

# UNITED STATES HOUSE OF REPRESENTATIVES FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 2007

FORM A  
For use by Members, officers, and employees

Page 1 of 8

**HAND DELIVERED**  
LEGISLATIVE RESOURCE CENTER

2008 MAY 15 PM 1:09

U.S. HOUSE OF REPRESENTATIVES  
Office Use Only

Barbara Lee  
(Full Name)

(202) 225-2661  
(Daytime Telephone)

Filer Status: ☒ Member of the U.S. House of Representatives

State: CA  
District: 9

☐ Officer Or Employee

Employing Office:

Report Type: ☒ Annual (May 15)

☐ Amendment

☐ Termination

Termination Date:

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

## PRELIMINARY INFORMATION - ANSWER EACH OF THESE QUESTIONS

I. Did you or your spouse have "earned" income (e.g., salaries or fees) of \$200 or more from any source in the reporting period? If yes, complete and attach Schedule I.	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	VI. Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than \$305 and not otherwise exempt)? If yes, complete and attach Schedule VI.	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
II. Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? If yes, complete and attach Schedule II.	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	VII. Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than \$305 from one source)? If yes, complete and attach Schedule VII.	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
III. Did you, your spouse, or a dependent child receive "unearned" income of more than \$200 in the reporting period or hold any reportable asset worth more than \$1,000 at the end of the period? If yes, complete and attach Schedule III.	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	VIII. Did you hold any reportable positions on or before the date of filing in the current calendar year? If yes, complete and attach Schedule VIII.	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
IV. Did you, your spouse, or a 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 checked="" type="checkbox"/> No <input type="checkbox"/>	IX. 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 checked="" type="checkbox"/> No <input type="checkbox"/>	Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.	

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

Trusts-- Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child?	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
Exemptions-- Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption?	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

# SCHEDULE I - EARNED INCOME

Name Barbara Lee

Page 2 of 8

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) totaling \$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
Mills College, Oakland, CA	Approved Teaching Fee	\$20,000

# SCHEDULE III - ASSETS AND "UNEARNED" INCOME

Name Barbara Lee

Page 3 of 8

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 assets 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 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  Check all columns that apply. Check "None" if asset did not generate any income during the calendar year. 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. Check "None" if no income was earned.	BLOCK E Transaction  Indicate if asset had purchases (P), sales (S), or exchanges (E) exceeding \$1,000 in reporting year.
Allianz Small Cap Value Fund	\$1,001 - \$15,000	DIVIDENDS (reinvested)	\$1 - \$200	
California State Municipal Bonds (held in Merrill Lynch Cash Management Account)	None	INTEREST/Other: Gain from Sale	\$5,001 - \$15,000	
Charles Schwab Money Market Account	\$1 - \$1,000	INTEREST	\$1 - \$200	
Delaware Trend Fund	\$1,001 - \$15,000	DIVIDENDS/CAPITAL GAINS (reinvested)	\$201 - \$1,000	
Mass. Investors Growth Fund	\$1,001 - \$15,000	None	NONE	
Merrill Lynch Cash Management Account	\$1 - \$1,000	INTEREST	\$1 - \$200	

# SCHEDULE III - ASSETS AND "UNEARNED" INCOME

Name Barbara Lee

Page 4 of 8

Savings Plus Socially Responsible Fund (held in State of CA Savings Plus Deferred Compensation Program)	\$15,001 - \$50,000	None	NONE	
SPP Int'l Mg Fund (held in State of CA Savings Plus Deferred Compensation Program)	\$15,001 - \$50,000	None	NONE	
SPP Mid Cap Mg Fund-Growth (held in State of CA Savings Plus Deferred Compensation Program)	\$1,001 - \$15,000	None	NONE	
US Treasury Bills	None	Sale Proceeds	\$5,001 - \$15,000	PS
Van Kamp Growth Fund	\$1,001 - \$15,000	DIVIDENDS/CAPITAL GAINS	\$201 - \$1,000	
Vanguard Total Bond Market Index Fund (held in State of CA Savings Plus Deferred Compensation Program)	\$15,001 - \$50,000	Interest/Gain (Reinvested)	\$1,001 - \$2,500	
Xerox Corporation Stock	\$15,001 - \$50,000	DIVIDENDS	\$201 - \$1,000	

# SCHEDULE IV - TRANSACTIONS

Name Barbara Lee

Page 5 of 8

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. Provide a brief

SP, DC, JT	Asset	Type of Transaction	Date	Amount of Transaction
	US Treasury Bills	P	6-1-07	\$1,001 - \$15,000
	US Treasury Bills	S(part)	7-10-07	\$1,001 - \$15,000
	US Treasury Bills	S(part)	7-17-07	less than \$1,000
	US Treasury Bills	S(part)	7-30-07	\$1,001 - \$15,000
	US Treasury Bills	S(part)	8-13-07	\$1,001 - \$15,000
	US Treasury Bills	S	9-4-07	\$1,001 - \$15,000

# SCHEDULE V - LIABILITIES

Name Barbara Lee

Page 6 of 8

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

SP, DC, JT	Creditor	Type of Liability	Amount of Liability
	Wright-Patman Congressional Federal Credit Union	Personal Loan (paid off in January, 2008)	\$15,001 - \$50,000

# **SCHEDULE VII - TRAVEL PAYMENTS AND REIMBURSEMENTS**

Name: Barbara Lee

Page 7 of 8

Identify the source and list travel itinerary, dates, and nature of expenses provided for travel and travel-related expenses totaling 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
Congressional Black Caucus Institute- Participated in regional outreach event and panel.	Oct. 12-14	DC-Dallas, TX-DC	Y	Y	N	None
Congressional Black Caucus Foundation- Meetings with govt. Officials and attended World AIDS Day activities.	Nov. 26- Dec. 1	DC-Johannesberg, Pretoria, South Africa-DC	Y	Y	N	None
Central United Methodist Church-Accepted Maryanne Award for Peace & Justice	Dec. 2-3	DC-Detroit, MI-DC	Y	Y	N	None

# **SCHEDULE VIII - POSITIONS**

Name Barbara Lee

Page 8 of 8

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	WILLMAND (Nonprofit Public Benefit Corporation)
Board Member	Project Vote Smart (Nonprofit Public Benefit Corporation)
Trustee	Ghana Children's Fund (Nonprofit Public Benefit Corporation, a Project of the East Bay Community Foundation)
Honorary Chairman	The Global AIDS Alliance (Nonprofit Public Benefit Corporation)
Advisory Board Member	American Progressive Caucus Foundation (Nonprofit Public Benefit Corporation)
Board Member	Congressional Black Foundation, Inc.