

UNITED STATES HOUSE OF REPRESENTATIVES CALENDAR YEAR 2009 FINANCIAL DISCLOSURE STATEMENT

FORM A

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For use by Members, officers, and employees

OFFICIAL RESOURCE ONLY

**HAND
DELIVERED**

Barbara Lee

(Full Name)

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(Daytime Telephone)

U.S.

HOUSE OF REPRESENTATIVES
(Office Use Only)

2010 MAY 17 PM 4:01

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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? <i>If yes, complete and attach Schedule I.</i>	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	VI. Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than \$35 and not otherwise exempt)? <i>If yes, complete and attach Schedule VI.</i>	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? <i>If yes, complete and attach Schedule II.</i>	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 \$35 from one source)? <i>If yes, complete and attach Schedule VII.</i>	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? <i>If yes, complete and attach Schedule III.</i>	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? <i>If yes, complete and attach Schedule VIII.</i>	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
IV. Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset in a transaction exceeding \$1,000 during the reporting period? <i>If yes, complete and attach Schedule IV.</i>	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	IX. Did you have any reportable agreement or arrangement with an outside entity? <i>If yes, complete and attach Schedule IX.</i>	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? <i>If yes, complete and attach Schedule V.</i>	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? Do not answer "yes" unless you have first consulted with the Committee on Standards of Official Conduct.	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

SCHEDULE III - ASSETS AND "UNEARNED" INCOME

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BLOCK A	BLOCK B	BLOCK C	BLOCK D	BLOCK E
Asset and/or Income Source	Year-End Value of Asset	Type of Income	Amount of Income	Transaction
<p>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.</p> <p>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.</p> <p>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.</p>	<p>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."</p>	<p>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 the calendar year.</p>	<p>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.</p>	<p>Indicate if asset had purchases (P), sales (S), or exchanges (E) exceeding \$1,000 in reporting year.</p>
Allianz Small Cap Value Fund	None	CAPITAL GAINS	\$2,501 - \$5,000	S
Book contract with Rowman & Littlefield Publishers, Inc. (Approved by Committee)	Indefinite	Royalties on sales	\$2,501 - \$5,000	
Charles Schwab Money Market Account	\$1,001 - \$15,000	INTEREST	\$1 - \$200	
Delaware Trend Fund	\$1,001 - \$15,000	CAPITAL GAINS	\$201 - \$1,000	S(part)
East West Bank Accounts, Oakland, CA	\$1,001 - \$15,000	INTEREST	\$1 - \$200	
Mass. Investors Growth Fund	\$1,001 - \$15,000	CAPITAL GAINS	\$201 - \$1,000	S(part)

SCHEDULE III - ASSETS AND "UNEARNED" INCOME

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Oakland, CA Residential Property (portion rented out)	\$1,000,001 - \$5,000,000	RENT	\$15,001 - \$50,000	
Savings Plus Socially Responsible Fund (held in State of CA Savings Plus Deferred Compensation Program)	\$1,001 - \$15,000	CAPITAL GAINS	\$15,001 - \$50,000	S(part)
SPP Int'l Mg Fund (held in State of CA Savings Plus Deferred Compensation Program)	\$1,001 - \$15,000	CAPITAL GAINS	\$5,001 - \$15,000	S(part)
SPP Mid Cap Mg Fund-Growth (held in State of CA Savings Plus Deferred Compensation Program)	\$1,001 - \$15,000	CAPITAL GAINS	\$2,501 - \$5,000	S(part)
Van Kamp Growth Fund	None	CAPITAL GAINS	\$2,501 - \$5,000	S
Vanguard Total Bond Market Index Fund (held in State of CA Savings Plus Deferred Compensation Program)	\$1,001 - \$15,000	CAPITAL GAINS	\$15,001 - \$50,000	S(part)
Wells Fargo Bank Checking Account, Sun City, AZ (held jointly with mother)	\$1,001 - \$15,000	INTEREST	NONE	

SCHEDULE IV - TRANSACTIONS

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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 exceeded \$1,000. Include transactions that resulted in a loss. Provide a brief description of any exchange transaction. 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. If only a portion of an asset is sold, please so indicate (i.e., "partial sale"). See example below.

SP, DC, JT	Asset	Type of Transaction	Capital Gain in Excess of \$200?	Date	Amount of Transaction
	Allianz Small Cap Value Fund	S	Yes	1-5-09	\$1,001 - \$15,000
	Delaware Trend Fund	S(part)	Yes	1-5-09	less than \$1,000
	Mass. Investors Growth Fund	S(part)	Yes	1-5-09	less than \$1,000
	Savings Plus Socially Responsible Fund (held in State of CA Savings Plus Deferred Compensation Program)	S(part)	Yes	1-14-09	\$15,001 - \$50,000
	SPP Int'l Mg. Fund (held in State of CA Savings Plus Deferred Compensation Program)	S(part)	Yes	1-14-09	\$1,001 - \$15,000
	SPP Mid Cap Mg Fund - Growth (held in State of CA Savings Plus Deferred Compensation Program)	S(part)	Yes	1-14-09	\$1,001 - \$15,000
	Van Kamp Growth Fund	S	Yes	1-5-09	\$1,001 - \$15,000
	Vanguard Total Bond Market Index Fund (held in State of CA Savings Plus Deferred Compensation Program)	S(part)	Yes	1-14-09	\$15,001 - \$50,000

SCHEDULE V - LIABILITIES

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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
	Wachovia	Mortgage on Oakland residential property house (Relating to rental of portion of residence.)	\$1,000,001 - \$5,000,000
	Wright-Patman Congressional Credit Union, Washington DC	Personal Loan	\$15,001 - \$50,000
	American Express	Credit card	\$15,001 - \$50,000

SCHEDULE VII - TRAVEL PAYMENTS AND REIMBURSEMENTS

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Identify the source and list travel itinerary, dates, and nature of expenses provided for travel and travel-related expenses totaling more than \$335 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
Citizenship Education Fund (participation on panel)	Jun. 27	DC-Chicago-Atlanta	N	N	N	None
Federation of Southern Cooperatives Land Assistance Fund (Received Lifetime Achievement Award)	Aug. 13-14	DC-Birmingham-Memphis	Y	Y	N	None
Congressional Black Caucus Political Education and Leadership Institute (attend Annual Policy Conference)	Aug. 14-16	Memphis-Tunica-San Francisco	Y	Y	N	None
NAACP Bloomington/Normal Branch (Keynote speaker at annual banquet)	Nov. 8	DC-Bloomington-DC	N	N	N	None
Congressional Black Caucus Foundation (attend Health Disparities Conference)	Dec. 2-5	DC-Atlanta-DC	Y	Y	N	None

SCHEDULE VIII - POSITIONS

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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	WILLWAND (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 Member, Advisory Council	The Global AIDS Alliance (Nonprofit Public Benefit Corporation)
Advisory Board Member	American Progressive Caucus Foundation (Nonprofit Public Benefit Foundation)
Ex Officio Board Member	Congressional Black Foundation, Inc. (Nonprofit Public Benefit Foundation)
Honorary Chair, Advisory Board	Hip Hop Caucus (Nonprofit Public Benefit Foundation)