VIP Contrafund | Large Cap Blend | 139.5040 | 14.223002 | $1,984.16 | 9.95% | 10.00% |
| MML Davis Large Cap Value | Large Cap Value | 164.4950 | 10.726034 | $1,764.38 | 8.85% | 9.00% |
| MML T. Rowe Price Equity Income | Large Cap Value | 155.2230 | 11.500581 | $1,785.16 | 8.95% | 9.00% |
| | | | **Total:** | $19,935.57 | 100.00% | 100.00% |

**Beneficiary Information**
SHEILA JACKSON LEE SPOUSE
Note: Beneficiary Information may be incomplete. Please contact the Home Office for more information on this contract's beneficiary designation.

| **Address Information** | **Annuitant** | **Owner** | **Payor** |
|---|---|---|---|
| Street Address: | 4428 ROSENEATH DR | 4428 ROSENEATH DR | 4428 ROSENEATH DR |
| City: | HOUSTON | HOUSTON | HOUSTON |
| State, Zip: | TX, 77021 | TX, 77021 | TX, 77021 |

#999999-999
06/04



Mass Mutual

Elwyn C. Lee

# ATTACHMENT

# D

First Investors Mutual Fund



First Investors

**Mutual Fund Detail** — **January 1, 2009 - December 31, 2009**

## Retirement Investments

**FIFSB C/F 403(b) Plan**
**University of Houston**
**FBO Elwyn C Lee**
Master Account # 1480619 - 002

**Primary Beneficiaries:**
Sheila Jackson Lee, Erica S Lee, Jason C B Lee.

### FI Total Return Fund - A
PV 69036 6 Employee 403(b)
Account Opened: 01/30/06

growth fund

YTD Dividends: $6.27 — **Ending Value: $370.60**

| Date | Activity | Amount | Share Price | Number of Shares | Share Balance |
|---|---|---|---|---|---|
| | Beginning Balance | | $11.56 | | 26.580 |
| 01/31/09 | Prospectus Sent | | | | 26.580 |
| 03/31/09 | Income Dividend | $0.73 | $10.93 | 0.067 | 26.647 |
| 06/30/09 | Income Dividend | $1.60 | $12.09 | 0.132 | 26.779 |
| 09/30/09 | Income Dividend | $1.61 | $13.25 | 0.122 | 26.901 |
| 12/31/09 | Income Dividend | $2.33 | $13.69 | 0.170 | 27.071 |
| | Ending Balance | | $13.69 | | 27.071 |

### FI Value Fund - A
36V 67386 5 Employee 403(b)
Account Opened: 01/30/06

growth fund

YTD Dividends: $5.32 — **Ending Value: $343.61**

| Date | Activity | Amount | Share Price | Number of Shares | Share Balance |
|---|---|---|---|---|---|
| | Beginning Balance | | $5.38 | | 53.397 |
| 01/31/09 | Prospectus Sent | | | | 53.397 |
| 03/31/09 | Income Dividend | $1.52 | $4.71 | 0.323 | 53.720 |
| 06/30/09 | Income Dividend | $1.26 | $5.31 | 0.237 | 53.957 |
| 09/30/09 | Income Dividend | $1.27 | $6.01 | 0.211 | 54.168 |
| 12/31/09 | Income Dividend | $1.27 | $6.32 | 0.201 | 54.369 |
| | Ending Balance | | $6.32 | | 54.369 |

### FI Blue Chip Fund - A
6V 147326 6 Employee 403(b)
Account Opened: 01/30/06

growth fund

YTD Dividends: $1.88 — **Ending Value: $179.26**

| Date | Activity | Amount | Share Price | Number of Shares | Share Balance |
|---|---|---|---|---|---|
| | Beginning Balance | | $15.39 | | 9.079 |
| 01/31/09 | Prospectus Sent | | | | 9.079 |
| 03/31/09 | Income Dividend | $0.45 | $14.53 | 0.031 | 9.110 |
| 06/30/09 | Income Dividend | $0.39 | $16.39 | 0.024 | 9.134 |
| 09/30/09 | Income Dividend | $0.39 | $18.54 | 0.021 | 9.155 |
| 12/31/09 | Income Dividend | $0.65 | $19.51 | 0.033 | 9.188 |
| | Ending Balance | | $19.51 | | 9.188 |

First Investors
— Elwyn C. Lee

First Investors

**Mutual Fund Detail** **January 1, 2009 - December 31, 2009**

FI Opportunity Fund - A
35V 93471 8 Employee 403(b)
Account Opened: 01/30/08

growth fund

Ending Value: $368.83

| Date | Activity | Amount | Share Price | Number of Shares | Share Balance |
|---|---|---|---|---|---|
| | Beginning Balance | | $16.52 | | 16.788 |
| 01/31/09 | Prospectus Sent | | | | 16.788 |
| | Ending Balance | | $21.97 | | 16.788 |

FI Global Fund - A
NV 140069 3 Employee 403(b)
Account Opened: 01/30/08

YTD Dividends: $0.51

growth fund

Ending Value: $312.66

| Date | Activity | Amount | Share Price | Number of Shares | Share Balance |
|---|---|---|---|---|---|
| | Beginning Balance | | $4.50 | | 52.587 |
| 01/31/09 | Prospectus Sent | | | | 52.587 |
| 12/31/09 | Income Dividend | $0.51 | $5.94 | 0.086 | 52.673 |
| | Ending Balance | | $5.94 | | 52.673 |

## Other Investments

Elwyn C Lee
Master Account # 1480619 - 001

FI Fund For Income - A
IV 335348 0
Account Opened: 02/02/08

YTD Dividends: $354.61

growth fund

Ending Value: $4,593.30

| Date | Activity | Amount | Share Price | Number of Shares | Share Balance |
|---|---|---|---|---|---|
| | Beginning Balance | | $1.92 | | 1,765.509 |
| 01/30/09 | Income Dividend | $30.90 | $1.98 | 15.606 | 1,781.115 |
| 01/31/09 | Prospectus Sent | | | | 1,781.115 |
| 02/27/09 | Income Dividend | $31.17 | $1.92 | 16.234 | 1,797.349 |
| 03/31/09 | Income Dividend | $31.45 | $1.92 | 16.380 | 1,813.729 |
| 04/30/09 | Income Dividend | $31.74 | $2.07 | 15.333 | 1,829.062 |
| 05/29/09 | Income Dividend | $27.98 | $2.13 | 13.136 | 1,842.198 |
| 06/30/09 | Income Dividend | $28.18 | $2.17 | 12.991 | 1,855.189 |
| 07/31/09 | Income Dividend | $28.38 | $2.25 | 12.613 | 1,867.802 |
| 08/31/09 | Income Dividend | $28.58 | $2.25 | 12.702 | 1,880.504 |
| 09/30/09 | Income Dividend | $28.77 | $2.32 | 12.401 | 1,892.905 |
| 10/30/09 | Income Dividend | $28.96 | $2.35 | 12.323 | 1,905.228 |
| 11/30/09 | Income Dividend | $29.15 | $2.35 | 12.404 | 1,917.632 |
| 12/31/09 | Income Dividend | $29.34 | $2.38 | 12.328 | 1,929.960 |
| | Ending Balance | | $2.38 | | 1,929.960 |

First Investors

Elwyn C. Lee

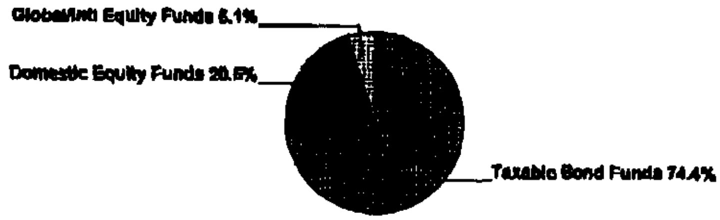
Elwyn Lee



First Investors

## Mutual Fund Detail

January 1 , 2009 - December 31, 2009




Percentage of Total Mutual Fund Market Value

First Investors

Elwyn C. Lee

# ATTACHMENT

# E

PIONEER Investments®

# *Retirement Statement*

**January 1, 2010 through September 30, 2010**

PO BOX 55150 BOSTON MA 02205-5150

ELWYN C LEE
4428 N ROSENEATH
HOUSTON TX 77021-1626

**UNIVERSITY OF HOUSTON 403B**
**Plan ID** 403111368

**Plan Representative**
HUCKIN DAVID
DAVID HUCKIN & ASSOCIATES INC
3700 BUFFALO SPEEDWAY STE 950
HOUSTON TX 77098-3710

**Call Us** (866) 622-7815

**Visit Us Online** www.pioneerinvestments.com

## Retirement Plan Information

Did you know that if you are age 50 or older, you may be eligible to make a catch-up contribution to your plan? Before making any financial commitment regarding the issues discussed here, consult with the appropriate professional advisor.

**Before investing, consider the fund's investment objectives, risks, charges and expenses. Call your advisor or Pioneer Investments for a prospectus containing this information. Please read it carefully.**

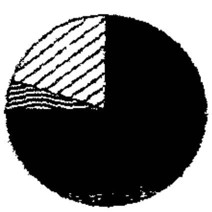
Securities offered through Pioneer Funds Distributor, Inc., 60 State Street, Boston, MA 02109.
Underwriter of Pioneer Mutual Funds, Member SIPC© 2010 Pioneer Investments

## Participant Information

**Date of Birth** On File

**Total Retirement Plan Value on 9/30/2010** **$3,419.75**

## Asset Allocation Summary



| Percent of Current Assets | Your Current Fund Elections | Shares/Units Owned 9/30/2010 | Shares/Units Price | Ending Balance 9/30/20 |
|---|---|---|---|---|
| **5.18%** | **International/Global Growth** | | | **$177.4** |
| 5.18% | Pioneer Emerging Markets Fund B | 7.009 | $25.32 | $177.4 |
| **19.79%** | **Income** | | | **$676.8** |
| 19.79% | Pioneer Government Income Fund B | 65.972 | $10.26 | $676.8 |
| **75.02%** | **Money Market** | | | **$2,565.4** |
| 75.02% | Pioneer Cash Reserves Fund B | 2,565.410 | $1.00 | $2,565.4 |
| **100.00%** | **Total** | | | **$3,419.7** |

This section lists your current investment elections by investment category, as well as by fund name. It also lists each of your elections as a percentage of your total retirement plan portfolio.

Pioneer Investments

- Elwyn C. Lee

PIONEER Investments®

PO BOX 55150 BOSTON MA 02205-5150

# Retirement Statement

**January 1, 2010 through September 30, 2010**

## Investment Activity Summary

This section summarizes your account activity by money type and investment election for the statement period.

| Money Type/ Investment | Allocations for Future Contributions | Beginning Balance | Contributions/ Rollovers | Withdrawals and Fees | Exchange/ Loan Payment/ Other | Change in Value | Total Value |
|---|---|---|---|---|---|---|---|
| **Retirement Contribution** | | | | | | | |
| Pioneer Emerging Markets Fund B | 0.00% | $164.08 | $0.00 | $0.00 | $0.00 | $13.39 | $177.47 |
| Pioneer Government Income Fund B | 0.00% | $636.64 | $0.00 | $0.00 | $0.00 | $40.23 | $676.87 |
| Pioneer Cash Reserves Fund A | 100.00% | $0.00 | $0.00 | $0.00 | $0.00 | $0.00 | $0.00 |
| Pioneer Cash Reserves Fund B | 0.00% | $2,580.64 | $0.00 | $0.00 | $0.00 | -$15.23 | $2,565.41 |
| **Total** | | **$3,381.36** | **$0.00** | **$0.00** | **$0.00** | **$38.39** | **$3,419.75** |
| **Grand Total** | | **$3,381.36** | **$0.00** | **$0.00** | **$0.00** | **$38.39** | **$3,419.75** |

## Activity Detail

### Pioneer Emerging Markets Fund B

| Trade Date | Transaction Description | Dollar Amount | Share Price | Shares this Transaction | Total Shares Owned | Market Value |
|---|---|---|---|---|---|---|
| | **Beginning Balance as of 1/01/2010** | | $23.27 | | 7.051 | $164.08 |
| 3/22/2010 | Trustee Fee | -$0.96 | $23.03 | -0.042 | | |
| | **Ending Balance as of 9/30/2010** | | $25.32 | | 7.009 | $177.47 |

### Pioneer Government Income Fund B

| Trade Date | Transaction Description | Dollar Amount | Share Price | Shares this Transaction | Total Shares Owned | Market Value |
|---|---|---|---|---|---|---|
| | **Beginning Balance as of 1/01/2010** | | $9.77 | | 65.163 | $636.64 |
| 1/29/2010 | Dividend Reinvest | $1.45 | $9.88 | 0.147 | | |
| 2/26/2010 | Dividend Reinvest | $1.44 | $9.88 | 0.146 | | |
| 3/22/2010 | Trustee Fee | -$3.81 | $9.87 | -0.386 | | |
| 3/31/2010 | Dividend Reinvest | $1.32 | $9.81 | 0.135 | | |
| 4/30/2010 | Dividend Reinvest | $1.25 | $9.87 | 0.127 | | |
| 5/28/2010 | Dividend Reinvest | $1.40 | $9.97 | 0.140 | | |
| 6/30/2010 | Dividend Reinvest | $1.27 | $10.10 | 0.126 | | |
| 7/30/2010 | Dividend Reinvest | $1.25 | $10.15 | 0.123 | | |
| 8/31/2010 | Dividend Reinvest | $1.33 | $10.28 | 0.129 | | |
| 9/30/2010 | Dividend Reinvest | $1.25 | $10.26 | 0.122 | | |
| | **Ending Balance as of 9/30/2010** | | $10.26 | | 65.972 | $676.87 |

### Pioneer Cash Reserves Fund B

| Trade Date | Transaction Description | Dollar Amount | Share Price | Shares this Transaction | Total Shares Owned | Market Value |
|---|---|---|---|---|---|---|
| | **Beginning Balance as of 1/01/2010** | | $1.00 | | 2,580.640 | $2,580.64 |
| 3/22/2010 | Trustee Fee | -$15.23 | $1.00 | -15.230 | | |
| | **Ending Balance as of 9/30/2010** | | $1.00 | | 2,565.410 | $2,565.41 |

Pioneer Investments

– Elwyn C. Lee

☑ *Original* ☐ *Amendment*



**U.S. House of Representatives**
**111th Congress**

**MEMBER / OFFICER**
**POST-TRAVEL DISCLOSURE FORM**

This form is for disclosing the receipt of travel expenses from a private source for meetings, speaking engagements, fact-finding trips or similar events in connection with official duties. You need not disclose government-funded or political travel on this form, or travel that is unrelated to official duties. This form does not eliminate the need to report all privately-funded travel on the Member or officer's annual Financial Disclosure Statement. In accordance with clause 5 of House Rule 25, complete this form and file it with the Clerk of the House of Representatives, B-106 Cannon House Office Building, within **15 days** after travel is completed. The Clerk is to make these forms available to the public as soon as possible after they are received.

1. Name of Traveler: Sheila Jackson Lee

2. a. Name of Accompanying Family Member (if any): ______

   b. Relationship to Member/Officer: ☐ Spouse ☐ Child ☐ Other (specify): ______

3. a. Date of Departure and Date of Return: March 4-7, 2010

   b. Dates at personal expense (if any): ______

4. Itinerary (cities of departure – destination – return): D.C. -- Myrtle Beach -- D.C.

5. Sponsor(s) (who paid for the trip): The Congressional Black Caucus Institute

6. Describe meetings and events attended (attach additional pages if necessary): I served on panels and lead discussions on current legislation that was relevant to the participants

7. Attached to this form are EACH of the following (*signify that each item is attached by checking the corresponding box*):
   a. ☑ the Private Sponsor Travel Certification Form completed by trip sponsor, including all attachments;
   b. ☑ the Traveler Form completed by the Member or officer; ***and***
   c. ☑ the Committee on Standards' letter approving my participation on this trip.

8. a. I represent that I participated in each of the activities reflected in the sponsor's agenda. (*Signify that statement is true by checking box*): ☑

   b. If not, explain: ______

9. **TRIP EXPENSES:** *Obtain actual dollar amounts from the sponsor. If exact dollar amounts are unavailable by the due date, provide a good faith estimate and file an amended form once the correct amounts are received.*

| | Total Transportation Expenses | Total Lodging Expenses | Total Meal Expenses |
|---|---|---|---|
| For Member or Officer: | $50 | $491 | |
| For accompanying family member: | | | |

| | Other Expenses (dollar amount) | Specific Nature of Expenses (*e.g.*, taxi, parking, registration fee, etc.) |
|---|---|---|
| For Member or Officer: | | |
| For accompanying family member: | | |

I certify that the information contained in this form is true, complete, and correct to the best of my knowledge. I have determined that all of the expenses listed above were necessary and that the travel was in connection with my duties as a Member or Officer of the U.S. House of Representatives and would not create the appearance that I am using public office for private gain.

SIGNATURE OF MEMBER: Sheila Jackson Lee

DATE: 5/20/2010

*Version date 3-2009 by Committee on Standards of Official Conduct*

**U.S. House of Representatives**
**Committee on Standards of Official Conduct**

**PRIVATELY SPONSORED TRAVEL: TRAVELER FORM**

1. Name of Traveler: Representative Sheila Jackson Lee
2. Sponsor(s) (who will be paying for the trip): The Congressional Black Caucus Institute
3. Travel destination(s): Myrtle Beach, South Carolina
4. a. Date of Departure and Date of Return: March 4, 2010 - March 7, 2010
   b. Will you be extending the trip at your personal expense? ☐ Yes ☑ No
   If yes, dates at personal expense:
5. a. Will you be accompanied by a family member at the sponsor's expense? ☐ Yes ☑ No
   b. If yes, name of accompanying family member: n/a
   c. Relationship to traveler: ☐ Spouse ☐ Child ☐ Other (specify): n/a
6. a. Did the trip sponsor answer "yes" to Question 9(c) on the Trip Sponsor form (*i.e.*, the travel is being sponsored by an entity that employs a lobbyist)? ☐ Yes ☑ No
   b. If yes, check one of the following: ☐ N/A – Sponsor checked 9(a) or 9(b)
   (1) Approval for one-night's lodging and meals is being requested: ☐ or
   (2) Approval for two-nights' lodging and meals is being requested: ☐
   If "(2)" is checked, explain why the second night is warranted:
7. Private Sponsor Travel Certification Form is attached, including agenda, invitee list, and any other attachments (*indicate that form is attached by checking box*): ☑
8. Explain why participation in the trip is connected to your individual official or representational duties:
   I will serve on panels and/or lead discussions on current legislation which will be relevant to the participants
9. **FOR STAFF:**
   **TO BE COMPLETED BY YOUR EMPLOYING MEMBER:**

   I hereby authorize the individual named above, an employee of the U.S. House of Representatives who works under my direct supervision, to accept expenses for the trip described in this request. I have determined that the above-described travel is in connection with my employee's official duties and that acceptance of these expenses will not create the appearance that the employee is using public office for private gain.

   Date: 2/17/2010

   Sheila Jackson Lee
   Signature of Employing Member

***NOTE:** This page must be submitted with your post-travel disclosure form within 15 days of your return, so you should maintain a photocopy of the completed form for your records.*

U.S. House of Representatives
Committee on Standards of Official Conduct

RECEIVED
2010 FEB 17 PM 6:58
COMMITTEE ON STANDARDS

# PRIVATE SPONSOR TRAVEL CERTIFICATION FORM
(provide directly to each House Invitee)

This form should be completed by private entities offering to provide travel or reimbursement for travel to House Members, officers, or employees under House Rule 25, clause 5. A completed copy of the form (and any attachments) should be provided to each invited House Member, officer, or employee, who will then forward it to the Committee together with a Traveler Form. The trip sponsor should NOT submit the form directly to the Committee. *You must answer every question on the form.*

1. Sponsor(s) (who will be paying for the trip): The Congressional Black CAucus Political Education and Leadership Institute (CBC Institute)

2. I represent that the trip will not be financed (in whole or in part) by a federally-registered lobbyist or a registered foreign agent (*Signify that the statement is true by checking box*): ☑

3. I represent that the trip sponsor(s) has not accepted from any other source funds earmarked directly or indirectly to finance any aspect of the trip (*Signify that the statement is true by checking box*): ☑

4. Is travel being offered to an accompanying family member of the House invitee(s)? ☐ Yes ☑ No

5. Provide names and titles of ALL House invitees; for each invitee, provide explanation of why the individual was invited (include additional pages if necessary): SEE ATTACHED LIST
SEE ATTACHED LIST

bc

6. Dates of travel: 3/4 to 3/7/2010 (Note subject to votes Members may come in on Friday, March 5, 2010)

7. Cities of departure – destination – return: Washington, DC to Myrtle Beach, South Carolina to Member's Home District

8. Attached is a detailed agenda of the activities taking place during the travel (*i.e.*, an hourly description of planned activities) (*Signify "yes" by checking box*): ☑

9. I represent that (*check one of the following*):
   a. The sponsor of the trip is an institution of higher education within the meaning of section 101 of the Higher Education Act of 1965: ☐ or
   b. The sponsor of the trip does not retain or employ a registered federal lobbyist or foreign agent: ☑ or
   c. The sponsor employs or retains a registered federal lobbyist or foreign agent, but the trip is for attendance at a one-day event *and* lobbyist/foreign agent involvement in planning, organizing, requesting, or arranging the trip was *de minimis* under the Committee's travel regulations. ☐

10. If travel is for participation in a one-day event (*i.e.*, if you checked Question 9(c)), check one of the following:
    a. N/A – I checked 9(a) or (b) above: ☑
    b. One-night's lodging and meals are being offered: ☐ or
    c. Two-nights' lodging and meals are being offered: ☐
    If "c" is checked, explain why the second night is warranted: ______

11. Check one:
   a. I represent that a federally-registered lobbyist or foreign agent will not accompany House Members or employees on any segment of the trip (*Signify that the statement is true by checking box*): ☑ *or*
   b. N/A – trip sponsor is an institution of higher education. ☐

12. Private sponsors must have a direct and immediate relationship to the purpose of the trip or location being visited. Describe the purpose of the trip and the role of each sponsor in organizing and conducting the trip:
The CBC Institute is the sole sponsor of this program through its 21st Century Council. The role of the 21st Century Council is to review and discuss issues of concern which impact minority communities, and develop workable remedies and prepare position papers on those issues with the proposed remedies

13. a. Describe the mode of travel (air, rail, bus, etc.). For air travel, also indicate the type of aircraft (commercial, charter, or privately owned) and class of travel (coach, business class, first class, etc.):
The CBC Institute will not cover the cost of travel for this program except for staff who are scheduled to give a presentation. Staff will travel commercial carrier in coach
   b. If travel will be first class or by chartered or private aircraft, provide an explanation describing why such travel is warranted: n/a

14. I represent that the expenditures related to local area travel during the trip will be unrelated to personal or recreational activities of the invitee(s). (*Signify that the statement is true by checking box*): ☑

15. I represent that either (*check one of the following*):
   a. The trip involves an event that is arranged or organized *without regard* to congressional participation and that meals provided to congressional participants are similar to those provided to or purchased by other event attendees: ☑ *or*
   b. The trip involves events that are arranged *specifically with regard* to congressional participation: ☐
   If "b" is checked, detail the cost per day of meals (approximate cost may be provided):

16. Reason for selecting the location of the event or trip: Myrtle Beach, SC is the site for 21st Century Council's annual meeting participants also visit local community groups and review those plans as they relate to and impact the work of the 21st Century Council

17. Name of hotel or other lodging facility: Marriott Grand Dunes.

18. Cost per night of hotel or other lodging facility (approximate cost may be provided): $110.00

19. Reason(s) for selecting hotel or other lodging facility: Proximity to planned community meetings and availability of meeting rooms and hotel spaces to maintain a one site program

3 nights

20. TOTAL EXPENSES FOR EACH PARTICIPANT:

| ☐ actual amounts<br>☐ good faith estimates | Total *Transportation* Expenses per Participant | Total *Lodging* Expenses per Participant | Total *Meal* Expenses per Participant |
|---|---|---|---|
| For each Member, Officer, or employee | n/a for Members / $400 staff | $330 + taxes | $160.00 |
| For each accompanying family member | n/a | n/a | n/a |

| | *Other* Expenses (dollar amount) | Identify Specific Nature of "Other" Expenses (*e.g.*, taxi, parking, registration fee, etc.) |
|---|---|---|
| For each Member, Officer, or employee | $25.00 | ground transportation |
| For each accompanying family member | n/a | n/a |

21. I represent that all expenses connected to the trip will be for actual costs incurred and not a per diem or lump sum payment (*signify that the statement is true by checking box*): ☑

22. I certify that the information contained in this form is true, complete, and correct to the best of my knowledge.

Signature: Dr. Alicia Peterson

Name and title: Dr. Alicia Petersen, Executive Director

Organization: Congressional Black Caucus Political Education and Leadership Institute

Address: 455 Massachusetts Avenue, N.W. Suite 150-365

Telephone number: 202-785-3634

Fax number: 202-898-4941

Email Address: petersen@cbcinstitute.org

The Committee staff may contact the above individual if additional information is required.

If there are any questions regarding this form please contact the Committee at the following address:

Committee on Standards of Official Conduct
U.S. House of Representatives
HT-2, The Capitol
Washington, DC 20515
(202) 225-7103 (phone)
(202) 225-7392 (general fax)

*Version date 8/2002 by Committee on Standards of Official Conduct*

# 21[st] Century Council 2010 Annual Meeting Agenda

March 4-7, 2010 | Myrtle Beach, South Carolina
The Marriott Resort & Spa at the Grande Dunes

**Thursday, March 4, 2010**
8:00 PM – 10:00 PM – Networking Reception
Council Members, Participants, Speakers and Invited Guests

**Friday, March 5, 2010**
9:00 AM – 12:30 – 21[st] Century Council Executive Committee Meeting
Council Executive Committee and CBC Institute Board Members Only.

12:30 PM – 1:30 PM – Working Lunch
With Special Guest CBC Institute Board Chair the Hon. Bennie G. Thompson

2:00 PM – 6:00 PM – General Session: Health Care and Education Policy
Members of Congress will lead the discussion with a panel of health care and education policy experts.

7:30 PM – Working Dinner and Discussion

**Saturday, March 6, 2010**
8:00 AM – 10:00 AM – Breakfast

9:00 AM – 12:00 NOON – General Session: Financial Services & Communications/Technology
Members of Congress will lead the discussion with a panel of financial services & communications/technology policy experts.

12:30 PM – 1:30 PM – Working Lunch: Legislative Outlook and Discussion
With Special Guest CBC Institute Board Member and House Majority Whip the Hon. James E. Clyburn

1:00 PM – 1:30 PM – Policy-In-Action Presentation
Review social service, national security, climate change and military tours from the Council's 4th Quarter Meeting.

1:30 PM – 6:30 PM – General Session: National Security; Transportation/Infrastructure & Climate Change/Environment/Energy
Members of Congress will lead the discussion with a panel of national ecurity, transportation/infrastructure & climate change/environment/energy policy experts.

8:00 PM – Dinner Reception with Keynote Address

**Sunday, March 7, 2010**
10:00 AM – 1:00 PM – Closing Brunch
Council Meeting Wrap-up

**Private Sponsor Travel Certification Form**
**CBC Institute**

**Question 5. The invitation to attend the 21st Century Council is extended to the below listed Members of Congress to afford the Council members and conference attendees the opportunity to gain a Members legislative perspective on issues being discussed which impact the quality of life for Americans in general and minority communities in particular.**

**Members Invited:**

**The Honorable Barbara Lee ***
**The Honorable Sanford D. Bishop, Jr.**
**The Honorable Corrine Brown**
**The Honorable Roland W. Burris**
**The Honorable G.K. Butterfield**
**The Honorable Andre Carson**
**The Honorable Donna M. Christensen**
**The Honorable Yvette Clarke**
**The Honorable William Lacy Clay, Jr.**
**The Honorable Emanuel Cleaver, II**
**The Honorable James E. Clyburn ***
**The Honorable John Conyers, Jr.**
**The Honorable Elijah E. Cummings**
**The Honorable Artur Davis**
**The Honorable Danny K. Davis**
**The Honorable Donna Edwards**
**The Honorable Keith Ellison**
**The Honorable Chaka Fattah**
**The Honorable Marcia Fudge**
**The Honorable Al Green**
**The Honorable Alcee L. Hastings**
**The Honorable Jesse Jackson, Jr.**
**The Honorable Eddie Bernice Johnson**
**The Honorable Hank Johnson**
**The Honorable Carolyn Cheeks Kilpatrick ***
**The Honorable Sheila Jackson Lee**
**The Honorable John Lewis**
**The Honorable Kendrick B. Meek**
**The Honorable Gregory W. Meeks**
**The Honorable Gwendolynne S. Moore**
**The Honorable Eleanor Holmes Norton**
**The Honorable Donald M. Payne**
**The Honorable Charles B. Rangel**
**The Honorable Laura Richardson**
**The Honorable Bobby L. Rush**
**The Honorable David Scott**
**The Honorable Robert C. Scott**
**The Honorable Bennie G. Thompson * (Chair)**
**The Honorable Edolphus Towns**
**The Honorable Maxine Waters**
**The Honorable Diane E. Watson**
**The Honorable Melvin L. Watt ***
**— * - Denotes Member of the CBC Institute Board**

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COMMITTEE ON STANDARDS

U.S. House of Representatives
Committee on Standards of Official Conduct

PRIVATELY SPONSORED TRAVEL: TRAVELER FORM
For Members, Officers, and Employees

This form should be completed by House Members, officers, or employees seeking Committee approval of privately-sponsored travel or reimbursement for travel under House Rule 25, clause 5. The completed form should be submitted directly to the Committee by each invited House Member, officer, or employee, together with the completed and signed Private Sponsor Travel Certification Form and any attachments. A copy of this form, minus this initial page, will be made available for public inspection. *Please type form. Form (and any attachments) may be faxed to the Committee at (202) 225-7392.*

**YOUR COMPLETED REQUEST MUST BE SUBMITTED TO THE COMMITTEE NO LESS THAN 14 DAYS BEFORE YOUR PROPOSED DEPARTURE DATE.** Absent exceptional circumstances, permission will not be granted for requests received less than 14 days before the trip commences.

Name of Traveler: Representative Sheila Jackson Lee

I certify that the information contained on both pages of this form is true, complete, and correct to the best of my knowledge.

Signature: [signature]

Name of Signatory (if other than traveler): ______

For staff, name of employing Member/Committee: ______

Office address: 2160 Rayburn HOB, Washington DC 20515

Phone number: 202-225-3816

Email address of contact person: leon.buck@mail.house.gov

☐ Check this box if the sponsoring entity is a media outlet and the traveler is a Member traveling to make a media appearance sponsored by that entity and these forms are being submitted to the Committee less than 14 days before the trip departure date.

**NOTE: You must complete the contact information fields above, as Committee staff may need to contact you if additional information is required.**

If there are any questions regarding this form please contact the Committee:

Committee on Standards of Official Conduct
U.S. House of Representatives
HT-2, The Capitol
Washington, DC 20515
(202) 225-7103 (phone)
(202) 225-7392 (fax)

ONE HUNDRED ELEVENTH CONGRESS

# U.S. House of Representatives

COMMITTEE ON STANDARDS OF
OFFICIAL CONDUCT
Washington, DC 20515–6328



February 24, 2010

The Honorable Sheila Jackson Lee
U.S. House of Representatives
2160 Rayburn House Office Building
Washington, DC 20515

Dear Colleague:

Pursuant to House Rule 25, clause 5(d)(2), the Committee on Standards of Official Conduct hereby approves your proposed trip to Myrtle Beach, South Carolina, scheduled for March 4 to 7, 2010, sponsored by the Congressional Black Caucus Political Education and Leadership Institute.

You must complete a Member Travel Disclosure Form and file it with the Clerk of the House within 15 days after your return from travel. As part of that filing, you are required to attach a copy of this letter and both the Private Sponsor Travel Certification Form (including attachments) and Member travel approval form you previously submitted to the Committee. You must also report all travel expenses totaling more than $335 from a single source on Schedule VII of your annual Financial Disclosure Statement.

If you have any further questions, please contact the Committee's Office of Advice and Education at extension 5-7103.

Sincerely,

Zoe Lofgren
Chair

Jo Bonner
Ranking Republican Member

ZL/JB:slo

☑ *Original* ☐ *Amendment*

**U.S. House of Representatives**
**111th Congress**

# MEMBER / OFFICER POST-TRAVEL DISCLOSURE FORM

This form is for disclosing the receipt of travel expenses from a private source for meetings, speaking engagements, fact-finding trips or similar events in connection with official duties. You need not disclose government-funded or political travel on this form, or travel that is unrelated to official duties. This form does not eliminate the need to report all privately-funded travel on the Member or officer's annual Financial Disclosure Statement. In accordance with clause 5 of House Rule 25, complete this form and file it with the Clerk of the House of Representatives, B-106 Cannon House Office Building, within **15 days** after travel is completed. The Clerk is to make these forms available to the public as soon as possible after they are received.

1. Name of Traveler: Sheila Jackson Lee
2. a. Name of Accompanying Family Member (if any):

   b. Relationship to Member/Officer: ☐ Spouse ☐ Child ☐ Other (specify):
3. a. Date of Departure and Date of Return: May 26, 2010

   b. Dates at personal expense (if any):
4. Itinerary (cities of departure – destination – return): D.C. -- Cambridge, MA -- D.C.
5. Sponsor(s) (who paid for the trip): Harvard Black Students Association
6. Describe meetings and events attended (attach additional pages if necessary): I served as the keynote speaker for the Harvard Black Students Association's 8th Annual Commencement Celebration.
7. Attached to this form are EACH of the following (*signify that each item is attached by checking the corresponding box*):

   a. ☑ the Private Sponsor Travel Certification Form completed by trip sponsor, including all attachments;

   b. ☑ the Traveler Form completed by the Member or officer; ***and***

   c. ☑ the Committee on Standards' letter approving my participation on this trip.
8. a. I represent that I participated in each of the activities reflected in the sponsor's agenda. (*Signify that statement is true by checking box*): ☑

   b. If not, explain:

9. **TRIP EXPENSES:** *Obtain actual dollar amounts from the sponsor. If exact dollar amounts are unavailable by the due date, provide a good faith estimate and file an amended form once the correct amounts are received.*

| | Total Transportation Expenses | Total Lodging Expenses | Total Meal Expenses |
|---|---|---|---|
| For Member or Officer: | $620 | | |
| For accompanying family member: | | | |

| | Other Expenses (dollar amount) | Specific Nature of Expenses (*e.g.*, taxi, parking, registration fee, etc.) |
|---|---|---|
| For Member or Officer: | | |
| For accompanying family member: | | |

I certify that the information contained in this form is true, complete, and correct to the best of my knowledge. I have determined that all of the expenses listed above were necessary and that the travel was in connection with my duties as a Member or Officer of the U.S. House of Representatives and would not create the appearance that I am using public office for private gain.

SIGNATURE OF MEMBER: [signature]

DATE: 6/8/2010

*Version date 3 2009 by Committee on Standards of Official Conduct*

**U.S. House of Representatives**
**Committee on Standards of Official Conduct**

## PRIVATE SPONSOR TRAVEL CERTIFICATION FORM
## (provide directly to each House invitee)

This form should be completed by private entities offering to provide travel or reimbursement for travel to House Members, officers, or employees under House Rule 25, clause 5. A completed copy of the form (and any attachments) should be provided to each invited House Member, officer, or employee, who will then forward it to the Committee together with a Traveler Form. The trip sponsor should NOT submit the form directly to the Committee. ***You must answer every question on the form.***

1. Sponsor(s) (who will be paying for the trip):
   The Harvard Black Students Association

2. I represent that the trip will not be financed (in whole or in part) by a federally-registered lobbyist or a registered foreign agent (*Signify that the statement is true by checking box*): ☑

3. I represent that the trip sponsor(s) has not accepted from any other source funds earmarked directly or indirectly to finance any aspect of the trip (*Signify that the statement is true by checking box*): ☑

4. Is travel being offered to an accompanying family member of the House invitee(s)? ☐ Yes ☑ No

5. Provide names and titles of ALL House invitees; for each invitee, provide explanation of why the individual was invited (include additional pages if necessary): N/A
   N/A

6. Dates of travel: May 26 - 27, 2010

7. Cities of departure -- destination – return: Washington, D.C. - Boston - Washington, D.C.

8. Attached is a detailed agenda of the activities taking place during the travel (*i.e.*, an hourly description of planned activities) (*Signify "yes" by checking box*): ☑

9. I represent that (*check one of the following*):
   a. The sponsor of the trip is an institution of higher education within the meaning of section 101 of the Higher Education Act of 1965: ☑ ***or***
   b. The sponsor of the trip does not retain or employ a registered federal lobbyist or foreign agent: ☐ ***or***
   c. The sponsor employs or retains a registered federal lobbyist or foreign agent, but the trip is for attendance at a one-day event *and* lobbyist/foreign agent involvement in planning, organizing, requesting, or arranging the trip was *de minimis* under the Committee's travel regulations. ☐

10. If travel is for participation in a one-day event (*i.e.*, if you checked Question 9(c)), check one of the following:
    a. N/A – I checked 9(a) or (b) above: ☐
    b. One-night's lodging and meals are being offered: ☑ or
    c. Two-nights' lodging and meals are being offered: ☐
    If "c" is checked, explain why the second night is warranted:

11. Check one:
   a. I represent that a federally-registered lobbyist or foreign agent will not accompany House Members or employees on any segment of the trip (*Signify that the statement is true by checking box*): ☐ *or*
   b. N/A – trip sponsor is an institution of higher education. ☑

12. Private sponsors must have a direct and immediate relationship to the purpose of the trip or location being visited. Describe the purpose of the trip and the role of each sponsor in organizing and conducting the trip:
The purpose of the Harvard's 8th Annual Black Commencement Celebration is to celebrate the achievements of the graduating class of Harvard seniors. Each year, the students, professors, families, and friends come together to commemorate the accomplishments of the seniors. The program includes performances, videos, speeches and the presentation of Kente Stoles.

13. a. Describe the mode of travel (air, rail, bus, etc.). For air travel, also indicate the type of aircraft (commercial, charter, or privately owned) and class of travel (coach, business class, first class, etc.):
Congresswoman Lee will be taking a commercial aircraft to and from Boston. The class of travel is first class.
   b. If travel will be first class or by chartered or private aircraft, provide an explanation describing why such travel is warranted: If Congresswoman Lee does not mind not riding in first class, we can always change the flight.

14. I represent that the expenditures related to local area travel during the trip will be unrelated to personal or recreational activities of the invitee(s). (*Signify that the statement is true by checking box*): ☑

15. I represent that either (*check one of the following*):
   a. The trip involves an event that is arranged or organized *without regard* to congressional participation and that meals provided to congressional participants are similar to those provided to or purchased by other event attendees: ☑ or
   b. The trip involves events that are arranged *specifically with regard* to congressional participation: ☐
   If "b" is checked, detail the cost per day of meals (approximate cost may be provided):

16. Reason for selecting the location of the event or trip: The location of the event / trip is Cambridge, MA. This is the location of Harvard University. The actual event will take place at Paine Hall on Harvard's campus.

17. Name of hotel or other lodging facility: Hotel Commonwealth

18. Cost per night of hotel or other lodging facility (approximate cost may be provided):
$264 (Government ID should be presented at the time of check-in)

19. Reason(s) for selecting hotel or other lodging facility: This hotel is a luxury boutique hotel in downtown Boston. This hotel provides a special package for government officials, and it is a short car ride away from the Harvard University campus.

20. TOTAL EXPENSES FOR EACH PARTICIPANT:

| ☐ actual amounts<br>☑ good faith estimates | Total *Transportation* Expenses per Participant | Total *Lodging* Expenses per Participant | Total *Meal* Expenses per Participant |
|---|---|---|---|
| For each Member, Officer, or employee | $239.40 | $264 (hotel) | $100 (dinner & breakfast) |
| For each accompanying family member | N.A. | N.A. | N.A. |

| | *Other* Expenses (dollar amount) | Identify Specific Nature of "Other" Expenses (*e.g.*, taxi, parking, registration fee, etc.) |
|---|---|---|
| For each Member, Officer, or employee | $300 | transportation both to and from the airport, event, meals. |
| For each accompanying family member | | |

21. I represent that all expenses connected to the trip will be for actual costs incurred and not a per diem or lump sum payment (*signify that the statement is true by checking box*): ☑

22. I certify that the information contained in this form is true, complete, and correct to the best of my knowledge.

Signature: Saron Tesfalul Saron Te

Name and title: Saron Tesfalul, Senior Representative

Organization: Harvard Black Students Association

Address: 483 Mather House Mail Center

Telephone number: 713 576 9299

Fax number: N.A.

Email Address: tesfal@fas.harvard.edu

The Committee staff may contact the above individual if additional information is required.

If there are any questions regarding this form please contact the Committee at the following address:

Committee on Standards of Official Conduct
U.S. House of Representatives
HT-2, The Capitol
Washington, DC 20515
(202) 225-7103 (phone)
(202) 225-7392 (general fax)

*Version date 8/2008 by Committee on Standards of Official Conduct*

## Congresswoman Sheila Jackson Lee's Itinerary

**Wednesday, May 26th 2010**

- **1:30PM – Fly From Washington, D.C. to Boston, MA**
    - *Flight Information:*
        - UNITED AIRLINES FLIGHT 2075 (Operated By: US AIRWAYS)
        - Washington (DCA) to Boston (Logan Intl.)
        - Departure: 1:30 PM
        - Arrival: 2:54 PM
        - Confirmation #: N5X3DV
- **3:00PM – Arrive to Boston Logan International Airport**
    - Meet Driver at Baggage Claim
    - Driver will have a sign stating "Harvard Black Students Association"
- **3:15PM – 3:30PM – Commute to Hotel Commonwealth**
    - Drive to Hotel Commonwealth in a black town car
    - Address: 500 Commonwealth Avenue ; Boston, MA 02215 · (617) 262-9554
- **3:30PM – Check-in to Hotel Commonwealth**
    - Present Government ID at Check-in
    - Relax and prepare for the event
    - [Optional: Eat Dinner Before the Event]
- **5:30PM – 5:45PM – Commute to Harvard's 8th Annual Black Commencement Celebration**
    - Drive to Paine Concert Hall in a black town car
- **5:45PM – Arrive at Paine Hall**
    - Meet with Saron Tesfalul (Organizer of Event)
        - Saron will show her the venue and explain any last details (e.g. microphone, location of bathroom, etc.)
- **6:00PM – 8:00PM – Harvard's 8th Annual Black Commencement Celebration**
    - See program for further details
- **8:00PM – Commute back to Hotel Commonwealth**
    - Drive to Hotel Commonwealth in a black town car
    - Car will wait outside of Paine Hall
- **8:15PM – Arrive at Hotel Commonwealth**
    - [Optional: Eat Dinner After the Event]

# Congresswoman Sheila Jackson Lee's Itinerary

## Thursday, May 27th

- **8:15AM – Check-out of Hotel Commonwealth**
- **8:15-8:30AM – Commute to Boston Logan International Airport**
  - Meet driver outside of hotel
- **8:30AM – Arrive to Boston Logan International Airport**
  - Check-in to flight and go through security
- **10:00AM – Fly From Boston, MA to Washington, D.C.**
  - Flight Information:
    - UNITED AIRLINES FLIGHT 2070 (Operated By: US AIRWAYS)
    - Boston (Logan Intl.) to Washington (DCA)
    - Departure: 10:00AM
    - Arrival: 11:27AM
    - Confirmation #: N5X3DV

If there are any problems or issues that arise during Congresswoman Lee's stay at Harvard, please call Saron Tesfalul at 713-576-9299 or email tesfal@fas.harvard.edu .

Breakfast and dinner will be paid for by the Harvard Black Students Association, and the time and location can be determined by Congresswoman Sheila Jackson Lee.

# THE HARVARD BLACK STUDENTS ASSOCIATION'S 8TH ANNUAL BLACK COMMENCEMENT CELEBRATION

**Program of Events (As of May 6th, 2010)***

- 5:30PM – Doors Open
- 6:00PM – Students Line Up for Procession
- 6:05PM – Black National Anthem & Procession
  - Singer: Erinn Westbrook, Class of 2010
- 6:10PM – Welcoming Remarks
  - Dean of Harvard College: Evelynn Hammonds
    - Biography: Hammonds began her tenure as Dean of Harvard College on June 1, 2008. Dr. Hammonds is the first Black and the first woman to hold this prestigious position. Prior to her appointment as dean, she served as Harvard University's first Senior Vice Provost for Faculty Development and Diversity beginning in July 2005. She is also the *Barbara Gutman Rosenkrantz Professor of History of Science and of African and* African American Studies. Dean Hammonds joined the Faculty of Arts and Sciences in 2002 after teaching at the Massachusetts Institute of Technology (MIT), where she was also the founding director of the Center for the Study of Diversity in Science, Technology and Medicine.
- 6:15 – Performances from the Class of 2010
  - Spoken Word
    - Oluwadara Johnson, Class of 2010
    - Jenne Ayers, Class of 2010
  - Singing
    - Amanda Franklin, Class of 2010
  - Saxophone & Slideshow
    - Maxwell Nwaru, Class of 2010
- 6:35PM – 7:00PM – Keynote Address
  - Congresswoman Sheila Jackson Lee
- 7:00PM – Acknowledgement of Graduates
  - Senior Admissions Officer David Evans
    - Biography: For more than 35 years, Evans has filled a wide range of roles at Harvard—from his primary job in admissions to a number of administrative and advisory positions for freshman to leadership in the minority community. As an admissions officer for a diverse set of regions, he has helped to select 36 Harvard classes. He has been an advisor to the Harvard Foundation for Intercultural and Race Relations since its creation in 1981. He has been extremely active in the minority and service communities at Harvard. As a distinguished African-American on campus, he has provided sanctuary for students whose ethnicity may have made Harvard seem quite intimidating. And finally, and perhaps most importantly, Evans has been a leader and an essential voice, through recruitment, vision, and personal attention, in the dramatic increase in minority enrollment and matriculation at Harvard. During his tenure, more than 15 times the number of African-American students have matriculated than had in the previous 334 years of Harvard's history.

- Dr. S. Allen Counter, Director of the Harvard Foundation for Race Relations
  - Biography: Professor S. Allen Counter of Harvard University is a distinguished neurophysiologist and scientific explorer and Director of The Harvard Foundation. Counter was born Samuel Allen Counter, Jr. on July 8, 1954 in Americus, Georgia to Samuel Counter, Sr. and Ann Johnson Counter. He attended and graduated from Roosevelt High School in 1972 and went on to earn a B.S. degree in biology and audiological sciences from Tennessee State University in 1976. After receiving his scientific training at Case Western Reserve University (earning his Ph.D. in 1979 there) and completing his post-graduate studies in neurobiology at Harvard University, he was appointed to the faculty of the biology department. He was promoted to Associate Professor of Biology and in 1981 was appointed Professor of Neurology at the Harvard Medical School. He then earned his Doctor of Medical Science degree from the Karolinska Institute in Stockholm, Sweden in 1989.

- 7:10 PM – Reading of Names and Kente Stole Presentation
  - David Evans and Dr. S. Allen Counter will present the stoles to the students
  - Recent Black Alum will read the names
- 7:40PM – Closing Remarks
  - Saron Tesfalul, Class of 2010
- 7:45PM – Event Ends

* This program is subject to change. Any major changes and updates to the program will be sent by Saron Tesfalul (tesfal@fas.harvard.edu)

**U.S. House of Representatives**
**Committee on Standards of Official Conduct**

**PRIVATELY SPONSORED TRAVEL: TRAVELER FORM**
**For Members, Officers, and Employees**

This form should be completed by House Members, officers, or employees seeking Committee approval of privately-sponsored travel or reimbursement for travel under House Rule 25, clause 5. The completed form should be submitted directly to the Committee by each invited House Member, officer, or employee, together with the completed and signed Private Sponsor Travel Certification Form and any attachments. A copy of this form, minus this initial page, will be made available for public inspection. *Please type form.* ***Form (and any attachments) may be faxed to the Committee at (202) 225-7392.***

**YOUR COMPLETED REQUEST MUST BE SUBMITTED TO THE COMMITTEE NO LESS THAN 14 DAYS BEFORE YOUR PROPOSED DEPARTURE DATE.** Absent exceptional circumstances, permission will not be granted for requests received less than 14 days before the trip commences.

Name of Traveler: Congresswoman Sheila Jackson Lee

**I certify that the information contained on both pages of this form is true, complete, and correct to the best of my knowledge.**

**Signature:**

Name of Signatory (if other than traveler): Leron Gresham

For staff, name of employing Member/Committee: Sheila Jackson Lee

Office address: 2160 Rayburn

Phone number: 202-225-3816

Email address of contact person: leron.gresham@mail.house.gov

☐ Check this box if the sponsoring entity is a media outlet and the traveler is a Member traveling to make a media appearance sponsored by that entity and these forms are being submitted to the Committee less than 14 days before the trip departure date.

**NOTE: You must complete the contact information fields above**, as Committee staff may need to contact you if additional information is required.

If there are any questions regarding this form please contact the Committee:

Committee on Standards of Official Conduct
U.S. House of Representatives
HT-2, The Capitol
Washington, DC 20515
(202) 225-7103 (phone)
(202) 225-7392 (fax)

**U.S. House of Representatives**
**Committee on Standards of Official Conduct**

**PRIVATELY SPONSORED TRAVEL: TRAVELER FORM**

1. Name of Traveler: Congresswoman Sheila Jackson Lee

2. Sponsor(s) (who will be paying for the trip): The Harvard Black Students Association

3. Travel destination(s): Boston, MA

4. a. Date of Departure and Date of Return: May 26-May 27, 2010

   b. Will you be extending the trip at your personal expense? ☐ Yes ☑ No

   If yes, dates at personal expense: ______

5. a. Will you be accompanied by a family member at the sponsor's expense? ☐ Yes ☑ No

   b. If yes, name of accompanying family member: ______

   c. Relationship to traveler: ☐ Spouse ☐ Child ☐ Other (specify): ______

6. a. Did the trip sponsor answer "yes" to Question 9(c) on the Trip Sponsor form (*i.e.*, the travel is being sponsored by an entity that employs a lobbyist)? ☐ Yes ☑ No

   b. If yes, check one of the following: ☐ N/A – Sponsor checked 9(a) or 9(b)

   (1) Approval for one-night's lodging and meals is being requested: ☐ or

   (2) Approval for two-nights' lodging and meals is being requested: ☐

   If "(2)" is checked, explain why the second night is warranted: ______

7. Private Sponsor Travel Certification Form is attached, including agenda, invitee list, and any other attachments (*indicate that form is attached by checking box*): ☑

8. Explain why participation in the trip is connected to your individual official or representational duties:
   This trip is connected through my close relationship with Harvard University and its student body.

9. **FOR STAFF:**
   **TO BE COMPLETED BY YOUR EMPLOYING MEMBER:**

   I hereby authorize the individual named above, an employee of the U.S. House of Representatives who works under my direct supervision, to accept expenses for the trip described in this request. I have determined that the above-described travel is in connection with my employee's official duties and that acceptance of these expenses will not create the appearance that the employee is using public office for private gain.

   Date: 5/7/2010

   Sheila Jackson Lee
   Signature of Employing Member

***NOTE: This page must be submitted with your post-travel disclosure form within 15 days of your return, so you should maintain a photocopy of the completed form for your records.***

ONE HUNDRED ELEVENTH CONGRESS

# U.S. House of Representatives

COMMITTEE ON STANDARDS OF
OFFICIAL CONDUCT

Washington, DC 20515–6328



May 18, 2010

The Honorable Sheila Jackson Lee
U.S. House of Representatives
2160 Rayburn House Office Building
Washington, DC 20515

Dear Colleague:

Pursuant to House Rule 25, clause 5(d)(2), the Committee on Standards of Official Conduct hereby approves your proposed trip to Cambridge, Massachusetts, scheduled for May 26 to 27, 2010, sponsored by the Harvard Black Students Association.

You must complete a Member Travel Disclosure Form and file it with the Clerk of the House within 15 days after your return from travel. As part of that filing, you are required to attach a copy of this letter and both the Private Sponsor Travel Certification Form (including attachments) and Member travel approval form you previously submitted to the Committee. You must also report all travel expenses totaling more than $335 from a single source on Schedule VII of your annual Financial Disclosure Statement.

If you have any further questions, please contact the Committee's Office of Advice and Education at extension 5-7103.

Sincerely,

Zoe Lofgren
Chair

Jo Bonner
Ranking Republican Member

ZL/JB:slo