



LEGISLATIVE RESOURCE CENTER

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OFFICE OF THE CLERK
U.S. HOUSE OF REPRESENTATIVES

HAND DELIVERED

November 16, 2011

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MC

The Honorable Karen Haas
Clerk of the House
Room H-154
U.S. Capitol
Washington, D.C. 20515

Re: Amendment to Financial Disclosure Statement
Filed May 17, 2010

Dear Madame Clerk:

This is to provide notice that I am amending the Financial Disclosure Statement filed May 17, 2010, which I filed in my capacity as a candidate for the U.S. House, covering the period January 1, 2009 through April 30, 2010.

Schedule II of that Statement should be amended by adding "Wells Fargo Advantage Core Equity Fund;" showing the Value of Asset as between \$1,001 and \$15,000; Type of Income as Dividends; and Amount for Current Year and Preceding Year as \$1-\$200.

If your Office has any questions concerning this Amendment, please let me know. Thank you for your time and attention to this matter.

Sincerely,

Frederica S. Wilson
Member of Congress

UNITED STATES HOUSE OF REPRESENTATIVES CALENDAR YEAR 2010 FINANCIAL DISCLOSURE STATEMENT

FORM A
For use by Members, officers, and employees

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U.S. HOUSE OF REPRESENTATIVES

Frederica S. Willson
(Full Name)

202-225-4506
(Daytime Telephone)

HAND DELIVERED
(Office Use)

Filer Status	<input checked="" type="checkbox"/> Member of the U.S. House of Representative	State: FL District: 17	Officer Or Employee	Employing Office:
Report Type	Annual (May 15)	<input checked="" type="checkbox"/> Amendment	<input type="checkbox"/> 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 \$335 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 \$335 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 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 type="checkbox"/> No <input checked="" 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 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"/>

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	\$68,602
State of Florida	Retirement Benefit	\$33,993
State of Florida	Salary	\$31,044
Miami Dade Public Schools	Salary	\$18,376

SCHEDULE III - ASSETS AND "UNEARNED" INCOME

Name Frederica S. Wilson

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BLOCK A Asset and/or Income Source <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) 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 for each asset held in the account that exceeds the reporting thresholds. For retirement accounts which are not self-directed, provide only the name of the institution holding the account and its value at the end of the reporting period. For rental or other real property held for investment, provide a complete address. 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</small>	BLOCK B Year-End Value of Asset <small>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."</small>	BLOCK C Type of Income <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 Amount of Income <small>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. 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.</small>	BLOCK E Transaction <small>Indicate if asset had purchases (P), sales (S), or exchanges (E) exceeding \$1,000 in reporting year.</small>
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ING Reliastar Life Ins Financial Variable Annuity--invested 100% in Fixed Acct A Fund 180 (formerly reported as ING IRA)	\$250,001 - \$500,000	DIVIDENDS/None	NONE	
Miami-Dade School Bd 401(a) Bencor Gtd Pooled Fund	\$1,001 - \$15,000	None	NONE	
Reidental Rental Property 1386 NW 38th St Miami FL	\$15,001 - \$50,000	None	NONE	
Residental Real Property 3711 NW 13th St Miami FL	None	CAPITAL GAINS	\$50,001 - \$100,000	S
Residental Rental Property 13131 NW 26th Ct	\$100,001 - \$250,000	RENT	NONE	

SCHEDULE III - ASSETS AND "UNEARNED" INCOME

Name Frederica S. Wilson

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Residential Rental Property 3711 NW 13th St Miami FL	None	RENT	\$2,501 - \$5,000	S
Riversource Life Ins Co Annuity--Flexible Portfolio Annuity (Variable Annuity) 100% invested in Guaranteed Fixed Account (formerly Ameriprise)	\$50,001 - \$100,000	INTEREST	\$1,001 - \$2,500	
S FLA Educational Federal Credit Union	\$1,001 - \$15,000	DIVIDENDS	\$201 - \$1,000	
US Savings Bonds	\$15,001 - \$50,000	RENT	\$201 - \$1,000	
Wachovia Checking Account	\$15,001 - \$50,000	INTEREST	\$201 - \$1,000	
Wachovia Money Market Account	\$100,001 - \$250,000	INTEREST	\$201 - \$1,000	
Wachovia Money Market Account	\$15,001 - \$50,000	INTEREST	\$201 - \$1,000	
Wells Fargo Adv Core Equity Fund CL A EGIAX	\$1,001 - \$15,000	/DIVIDENDS	\$1 - \$200	

SCHEDULE IV - TRANSACTIONS

Name Frederica S. Wilson

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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
	Residential Rental Property 3711 NW 13th St Miami FL	S	Yes	05-07-10	\$50,001 - \$100,000

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
Nov 2008	State of Florida--Florida Retirement System	Defined benefit pension plan