

## UNITED STATES HOUSE OF REPRESENTATIVES

FORM A

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## CALENDAR YEAR 2011 FINANCIAL DISCLOSURE STATEMENT

For use by Members, officers, and employees of the U.S. HOUSE OF REPRESENTATIVES

Barbara Lee

(Full Name)

(202) 225-2661

(Daytime Telephone)

HAND

DELIVERED

(Office Use Only)

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 "unearned" income (e.g., salary or fees) of \$200 or more from any source in the reporting period? If yes, complete and attach Schedule 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 \$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 checked="" type="checkbox"/> No <input 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 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? 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 checked="" type="checkbox"/> No <input 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 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 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 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 II - PAYMENTS MADE TO CHARITY IN LIEU OF HONORARIA**

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List the source, activity (i.e., speech, appearance, or article), date, and amount of any payment made by the sponsor of an event to a charitable organization in lieu of an honorarium. A separate confidential list of charities receiving such payments must be filed directly with the Committee on Ethics. A green envelope for transmitting the list is included in each Member's filing package. Employees may request a green envelope from the Clerk or use a plain envelope that is appropriately labeled.

Source	Activity	Date	Amount
Howard University	Speech	Mar. 3, 2011	\$2,000

# 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 reportable asset or source of income which generated more than \$200 in "unearned" income during the year.</p> <p>Provide complete names of stocks and mutual funds (do not use ticker symbols.)</p> <p>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 threshold. 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.</p> <p>For rental or other real property held for investment, provide a complete address.</p> <p>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.</p> <p>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 account; and any financial interest in, or income derived from, a federal retirement program, including the Thrift Savings Plan.</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 with your spouse (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 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.</p>	<p>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.</p>	<p>Indicate if asset had purchases (P), sales (S), or exchanges (E) exceeding \$1,000 in reporting year.</p>
American Funds Bond Portfolio	\$15,001 - \$50,000	DIVIDENDS	\$201 - \$1,000	P
Book contract with Rowman & Littlefield Publishers, Inc. (Approved by Committee)	Indefinite	Royalties on sales	\$201 - \$1,000	
Charles Schwab Money Market Account	\$1,001 - \$15,000	INTEREST	\$1 - \$200	
Delaware SMID Cap Growth Class C Fund (held in Fidelity SEP IRA)	\$1 - \$1,000	CAPITAL GAINS/DIVIDEN DS	\$1 - \$200	S(part)
East West Bank Accounts, Oakland, CA	\$15,001 - \$50,000	INTEREST	\$1 - \$200	

# SCHEDULE III - ASSETS AND "UNEARNED" INCOME

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Federated Capital Reserves Capital Reserves Money Market Fund	\$100,001 - \$250,000	INTEREST	\$1 - \$200	
Fidelity Freedom 2020 Fund (held in Fidelity SEP IRA)	\$1,001 - \$15,000	CAPITAL GAINS/DIVIDEN DS	\$1 - \$200	S(part)
Franklin California Tax-Free Income Fund	None	DIVIDENDS/CAP ITAL GAINS	\$201 - \$1,000	PS
Franklin Growth Fund Class A	None	DIVIDENDS/CAP ITAL GAINS	\$201 - \$1,000	PS
Healthcare Trust Care of America, Inc. Real Estate Investment Trust	\$1,001 - \$15,000	DIVIDENDS	\$201 - \$1,000	P
Mass. Investors Growth Fund (held in Fidelity SEP IRA)	\$1 - \$1,000	CAPITAL GAINS/DIVIDEN DS	\$1 - \$200	S(part)
Met Annuity Fund/Dimensional Intl. Small Company Fund (held in Met Life Annuity Fund)	\$1,001 - \$15,000	DIVIDENDS	\$201 - \$1,000	P
Met Life Growth Strategy Portfolio Fund (held in Met Life Annuity Fund)	\$50,001 - \$100,000	DIVIDENDS	\$201 - \$1,000	P
Met Life Variable Annuity Fund	\$100,001 - \$250,000	DIVIDENDS/Distri butions	\$15,001 - \$50,000	P
Pioneer Strategic Income Portfolio Fund(held in Met Life Annuity Fund)	\$1,001 - \$15,000	DIVIDENDS	\$1 - \$200	P
Putnam Diversified Income Fund Class Y	None	DIVIDENDS	\$201 - \$1,000	PS
RCM Technology Portfolio Fund (held in Met Life Annuity Fund)	\$1,001 - \$15,000	DIVIDENDS	\$1 - \$200	P

**SCHEDULE III - ASSETS AND "UNEARNED" INCOME**

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Wells Fargo Bank Checking  
Account, Sun City, AZ (held  
jointly with mother)

\$1,001 -  
\$15,000

INTEREST

\$1 - \$200

# 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
	American Funds Bond Portfolio	P	N/A	2-25-11 Dividends reinvested monthly	\$15,001 - \$50,000

	Franklin California Tax-Free Income Fund	S	Yes	Various dates 3-7-11 to 9-23-11	\$15,001 - \$50,000
	Franklin California Tax-Free Income Fund	P	N/A	1-27-11 Dividends reinvested monthly	\$15,001 - \$50,000

	Franklin Growth Fund Class A	S	Yes	Various dates 3-7-11 to 9-23-11	\$15,001 - \$50,000
	Franklin Growth Fund Class A	P	N/A	1-24-11 Dividends reinvested monthly	\$15,001 - \$50,000

	Healthcare Trust Care of America, Inc. Real Estate Investment Trust	P	N/A	3-30-11 Dividends reinvested monthly	\$1,001 - \$15,000
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	Met Annuity Fund/Dimensional Intl. Small Company Fund	P	N/A	2-25-11 Dividends reinvested monthly	\$1,001 - \$15,000
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# 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
	Met Life Growth Strategy Portfolio Fund	P	N/A	2-25-11 Dividends reinvested monthly	\$50,001 - \$100,000

	Met Life Variable Annuity (Includes Funds which are listed separately)	P	N/A	1-28-11	\$100,001 - \$250,000
	Pioneer Strategic Income Portfolio Fund(held in Met Life Annuity Fund)	P	N/A	2-25-11 Dividends reinvested monthly	\$1,001 - \$15,000

	Putnam Diversified Income Fund Class Y	S	Yes	Various dates 3-7-11 to 9-23-11	\$15,001 - \$50,000
	Putnam Diversified Income Fund Class Y	P	N/A	1-21-11 Dividends reinvested monthly	\$15,001 - \$50,000

	RCM Technology Portfolio Fund	P	N/A	2-25-11 Dividends reinvested monthly	\$1,001 - \$15,000
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# 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. NOTE: Pending legislation may require Members to report mortgages on personal residences.

SP, DC, JT	Creditor	Date Liability Incurred	Type of Liability	Amount of Liability
	Credit Union Mortgage Association, Fairfax, VA	Jan. 2011	Mortgage on DC Condo residence	\$250,001 - \$500,000
	American Express	Dec. 2011	Credit card	\$10,001 - \$15,000
	Wright-Pattman Congressional Federal Credit Union, DC	April 2011	Loan (Paid off Dec. 2011)	\$15,001 - \$50,000



# **SCHEDULE VII - TRAVEL PAYMENTS AND REIMBURSEMENTS**

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Identify the source and list travel itinerary, date, and nature of expenses provided for travel and travel-related expenses totaling more than \$350 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
Humpty Dumpty Institute & United Nations Foundation	Mar. 28	DC-New York City, NY-DC	N	Y	N	None
Congressional Black Caucus Foundation Inc.	Dec. 2-4	DC-Charleston, SC/Myrtle Beach, SC-DC	Y	N	N	1 Day
Center for Democracy in the Americas	Aug. 7-12	San Francisco, CA-Havana, Cuba- San Francisco, CA	Y	Y	N	None
SEIU, Change to Win & ProgressiveCongressive.o rg	Jun. 30- Jul. 1	Milwaukee-New York City, NY-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
Member, Congressional Advisory Council	The Faith and Politics Institute (Nonprofit Public Benefit Corporation)
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)
Advisory Board Member	American Progressive Caucus Foundation (Nonprofit Public Benefit Corporation)
Honorary Chair, Advisory Board	Hip Hop Caucus (Nonprofit Public Benefit Foundation)