



Filing ID #10028499

# FINANCIAL DISCLOSURE REPORT

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## FILER INFORMATION

**Name:** Dr. Lerah Lee  
**Status:** Congressional Candidate  
**State/District:** GA07

## FILING INFORMATION

**Filing Type:** Candidate Report  
**Filing Year:** 2019  
**Filing Date:** 06/13/2019

## SCHEDULE A: ASSETS AND "UNEARNED" INCOME

Asset	Owner	Value of Asset	Income Type(s)	Income Current Year to Filing	Income Preceding Year
LeeIncome [OP] DESCRIPTION: n/a		\$15,001 - \$50,000	Tax-Deferred		
Minor Children Supplement [OP] DESCRIPTION: n/a		\$1,001 - \$15,000	Tax-Deferred		
South Carolina Retirement Systems [PE] DESCRIPTION: n/a		\$50,001 - \$100,000	Pension	\$50,001 - \$100,000	\$50,001 - \$100,000

\* For the complete list of asset type abbreviations, please visit <https://fd.house.gov/reference/asset-type-codes.aspx>.

## SCHEDULE C: EARNED INCOME

None disclosed.

## SCHEDULE D: LIABILITIES

None disclosed.

## SCHEDULE E: POSITIONS

Position	Name of Organization
Community Coordinator	Gwinnett Technical College

## SCHEDULE F: AGREEMENTS

None disclosed.

## SCHEDULE J: COMPENSATION IN EXCESS OF \$5,000 PAID BY ONE SOURCE

None disclosed.

## EXCLUSIONS OF SPOUSE, DEPENDENT, OR TRUST INFORMATION

**Trusts:** Details regarding "Qualified Blind Trusts" approved by the Committee on Ethics 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 ☒ No

**Exemption:** 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 ☒ No

## CERTIFICATION AND SIGNATURE

☒ I CERTIFY that the statements I have made on the attached Financial Disclosure Report are true, complete, and correct to the best of my knowledge and belief.

**Digitally Signed:** Dr. Lerah Lee , 06/13/2019