



Filing ID #10028567

# FINANCIAL DISCLOSURE REPORT

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## FILER INFORMATION

**Name:** Mrs. Sheila Griffin  
**Status:** Congressional Candidate  
**State/District:** FL13

## FILING INFORMATION

**Filing Type:** Candidate Report  
**Filing Year:** 2019  
**Filing Date:** 06/21/2019

## SCHEDULE A: ASSETS AND "UNEARNED" INCOME

Asset	Owner	Value of Asset	Income Type(s)	Income Current Year to Filing	Income Preceding Year
Nationwide Retirement [DB]		\$1,001 - \$15,000	Dividends	\$201 - \$1,000	\$2,501 - \$5,000
Plots [RP]		\$15,001 - \$50,000	None		
LOCATION: St, Petersburg, FL, US					
T, Rowe Price [DB]		\$1,001 - \$15,000	Dividends	\$201 - \$1,000	\$2,501 - \$5,000
Wells Fargo [BA]		\$1,001 - \$15,000	None		

\* For the complete list of asset type abbreviations, please visit <https://fd.house.gov/reference/asset-type-codes.aspx>.

## SCHEDULE C: EARNED INCOME

Source	Type	Amount Current Year to Filing	Amount Preceding Year
State of Florida	Salary	\$22,000.00	\$28,669.00

## SCHEDULE D: LIABILITIES

Owner	Creditor	Date Incurred	Type	Amount of Liability
	Navient	08/2008	Student Loan	\$15,001 - \$50,000
	Fed Loans	2004-2012	Student Loan	\$250,001 - \$500,000
	Thompson (Personal)	07/2009	Account Reimbursement	\$15,001 - \$50,000
	Lawson	07/2009	Account Reimbursement	\$10,000 - \$15,000

## SCHEDULE E: POSITIONS

Position	Name of Organization
Board of Director	Joshua Tree Adoptions
Board of Director	Esther's School
Employment Specialist	Florida Department of Corrections
Owner/President	Monarch Business Builders
Board of Directors	Aspire Innovative Learning
Executive Committee	NAACP St. Pete.
Board of Director	Justicia Community Development

## SCHEDULE F: AGREEMENTS

None disclosed.

## SCHEDULE J: COMPENSATION IN EXCESS OF \$5,000 PAID BY ONE SOURCE

None disclosed.

## EXCLUSIONS OF SPOUSE, DEPENDENT, OR TRUST INFORMATION

**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 ☒ No

**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?

☐ Yes ☒ No

## CERTIFICATION AND SIGNATURE

☒ I CERTIFY that the statements I have made on the attached Financial Disclosure Report are true, complete, and correct to the best of my knowledge and belief.

**Digitally Signed:** Mrs. Sheila Griffin , 06/21/2019