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-	ning jin	will be forth come	for h	Additional informat	
No No	child because Yes	sactions, or liabilities of a spouse or dependent cwith the Committee on Ethics.	" income, trans	EXEMPTION—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.	
× ⊠	closed. Have you Yes	d certain other "excepted trusts" need not be discild?	on Ethics and dependent chi	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?	1
S	ISWER EACH OF THESE QUESTIONS	INFORMATION — ANSWER EACH O		EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST	
d the conse.	tion in this part must be answered and the schedule attached for each "Yes" response	Each question in this part must be answered and the appropriate schedule attached for each "Yes" response	N _o	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.	
No No	arrangement with Yes	IX. Did you have any reportable agreement or arrangement with an outside entity? If yes, complete and attach Schedule IX.	N _S	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.	
<u>8</u>	or before the date	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.	□ S	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.	_
No X	receive any nother reporting Yes (*)?	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.	× ×	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.	
× ₀	receive any regating more Yes	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.	S _S	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? Yes X	
		E QUESTIONS	OF THESE	PRELIMINARY INFORMATION — ANSWER EACH	77
more man	against anyone who files more than 30 days late.	Termination Date:		(May 16, 2011)	_
assessed	A \$200 penalty shall be assessed	or Employing Office:	Officer or Employee	Filer Member of the U.S. State: 124 Conc. 0.5	
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20	2011 AUG -8 PM 2: 20	Daytime Telephone $(2 \circ 1) 225.38\%$	Daytime 1	Name: SHEILA JACKSON LEE	_
	があった。 最後は第二位の表				
Page 1 of 6	HAND DELIVERED	Form A For use by Members, officers, and employees	MENT	UNITED STATES HOUSE OF REPRESENTATIVES CALENDAR YEAR 2010 FINANCIAL DISCLOSURE STATEMENT	

	Name SHEILA J	
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SCHEDULE I—EARNED INCOME

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) totalling \$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. See examples below.

Exclude: Military pay (such as National Guard or Reserve pay), federal retirement programs, and benefits received under the Social Security Act.	ts received under the Social Sec	curity Act.
Source	Туре	Amount
Keene State	Approved Teaching Fee	\$6,000
Examples: State of Maryland Civil War Roundtable (Oct 2nd)	Legislative Pension Spouse Speech	\$9,000 \$1,000
Ontario County Board of Education	Spouse Salary	NA
The University of Houston - State of Texas	Spouse Salvey	1/A
Administrative Position	-	

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Groneca Mutual Fund	mml Annuity		~	Prost Investor Fund	1st Bank of Paducah	Examples:	SP Mega Corp. Stock	ment accounts which are not sen-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 sto,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.	BLOCK A Asset and/or income Source 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 sources 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 retire-
X	X		X		×	Indefinite	×	None \$1 - \$1,000 \$1,001 - \$15,000 \$15,001 - \$50,000 \$50,001 - \$100,000 \$190,001 - \$250,000 \$250,001 - \$250,000 \$1,000,001 - \$5,000,000 \$1,000,001 - \$5,000,000 \$25,000,001 - \$25,000,000 \$25,000,001 - \$25,000,000 \$25,000,001 - \$50,000,000 \$25,000,001 - \$50,000,000 \$25,000,000 \$25,000,000 \$25,000,000	BLOCK B Value of Asset 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."
	X	X	×	×	×	Royalties	×	NONE DIVIDENDS RENT INTEREST CAPITAL GAINS EXCEPTED/BLIND TRUST Other Type of Income (Specify: e.g., Partnership Income or Farm Income)	Type of Income 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.
X	X	X		人		X	×	None - \$1 - \$200 = \$201 - \$1,000 ≡ \$1,001 - \$2,500 ₹ \$2,501 - \$5,000 ₹ \$15,001 - \$15,000 ₹ \$15,001 - \$100,000 ₹ \$100,001 - \$1,000,000 ₹ \$1,000,001 - \$5,000,000 ★ Over \$5,000,000 ★	Amount of Income Amount of Income 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.
						_	S (partial)	If only a portion of an asset is sold, please indicate as follows: (S) (partial) See below for example. P, S, E	BLOCK E Transaction Indicate if the asset had purchases (P), sales (S), or exchanges (E) exceeding \$1,000 in reporting year.

SCHEDULE III — ASSETS AND "UNEARNED" INCOME Continuation Sheet (if needed)

Name SHGILA JACKSONLEE Page-

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				wellsfamer Delcte	\mathbf{v}	/		Capital Caedit Union	United Energy Credit		1 Per		BediFrat SDA CHURCH	Rea 1ty /TR. Com	CB Richard Ellis	muk ets FD class	- Opperheimen Dev	Insight CL	- Fidelity Advisor new	MML IRA		BLOCK A Asset and/or Income Source
H								Ė	-	1											None >	
								K	X		×	X	×								\$1 - \$1,000	
						X	X														\$1,001 - \$15,000	
П										×											\$15,001 - \$50,000	\$
																					\$50,001 - \$100,000 m	BLOCK B Year-End Value of Asset
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																					or, cy m	BLOCK E Transaction

SCHEDULE V— LIABILITIES

Name SHEILA JACKSON LEE Page 5

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 it is rented out); 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 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.

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	•	Sp	77		JT DC,		
	VISA-Waight Patemon line	Sallie Mac Savings Gop	Wells Farago Bank	Example: First Bank of Wilmington, DE	Creditor		
}			-	May 1998	Incurred Mo/Year	Liability	-
	Chedit Card	Educational Loan	1000	Mortgage on 123 Main St., Dover, DE	Type of Liability		
					\$10,001- \$15,000	>	
	X	\times			\$15,001- \$50,000	В	
			×		\$50,001- \$100,000	၁	
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				<u> </u>	\$500,001- \$1,000,000	F	Amount of Liability
	1				\$1,000,001- \$5,000,000	ଜ	lity
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					\$25,000,000	Н	

SCHEDULE VI— GIFTS

Report the source, a brief description, and the value of all gifts totalling more than \$335 received by you, your spouse, or a dependent child from any source during the year.

Exclude: Gifts from relatives, gifts of personal hospitality of 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 \$134 or less need not be added towards the \$335 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
Example: Mr. Joseph H. Smith, Anytown, Anystate	Silver Platter (determination on personal friendship received from Committee on Standards)	\$345

SCHEDULE VIII—POSITIONS

Name SHEILA JACKSON LEE

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organization, or any educational or other institution other than the United States. proprietor, representative, employee, or consultant of any corporation, firm, partnership, or other business enterprise, any nonprofit organization, any labor Report all positions, compensated or uncompensated, held during the current calendar year as an officer, director, trustee of an organization, partner,

Exclude: Positions listed on Schedule I; positions held in any religious, social, fraternal, or political entities (such as political parties and campaign organiations); and positions solely of an honorary nature

Howard CHAIRS	Board of Directure	Advisory Bound	Sp. Bound Mumbar	Sp Bo and member	SO V.P	Position	zalloris), and positions solely of an Honorary Hattire.
Temporary Positions For Non-Preshits on President	Sam Houston Aprela Boy Swarts	Spunding For CHildren / Houston Spand Opena	Sp. Bound Member Sam Houston Galveston Boy Scouts	March of Dines	University of Houston	Name of Organization	nivialy hawre.

SCHEDULE IX—AGREEMENTS

employee welfare or benefit plan maintained by a former employer. government service; continuation or deferral of payments by a former or current employer other than the U.S. Government; or continuing participation in an 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

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			/	1/1955	Date	
	member	a Former Houston City Council	and City of Abuston - I Am	1995 Congresswoman SHEILA JAKSON LEE POYMEN	Parties To	
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