] №	child because Yes	nsactions, or liabilities of a spouse or dependent child because with the Committee on Standards of Official Conduct.	d" income, tra first consulted	EXEMPTION —Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child they meet all three tests for exemption? Do not answer "yes" unless you have first consulted with the Committee on Standards of Official Conduct.
	d trusts" need not Yes	ds of Official Conduct and certain other "excepted trusts" need not spouse, or dependent child?	e on Standard	TRUSTS—Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent
SNO	NSWER EACH OF THESE QUESTIONS	- A	T INFOF	EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION
and the esponse.	must be answered ed for each "Yes" r	Each question in this part must be answered and the appropriate schedule attached for each "Yes" response	No	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 X	arrangement Yes	IX. Did you have any reportable agreement or arrangement with an outside entity? If yes, complete and attach Schedule IX.	No No	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.
No	or before the date Yes	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.	N _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	d receive any in the 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.
No No	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.	₹ □	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
		SE QUESTIONS	OF THESE	PRELIMINARY INFORMATION - ANSWER EACH
penalty shall be assessed anyone who files more days late.	A \$200 penalty shall be assessed against anyone who files more than 30 days late.	or Employing Office: ee Termination Date:	Officer or Employee	Filer Status Member of the U.S. State: Texas House of Representatives District: 18 14 Report Annual (May 17, 2010) Amendment
12 MC	2919 AUS 10 PM 5: 02	Daytime Telephone (2 v 2) 225-3816	Daytime	Name: SHEILA Jackson LEE
Page 1 of	DELIVERED	Form A For use by Members, officers, and employees	MENT	UNITED STATES HOUSE OF REPRESENTATIVES CALENDAR YEAR 2009 FINANCIAL DISCLOSURE STATEMENT

8/9/10

bellitured information swill be forth coming in on amendment to this knowned disclosure statement.

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	Name SHeila
	JACKSON Lee
	Page ン

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 non. See examples below:

		•
Source	Туре	Amount
Keene State	Approved Teaching Fee	\$6,000
- 1	Legislative Pension	\$9,000
ble (Oct. 2nd)	Spouse Speech	\$1,000
Ontario County Board of Education	Spouse Salary	NA
The University of Houston-State of Texas	Spuse Salary	1/4
Administrative Position		
		!

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Whight Ratman Credit United	Occidental Petroleum	C Bellfort SDA Church	R Be 11 Ford DA Chusch	For Income	R First Investors Fund		Examples:	SP, SP Mega Corp. Stock	account that exceeds a the institution holding at the end of the repo business that is not put the of the business that is not put the of the business, the national information, see sonal residence(s) (ure); any debt owed to yo you or your spouse's of deposits totalling \$5,00 rgs accounts; and any fincome derived from ant programs. I may indicate that an at that of your spouse (SI) or is jointly held (JT), in the far left.	provide the value and income information on each asset in the account that exceeds the	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 asset or sources of income which generated more than \$200 in "unearned" income during the year. For rental property or land, provide a complete address. Provide full 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).
liga/					x	nts			None >	the s	
X						×	Indefinite	×	\$1 - \$1,000		BLOCK B Value of Asset Indicate value of asset at cl reporting year. If you use a va method other than fair market please specify the method used. If an asset was sold during the re year and is included only bec generated income, the value shu "None."
									\$250,001 - \$500,000		ose aluati valt valt porti
						×		×	Over \$50,000,000 F NONE DIVIDENDS		
X								×	RENT INTEREST CAPITAL GAINS EXCEPTED/BLIND TRUST		Type of Inco Type of Inco Check all columns the retirement plans or acc not allow you to che investments, you may wall other assets included indicate the type of inco ing the appropriate Dividends and interest vested, should be liste Check "None" if asset cate any income during cate any income during cate any income during cate of the come in the cate of the cat
		Bond	Boad				Royalties		Other Type of Income (Specify: For Example, Partnership Income or Farm Income)	e)	BLOCK C Type of Income Check all columns that apply. For retirement plans or accounts that do not allow you to choose specific investments, you may write "NA." For all other assets including all IRAs, indicate the type of income by checking the appropriate box below. Dividends and interest, even if reinvested, should be listed as income. Check "None" if asset did not generate any income during calendar year.
X		2	2				7 1	×	None - \$1 - \$200 = \$201 - \$1,000 ≡ \$1,001 - \$2,500 ⋜		For retirement not allow you ments, you me For all other as indicate the checking the Dividends and vested, shoul Check "None" or generated.
		41	4			×			\$2,501 − \$5,000		BLOCK D ount of Inco t plans or acco t plans or acco t to choose spr nay write "NA" assets, includi category of e appropriate and interest, e uld be listed y" if no income
							×		\$100,001 − \$1,000,000		47.
								S (partial)	portion of an asset is sold, please indicate as follows: (S) (partial) See below for example. P, S, E	If only a	BLOCK E Transaction Indicate if the asset had purchases (P), sales (S), or exchanges (E) exceeding \$1,000 in reporting year.

SC) Con	SCHEDULE III — ASSETS AND "UNEARNED" INCOME Continuation Sheet (if needed)	"UNEARNED" INCOME	Name St	Name SHEILA JACKSON (BE	Page 4 of 7
	BLOCK A Asset and/or income Source	BLOCK B Year-End Value of Asset	BLOCK C Type of Income	BLOCK D Amount of Income	BLOCK E
SP.		m 000 π 0000 Ω 0000 Σ 000,000 – 000,000 Σ 000,000,000		000 ⋝	un (v) "n
J	CRedit hour	None \$1 - \$1,000 \$1,001 - \$15,000 \$15,001 - \$50,000 \$50,001 - \$100,000 \$250,001 - \$500,000 \$500,001 - \$1,000,00 \$1,000,001 - \$5,000 \$5,000,001 - \$25,000 \$25,000,001 - \$50,00 Over \$50,000,000	NONE DIVIDENDS RENT INTEREST CAPITAL GAINS EXCEPTED/BLIND T Other Type of Income (Specify)	None \$1 - \$200 \$201 - \$1,000 \$1,001 - \$2,500 \$2,501 - \$5,000 \$5,001 - \$15,000 \$50,001 - \$100,000 \$100,001 - \$1,000,000 \$1,000,001 - \$5,000,000 Over \$5,000,000	ŗ
	United Energy Resources	X	X	×	
		X	八居	×	
P	Buck One	X		×	
· [Bank one		* ×		
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SCHEDULE V- LIABILITIES

Name SHC, LA JACKSUN (EE Page 5 of

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; 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.

			,			
	Sp	77		J C X) 	
	Sallie Mac Savinge Coap	JT Wells FARGO BANK	Example: First Bank of Wilmington, Delaware	Creditor		
	Educationalboan	Loan	Mortgage on 123 Main St., Dover, Del.	Type of Liability		
				\$10,001- \$15,000	В	
	X			\$15,001- \$50,000	C	
		X		\$50,001- \$100,000	ם	
			×	\$100,001- \$250,000	m	Amo
				\$250,001- \$500,000	TI	unt o
				\$500,001- \$1,000,000	ဂ	Amount of Liability
				\$1,000,001- \$5,000,000	I	lity
		ļ	_	\$5,000,001- \$25,000,000	-	
			L	\$25,000,001 \$50,000,000	ر	
				Over \$50,000,000	ᄌ	

SCHEDULE VI - GIFTS

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. 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.

Note: The gift rule (House Rule 25, clause 5) prohibits acceptance of gifts except as specifically provided in the rule.

		Example: Mr. Joseph H. Smith, Anytown, Anystate	Source	
		Silver Platter (determination on personal friendship received from Committee on Standards)	Description	
		\$345	Value	

	Name 5/48:24
	Jackson
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	Page 6
1	of

SCHEDULE VII — TRAVEL PAYMENTS AND REIMBURSEMENTS

or were paid by you and reimbursed by the sponsor. 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 Identify the source and list travel itinerary, dates, and nature of expenses provided for travel and travel-related expenses totalling more than \$335 received by the amount of time, if any, that was not at the sponsor's expense. Disclosure is required regardless of whether the expenses were paid directly by the sponsor

a spouse or dependent child that is totally independent of his or her relationship to you. **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

Examples: JAAN UNIVERSIE Homesiam JSRC-el Williams College Education Poundation Chicago Chamber of Commerce
Roycroft Corporation Source 81-11 val) mayp-9 Aug 8-10 Aug. 6-11 Date(s) Mar. 2 DC-NC-Houston OC-IGRUE! -DC- Housto De City of Departure — Destination —
City of Return DC—Los Angeles—Cleveland -Mars-DC DC—Chicago—DC Lodging? (Y/N) z Food? Z Was a Family Member Included? (Y/N) \geq Z < at sponsor's expense Number of days not 0 2 Days None

SCHEDULE VIII—POSITIONS

Name JHEILA JACKSUNLE

Report all positions, compensated or uncompensated, held during the current calendar year as an officer, director, trustee of an organization, partner, | of |

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

proprietor, representative, employee, or consultant of any corporation, firm, partnership, or other business enterprise, any non profit organization, any labor

organization, or any educational or other institution other than the United States

Advisory Board Spuntding For Children Houston Grand Opera- Board of Directors Sam Houston Area Boy Scouts Hononary CHAIR Temporary Positions For Non-Part Agencies or Rejects
Advising Board Spaulding For Children / Houston Grand Oper Board of Directors Sam Houston Area Buy Scouts Hononary CHAIR Temporary Positions For Non-Paulit Agencies or Rejects
Board of Directors Sam Houston Apren Buy Scouts Honomary attain Temporary Positions for Non-Partit Agencies or Projects

SCHEDULE IX—AGREEMENTS

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

Date / j

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Parties To Congressionnen Steiha Ja Canal The City of House
Parties To Congresswaren SHeiha Jackson
Parties To Congresswomen SHe: La Jackson LEG
Parties To Congressioner SHeila Jackson Lee Part
Parties To Congresswomen Site: La Jackson Lee Pryment
Congresswomen SHe: La Jackson Léé Pryment of
Congresswaren SHeiha Jackson Léé Payment of Per
Parties To Tackson Léé Payment of Pension
Parties To Congressionen Site: La Jackson Léé Payment of Pension et
Parties To Congressium SHeiha Jackson Lee Payment of Pension ext tro
Congresswomen SHe: La Jackson LEE Pryment of Pension ext time of
La Jackson Léé Payment of P.