

# UNITED STATES HOUSE OF REPRESENTATIVES

**FORM A**  
For use by Members, officers, and employees

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Frederica S. Wilson

(Full Name)

(Daytime Telephone)

☒ Member of the U.S. House of Representatives  
State: FL District: 24

☐ 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 \$350 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 \$350 from one source)? If yes, complete and attach Schedule VII.	Yes <input type="checkbox"/> No <input checked="" 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 type="checkbox"/> No <input checked="" 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 type="checkbox"/> No <input checked="" type="checkbox"/>	IX. Did you have any reportable agreement or arrangement with an outside entity? If yes, complete and attach Schedule IX.	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
V. Did you, your spouse, or a dependent child have any reportable liability (more than \$10,000) during the reporting period? If yes, complete and attach Schedule V.	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.	

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

IPO-- Did you purchase any shares that were allocated as a part of an Initial Public Offering?	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
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 <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? Do not answer "yes" unless you have first consulted with the Committee on Ethics.	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

DELIVERED

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(Office Use Only)

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# SCHEDULE I - EARNED INCOME

Name Frederica S. Wilson

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List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) 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
State of Florida	Retirement Benefit	\$11,500
State of Florida	Retirement Benefit	\$70,660

# SCHEDULE III - ASSETS AND "UNEARNED" INCOME

Name Frederica S. Wilson

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BLOCK A <b>Asset and/or Income Source</b> <small>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 reportable asset or source of income which generated more than \$200 in "unearned" income during the year.  Provide complete names of stocks and mutual funds (do not use ticker symbols.)  For all IRAs and other retirement plans (such as 401(k) plans) provide the value for each asset held in the account that exceeds the reporting thresholds.  For rental or other real property held for investment, provide a complete address or a description, e.g., "rental property," and a city and state.  For an ownership interest in a privately-held business that is not publicly traded, state the name of the business, the nature of its activities, and its geographic location in Block A.  Exclude: Your personal residence, including second homes and vacation homes (unless there was rental income during the reporting period); any deposits totaling \$5,000 or less in a personal checking or saving accounts; and any financial interest in, or income derived from, a federal retirement program, including the Thrift Savings Plan.  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 with your spouse (JT), in the optional column on the far left.  For a detailed discussion of Schedule III requirements, please refer to the instruction booklet.</small>	BLOCK B <b>Year-End Value of Asset</b> <small>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."  * This column is for assets held solely by your spouse or dependent child.</small>	BLOCK C <b>Type of Income</b> <small>Check all columns that apply. For retirement accounts that do not allow you to choose specific investments or that generate tax-deferred income (such as 401(k) plans or IRAs), you may check the "None" column. Dividends, interest, and capital gains, even if reinvested, must be disclosed as income. Check "None" if the asset generated no income during the reporting period.</small>	BLOCK D <b>Amount of Income</b> <small>For assets for which you checked "Tax-Deferred" in Block C, you may check the "None" column. For all other assets, indicate the category of income by checking the appropriate box below. Dividends, interest, and capital gains, even if reinvested, must be disclosed as income. Check "None" if no income was earned or generated.  * This column is for income generated by assets held solely by your spouse or dependent child.</small>	BLOCK E <b>Transaction</b> <small>Indicate if asset had purchases (P), sales (S), or exchanges (E) exceeding \$1,000 in reporting year.</small>
ING Financial Varied Annuity, Fixed Account Fund 180	\$250,001 - \$500,000	DIVIDENDS	NONE	
Miami-Dade School Board, 401(a) Bencor	\$1,001 - \$15,000	DIVIDENDS	NONE	
Residential Real Property, 13131 NW 13th Street, Miami, FL	\$100,001 - \$250,000	RENT	\$15,001 - \$50,000	
Residential Real Property, 1386 NW 38th Street, Miami, FL	\$15,001 - \$50,000	RENT	\$1,001 - \$2,500	
Riversource Life Insurance, Company Annuity	\$50,001 - \$100,000	CAPITAL GAINS	\$1,001 - \$2,500	
South Florida Education Federal Credit Union	\$1,001 - \$15,000	INTEREST	\$1 - \$200	

**SCHEDULE III - ASSETS AND "UNEARNED" INCOME**Name **Frederica S. Wilson**

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	<b>U.S. Savings Bonds</b>	<b>\$15,001 - \$50,000</b>	<b>INTEREST</b>	<b>\$201 - \$1,000</b>	
	<b>Wells Fargo Adv Core, Equity Fund</b>	<b>\$1,001 - \$15,000</b>	<b>DIVIDENDS</b>	<b>\$1 - \$200</b>	
	<b>Wells Fargo Checking</b>	<b>\$15,001 - \$50,000</b>	<b>INTEREST</b>	<b>\$201 - \$1,000</b>	
	<b>Wells Fargo Money Market</b>	<b>\$15,001 - \$50,000</b>	<b>INTEREST</b>	<b>\$201 - \$1,000</b>	
	<b>Wells Fargo Money Market</b>	<b>\$100,001 - \$250,000</b>	<b>INTEREST</b>	<b>\$201 - \$1,000</b>	

**SCHEDULE IX - AGREEMENTS**

Name Frederica S. Wilson

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Identify the date, parties to, and general terms of any agreement or arrangement with respect to: future employment; a leave of absence during the period of government service; continuation or deferral of payments by a former or current employer other than the U.S. Government; or continuing participation in an employee welfare or benefit plan maintained by a former employer.

Date	Parties To	Terms of Agreement
11/2008	State of Florida Retirement System	Defined benefit pension plan