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2014 FINANCIAL DISCLOSURE STATEMENT **UNITED STATES HOUSE OF REPRESENTATIVES**

For Use by Members, Officers, and Employees

Form A

2015 AUG 20 PM 3: 24

Name: SHEILA JACKSON LEE Daytime Telephone: 202-225-3816 REPORT TYPE FILER STATUS Member of or Candidate for U.S. House of Representatives 2014 Annual (Due: May 15, 2015) District: State: 7exas Amendment Employee Officer or Employing Office: Termination Date of Termination: P.S. HOUSE OF REPRESENTATIVES (Office Use Only)

ANOWED FACE OF THESE OFFICENS

PRELIMINARY INFORMATION - ANSWER EACH OF THESE QUESTIONS	TEST MOTO TONS		
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? or b. Make more than \$200 in unearmed income from any reportable asset 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?	Yes No
ident child purchase, sell, or eal estate in a transaction 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
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	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
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	I. 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
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	ATTACH THE CORRESPONDING SCHEDULE IF YOU ANSWER "YES"	YOU ANSWER "YES"
IPO AND EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION - ANSWER EACH OF THESE QUESTIONS	T, OR TRUST INFO	RMATION - ANSWER EACH OF THESE QUE	ESTIONS
IPO – Did you purchase any shares that were allocated as a part of an Initial Public Offering during the reporting period? If you answered the Committee on Ethics for further guidance.	Public Offering during the rep	orting period? If you answered "yes" to this question, please contact	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 your dependent child?	ttee on Ethics and certain oth	er "excepted trusts" need not be disclosed. Have you excluded from	Yes No X
EXEMPTION – Have you excluded from this report any other assets, "uneamed" income, transactions, or liabilities of a spouse or your dependent child because they meet all three tests for exemption? Do not answer "yes" unless you have first consulted with the Committee on Ethics.	ed" income, transactions, or l	iabilities of a spouse or your dependent child because they meet all its.	Yes No

SCHEDULE A - ASSETS & "UNEARNED INCOME"

Names SHeila Jackson LEE Page 2 of 11

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SCHEDULE A - ASSETS & "UNEARNED INCOME

& "UNEARNED INCOME"	
Name: SHEILA Jackson LEE	
Page 3 of 11	

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	_	1	=				Examples:		irema	If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC), or jointly held with anyone (JT), in the optional column on the far left.	If you have a privately-traded fund that is an Excepted Investment Fund, please check the "EIF- box.	Exclude: Your personal residence, including second homes and vacation homes (unless there was rany income during the reporting period); and any financial interest in, or income derived from, a federal retirement program, including the Thrift Savings Plan.	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.	For rental and other real property held for investment, provide a complete address or description, e.g., rental property, and a city and state.	For bank and other cash accounts, total the amount in all interest-bearing accounts. If the lotel 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 as 401(k) plans) provide the value for each asset held in the account that exceeds the reporting thresholds.	Provide complete names of stocks and mutual funds (do not use only ticker symbols).	income that generated more than \$200 in "unearned" income during the year.	identify (a) each asset held 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	Ass	
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SCHEDULE A - ASSETS & "UNEARNED INCOME"

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	BLOCK A Asset and/or Income Source Asset Asset And/or Income Source	u u	None >	\$1-\$1,000	None > Sit-\$1,000	\$15,001-\$50,000	\$50,001-\$100,000 m	\$50,001-\$100,000 m V V W W W W W W W W W W W W W W W W W	\$100,001-\$250,000 TI BLOCK B	\$500,001-\$1,000,000 <u> </u>	\$1,000,001-45,000,000	\$5,000,001-\$25,000,000	\$25,000,001-\$50,000,000	Over \$50,000,000	Spouse/DC Asset over \$1,000,000*	NONE 2	DMIDENDS 2	RENT	INTEREST	CAPITAL GAINS & BL W	EXCEPTED/BLIND TRUST TAY DESCRIPED	INTEREST CAPITAL GAINS EXCEPTED/BLIND TRUST TAX-DEFERRED Other Type of Income	(Specify: e.g., Partnership Income or Farm Income)	None -	None	\$201-\$1,000	\$1,001-\$2,500	\$2,501-\$5,000 < 0 0 0	\$2,501-\$5,000	\$15,001-\$50,000 ≦ Ti X no D	\$50.001-\$100,000 §	7100,001-Q1000,000	\$1,000,001-\$5,000,000 ×	Over \$5,000,000 👱	Spouse/DC Asset with income over \$1,000,000°.	BLOCK E Transaction
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SCHEDULE B - TRANSACTIONS

Name: SHEILA JACKSON LES Page 6 of 1

															36	37 Sale of 4018 Charlestur, Hon, Tx (10+)	SP Example Mega Corp. Stock	SP, DC, JT Asset	Capital Gains: If a sales transaction resulted in a capital gain in excess of \$200, check the "capital gains" box, unless it was an asset in a tax-deferred account, and disclose the capital gain income on Schedule A. * Column K is for assets solely held by your spouse or dependent child.	dependent child for investment or the production of income. Include transactions that dependent child for investment or the production of income. Include transactions between you, your spouse, or dependent children, or the purchase or sale of your personal residence, unless it generated rental income. If only a portion of an asset is soft, please choose "partial sale" as the type of transaction.	Report any purchase, sale, or exchange transactions that exceeded \$1,000 in the reportion period of any security or real property held by you, your spouse, or your
	-					_		1	-	1					×				Purchase		Тур
	-					_			_	1		 				×	<u> </u>	_	Sale		e of Tra
l																ŀ	×		Partial Sale		Type of Transaction
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SCHEDULE C - EARNED INCOME

Name: Shrila Jackson LEG	
Page 7 of 11	

EXCLUDE: Military pay (such as National Guard or Reserve pay), federal retirement programs, and benefits received under the Social Security Act.	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 reporting period. 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.	
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					- Adminithentive Position	The University of Houston - State of Texas	Civil War Roundtable (Oct. 2) Ontario County Board of Education		Source (include date of receipt for honoraria)	INCOME LIMITS and PROHIBITED INCOME: The 2014 limit on outside earned income for Members and employees compensated at or above the "senior staff" rate was \$26,955. In addition, certain types of income (notably honoraria, director's fees, and payments for professional services involving a fiduciary relationship) were totally prohibited.
						Spouge 1 Talupy	Spouse Speech Spouse Salary	Approved Teaching Fee Legislative Pension	Type	ated at or above the "senior staff" rate stally prohibited.
					•	n/a	\$1,000 N/A	\$6,000 \$16,000	Amount	was \$26,955. In addition, certain

SCHEDULE D - LIABILITIES

Name: SHEILA JACKON 2EE Page_ 00 잌

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

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ways	Visi	Sallie Mne	110011	Example						
Wasybt Putman	Visa Wrigt Patman Union	Mae	Wells Frago Bank	First Bank of Wilmington, DE	Creditor					
2013	40,00	144	5/2002	5/98	Date Liability Incurred MO/YR					
Luer 300 m stru	chedit con	Educutional Louns	Luan	Mortgage on Rental Property, Dover, DE	Type of Liability					
					\$10,001- \$15,000	>				
	X	X			\$15,001- \$50,000	₽				
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$_ imes$				×	\$100,001- \$250,000	D				
					\$250,001- \$500,000	m	moun			
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					\$1,000,001- \$5,000,000	ø	Amount of Liability			
					\$5,000,001- \$25,000,000	.				
					\$25,000,001- \$50,000,000	_				
					Over \$50,000,000	_				

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.

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1 sp. Broad member	51 - 12 and CHAM	56 - Board member	SP- VP	Position	The second secon
morah of Dimes - Boy Scouts	٠,	SIL - Board member Buy Scouts - House Grand oper - Ensemble - CBCF	University of Wouston	Name of Organization	

SCHEDULE D - LIABILITIES

Name: SHEILA JACKSUN LEG Page 9 of 11

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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	,	Resi	Pa	71	Example			
•	Anusan Expects	Resource One Charit busin 4/2014	Paime lending	Theift Soverys Aun	First Bank of Wilmington, DE	Creditor		
			11/2014	10/2012	5/98	Date Liability Incurred MO/YR		
•	Resolving Credit	Dra martings on the	meetical consta the	Loan	Mortgage on Rental Property, Dover, DE	Type of Liability		,
						\$10,001- \$15,000	>	
	X			X		\$15,001- \$50,000	άα	
						\$50,001- \$100,000	c	
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_						Over \$50,000,000	<u>-</u>	
						Over \$1,000,000* (Spouse/DC Liability)	<u> </u>	

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.

		Ω/A	Position
			Name of Organization

SCHEDULE F - AGREEMENTS

Name: SHETLA TACK Con LEE Page 10 of 11

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; 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.

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
Exemple: 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

Name: SAB, 24
Jackson
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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.

Source	Government of Crime (MECEA)	examples: Habilat for Humanity (charity fundraiser)	Conter City Proc	Progressive Congress	American Israel Education Foundation 2/15-2/23						
			duction Vi	ss 2/6	Am Foundation 2/1						
Date(s)	Aug. 6-11	Mar. 3-4			l	1		1 1 1 1			
City of Departure – Destination — City of Return	DC-Beijing, China - DC	DC-Boeton-OC	Houston-Nashuille - Abuston	OC-Philadelphia-OC	Houston - Israel - Houston						
Lodging? (YNI)	٧	4	×	Ŋ	<						
Food? (Y/N)	*	~	\mathcal{N}	~	×						
Family Member Included? (Y/N)	ż	٧	Y		۴						