Name: Sheila Juckson Lee 2015 FINANCIAL DISCLOSURE STATEMENT **UNITED STATES HOUSE OF REPRESENTATIVES** REPORT FILER STATUS Member of or Candidate for U.S. House of Representatives 2015 Annual (Due: May 16, 2016) District: State: \geq Daytime Telephone: 202 225 31/6 Amendment For Use by Members, Officers, and Employees Form A Officer or Employee Employing Office: Termination Date of Termination: A \$200 penalty shall be assessed against any individual who files more than 30 days late. MC/2016 NAME 18se BAN 3: 24 UDGISLATIVE RESOURCE GENT DELIVERED Page 1 of 2

PRELIMINARY INFORMATION - ANSWER <u>EACH</u> OF THESE QUESTIONS

YOU ANSWER "YES"	ATTACH THE CORRESPONDING SCHEDULE IF YOU ANSWER "YES"	Yes No	E. Did you hold any reportable positions during the reporting period or in the current calendar year up through the date of filing?
Yes No	Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article during the reporting period?	Yes No	D. Did you, your spouse, or your dependent child have any reportable liability (more than \$10,000) at any point during the reporting period?
Yes No	H. Did you, your spouse, or your dependent child receive any reportable travel or reimbursements for travel totaling more than \$375 in value from a single source during the reporting period?	Yes No	C. Did you or your spouse have "earned" income (e.g., salaries, honoraria, or pension/IRA distributions) of \$200 or more during the reporting period?
Yes No	G. Did you, your spouse, or your dependent child receive any reportable gift(s) totaling more than \$375 in value from a single source during the reporting period?	Yes No	B. Did you, your spouse, or your dependent child purchase, sell, or exchange any securities or reportable real estate in a transaction exceeding \$1,000 during the reporting period?
Yes No	F. Did you have any reportable agreement or arrangement with an outside entity during the reporting period or in the current calendar year up through the date of filing?	Ves No	A. Did you, your spouse, or your dependent child: a. Own any reportable asset that was worth more than \$1,000 at the end of the reporting period? organization-seriod in unsamed income from any reportable asset during the reporting period?

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

₹	Yes 10 10 10 10 10 10 10 1	ome, transactions, or liabilities of a spouse or your dependent child because they meet all the Committee on Ethics.
№	Yes No X	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 that benefits you your spouse, or dependent child?
No ⊠	Yes No 🔀	iPO - Did you purchase any shares that were allocated as a part of an Initial Public Offering during the reporting period? If you answered "yes" to this question, please contact the Committee on Ethics for further guidance.

SCHEDULE A - ASSETS & "UNEARNED INCOME"

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if you so choose, you may indicate that an asset income source is that of your spouse (SP) dependent child (DC), or jointly head with anyo (JT), in the optional column on the far left. For an ownership interest in a privately-held busin that is not publicly traded, state the name of business, the nature of its activities, and For bank and other cash accounts, total the amount in all interest-bearing accounts. If the total is over \$5,000, list every financial institution where there is more than \$1,000 in interest-bearing accounts. For all IRAs and other retirement plans (such a 401(k) plans) provide the value for each asset held the account that exceeds the reporting thresholds. Exctude: Your personal residence, including second homes and vacation homes (unless there was rental income during the reporting period); and any financial interest in, or income dehered from, a federal retirement program, including the Thrift Savings Plan. For rental and other real property held for investmen provide a complete address or description, e.g. Provide complete names of stocks and mutual funds (do not use only ticker symbols). For a detailed discussion of Schedule requirements, please rafer to the instruction booklet provide a complete address or de "rental property," and a city and state. Identify (a) each asset hold for investment or production of income and 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 that generated more than \$200 in "unearned" peographic location in Block A. ncome during the year. you have a privately-traded fund that is an ucepted investment Fund, please check the "EIF" Oca: dental Potan lang Examples Asset and/or income Source Inta Energy Chart Velud exital Gastleion ABC Hedge Fund Simon & Schuster Mega Corp. Stock to book 8.0 Ä Ų × If an asset was sold during the reporting period and is included only because it generated income, the value should be "None." *Column M is for assets held by your spouse or dependent child in which you have no interest. Indicate value of asset at close of the reporting period, if you valuation method other then fair merket value, please specify the n \$1-\$1,000 × œ Indefinite \$1,001-\$15,000 c \$15,001-\$50,000 0 \$50,001-\$100,000 m Value of Asset \$100,001-\$250,000 71 BLOCK B × \$250,001-\$500,000 o \$500,001-\$1,000,000 × \$1,000,001-\$5,000,000 _ \$5,000,001-\$25,000,000 ے \$25,000,001-\$50,000,000 _ Over \$50,000,000 _ method Spouse/DC Asset over \$1,000,000* ₹ 529 accounts), you may check the Tax-Deferred column. Dwidends, interest, and capital gains, even if reinvested, material, and capital gains, even if reinvested, material accounts. Check 'None' if the asset penerated no income during the capital generated no income during the capital gains. Check all DIVIDENDS I columns that apply. tax-deferred income (sur RENT INTEREST Type of Income CAPITAL GAINS BLOCK C EXCEPTED/BLIND TRUST TAX-DEFERRED ğ Parmership income Royalbos Other Type of Income (Specify: e.g., Partnership Income or Farm Income) For assets for which you checked "Tax-Deterred" in Block C, may check the "None" column. For all other assets indicate category of income by checking the appropriate box bell bindereds, interest, and capital galles, even if retirvest must be disclosed as leconne for assets held in taxa secounts. Check "None" if no income was sensed None Column Which \$1-\$200 #= XII is for assets held by your spouse or dependent child you have no interest. XXXX \$201-\$1,000 = \$1,001-\$2,500 ₹ Amount of Income \$2,501-\$5,000 < × \$5,001-\$15,000 BLOCK D ≤ \$15,001-\$50,000 ≤ \$50,001-\$100,000 ≨ \$100,001-\$1,000,000 ⋝ \$1,000,001-\$5,000,000 × n Block C, you is indicate the is indicate the box below. If reinvested, if reinvested, in taxable is earned or Over \$5,000,000 × Spouse/DC Asset with Income over \$1,000,000* 쏲 If only a portion of an asset was sold, please indicate as follows: (S (part)). Leave this column blank if there are no transactions that exceeded \$1,000. purchases (P), sales (S), or exchanges (E) macaeding \$1,000 in the reporting period. Indicate if the ġ, Fransaction , 8(part), BLOCKE . 목 때

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SCHEDULE A - ASSETS & "UNEARNED INCOME"

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SCHEDULE A - ASSETS & "UNEARNED INCOME"

Name: JHE: LA TACKSON LEE

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SCHEDULE C - EARNED INCOME

Name SABila Jackson LEE Page 5 of 9

CLUDE: Military nay (such as National Guard or Reserve nay) federal retirement programs, and benefits received under the Social Society Act	source and amount of any honoraria; list only the source for other spouse earned income exceeding \$1,000. See examples below.	t 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 reporting period. For a spouse, list	
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Approved leaching Fee Logistative Pennan Spouse Sheety Spouse Sheety Spouse Sheety Spouse Sheety Spouse Sheety	types of income (notably honoraria, director's fees, and payments for professional services involving a fiduciary relationship) were totally prohibited. Source (include date of receipt for honoraria) Type Amount	were totally prohibited.	was \$27,225. In addition, certain Amount
Squee Saley Squee Saley Spies Saley A	Keene State	Approved Teaching Fee	\$6,000
Spusy Selary 1		Spouse Speech Spouse Salary	\$18,000 \$1,000 N/A
	The University of Houston - State of Texas	Spired Salary	11/4
	- Administrative Position	1	• • • • • • • • • • • • • • • • • • • •

SCHEDULE D - LIABILITIES

Name: SHEILA JACKSONA Lee

Page 6 of 7

period. Members are required to report all liabilities secured by real property including mortgages on their personal residence. Exclude: Any mortgage on your personal residence (unless you rent it out or are a Member); loans secured by automobiles, household furniture, or appliances; liabilities of a business in which you own an interest (unless you are personally liable); and liabilities owed to you by a spouse or the child, parent, or sibling of you or your spouse. Report a revolving charge account (i.e., credit card) only if the balance at the close of the reporting period exceeded \$10,000. "Column K is for liabilities held solely by your spouse or dependent child. Report liabilities of over \$10,000 owed to any one creditor at any time during the reporting period by you, your spouse, or your dependent child. Mark the highest amount owed during the reporting

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SCHEDULE E - POSITIONS

Report all positions, compensated or uncompensated, held during the current or prior calendar year as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm, partnership, or other business enterprise, nonprofit organization, labor organization, or educational or other institution other than the United States. Exclude: Positions held in any religious, social, fraternal, or political entities (such as political parties and campaign organizations); and positions solely of an honorary nature.

Position	Name of Organization
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551-Bourd member	CBCF - Knusty/Colieston Bay Scouts-Ensemble- Housen Council Open Dotter
SJL - Henceeney CHANK	Temporary positions toe non-profits Events or projects
SP - Board Marin la ca-	Buy Scouts - Much of Dames - Roject Row House

SCHEDULE D - LIABILITIES

Name: Sheila Jackson Lee
Page 7 of 9
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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 your dependent child. Mark the highest amount owed during the reporting period. Members: Members are required to report all liabilities secured by real property including mortgages on their personal residence. Exclude: Any mortgage on your personal residence (unless you rent it out or are a Member); loans secured by automobiles, household furniture, or appliances; liabilities of a business in which you own an interest (unless you are personally liable); and liabilities owed to you by a spouse or the child, parent, or sibling of you or your spouse. Report a revolving charge account (i.e., credit card) only if the balance at the close of the reporting period exceeded \$10,000.

*Column K is for liabilities held solely by your spouse or dependent child.

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SCHEDULE E - POSITIONS

Report all positions, compensated or uncompensated, held during the current or prior calendar year as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm, partnership, or other business enterprise, nonprofit organization, labor organization, or educational or other institution other than the United States. Exclude: Positions held in any religious, social, fraternal, or political entities (such as political parties and campaign organizations); and positions solely of an honorary nature.

			Position
		H/N	Name of Organization

SCHEDULE F - AGREEMENTS

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Name: SHEILA JACKON LEE Page 8 of 9

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

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SCHEDULE G - GIFTS

Report the source (by name), a brief description, and the value of all gifts totaling more than \$375 received by you, your spouse, or your dependent child from any source during the year. Exclude: Gifts from relatives, gifts of personal hospitality from an individual, local meals, and gifts to a spouse or dependent child that are totally independent of his or her relationship to you. Gifts with a value of \$150 or less need not be added towards the \$375 disclosure threshold. Note: The gift rule (House Rule 25, clause 5) prohibits acceptance of gifts except as specifically provided in the rule.

	Source	Description	Value
Ехетрів:	Mr. Joseph Smith, Arlington, VA	Silver Platter (determination of personal friendship received from the Ethics Committee)	\$400
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SCHEDULE H - 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 \$375 received by you, your spouse, or your dependent child during the reporting period. Indicate whether a family member accompanied the traveler at the sponsor's expense. Disclosure is required regardless of whether the expenses were paid directly by the sponsor or were paid by you and reimbursed 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 (FGDA, 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 the filer.

the filer.						
	Зоигсе	Date(s)	City of Departure-Destination-City of Return	Lodging? (Y/N)	Food? (Y/N)	Family Member Included? (Y/N)
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SHEILA JACKSON LEE 18TH DISTRICT, TEXAS

WASHINGTON OFFICE: 2252 Raybum Office Building Washington, DC 20515 (202) 225-3816

DISTRICT OFFICE: 1919 Smith Street, Suite 1180 Houston, TX 77002 (713) 655-0050

ACRES HOME OFFICE: 6719 West Montgomery, Suite 204 Houston, TX 77091 (713) 691-4882

> HEIGHTS OFFICE: 420 West 19th Street Houston, TX 77008 (713) 861-4070

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Congress of the United States House of Representatives

Washington, DC 20515

COMMITTEES: JUDICIARY SUBCOMMITTEES:

Ranking Member
Crime. Terrorism. Homeland Security and
Investigations

Immigration and Border Security

HOMELAND SECURITY

SUBCOMMITTEES:

Cybersecurity, Infrastructure Protection, and Security Technologies

Border and Maritime Security

SENIOR WHIP
DEMOCRATIC CAUCUS

November 17, 2016

The Honorable Charlie Dent, 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 Conduct Washington, DC 20515

Dear Chairman Dent and Ranking Member Sanchez:

I am notifying you that I did not participate in the following trips in 2015 and request that they be classified as withdrawn. Also, I am confirming the travel dates for the Congressional Black Caucus Institute in Tunica MS as August 8 – August 9, 2015.

Organization of Iranian America in France – June 12 – June 15 Humpty Dumpty Institute in New York, NY – New York, NY – July 18 – June 19

If you have questions regarding this clarification, please contact me at 202-225-3816

Sincerely,

Sheila Jackson Lee Member of Congress