UNITED STATES HOUSE OF REPRESENTATIVES 2014 FINANCIAL DISCLOSURE STATEMENT	Form A For Use by Members, Officers, and Employees	Page 1 of //
Name: Sheila Jackson Lee Days	Daytime Telephone:_	2015 0CT -6 PM 12: 00  USE TO REPORT OF THE PROPERTY OF THE PR
FILER Member of or Candidate for State: Texas  U.S. House of Representatives District: 18	Officer or Employing Office:	:
TYPE 2014 Annual (Due: May 15, 2015)	Amendment Termination  Date of Termination:	ination:
PRELIMINARY INFORMATION - ANSWER EACH OF THESE QUESTIONS	ESTIONS	
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?	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?	arrangement with an Yes X No
B. Did you, your spouse, or your dependent child purchase, sell, or exchange any securities or reportable real estate in a transaction     Yes   exceeding \$1,000 during the reporting period?	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?	shild receive any alue from a single 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?	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?	totaling more than Yes No No Preporting period?
D. Did you, your spouse, or your dependent child have any reportable Yes liability (more than \$10,000) at any point during the reporting period?	No lieu of paying you for a speech, appearance, or article during the reporting period?	onation to charity in Yes No
E. Did you hold any reportable positions during the reporting period or in Yes X	No ATTACH THE CORRESPONDING	ATTACH THE CORRESPONDING SCHEDULE IF YOU ANSWER "YES"
IPO AND EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION - ANS	RUST INFORMATION - ANSWER EACH OF THESE	OF THESE QUESTIONS
IPO - Did you purchase any shares that were allocated as a part of an Initial Public Offering during the reporting period? If you answered "yes" to this question, please contact the Committee on Ethics for further guidance.	ing during the reporting period? If you answered "yes" to this que	estion, please contact Yes No X
TRUSTS - Details regarding "Qualified Blind Trusts" approved by the Committee on Ethics and certain other "excepted trusts" need this report details of such a trust that benefits you, your spouse, or your dependent child?	s and certain other "excepted trusts" need n	ot 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.	, transactions, or liabilities of a spouse or your dependent child be Committee on Ethics.	ecause they meet all Yes 🔲 No 💢

- Value for Know	city of Housen Pension	Cupital Godit Union	United Frongy credit	Waret Amount	Occidental Repolery	ABC Hedge Fund X	Ехапріва:	SP, Mega Corp. Stock Elf	For bank and other cash accounts, total the amount in all interest-bearing accounts. If the total is over \$5,000, list every financial institution where there is more than \$1,000 in interest-bearing accounts.  For rential and other real property had for investment, provide a complete address or description, e.g., "rental property," and a city and state.  For an ownership interest in a privately-hald 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); and any financial income during the reporting period; and any financ	Asset and/or Income Source identity (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 income that generated more than \$200 in "unearned" income that generated more than \$200 in "unearned" income during the year.  Provide complete names of stocks and mutual funds (do not use only ticker symbols).  For all IRAs and other retirement plans (such as 401(t) plans) provide the value for each asset held in the account that exceeds the reporting thresholds.
		<b>★</b>		×	<b>X</b>	×	Indefinite	×	None > \$1-\$1,000	Value of Asset Indicate value of asset at dose of the reporting period. If you use a valuation method other than fair market value, please specify the method used.  If an asset was sold during the reporting period and is included only because it generated income, the value should be 'None.'  **Column M is for assets held by your spouse or dependent child in which you have no interest.
		×	X.		X	Partnership Income	Royalties	×	NONE DIVIDENDS RENT INTEREST CAPITAL GAINS EXCEPTED/BLIND TRUST TAX-DEFERRED Other Type of Income (Specify: e.g., Partnership Income or Farm Income)	Type of income  Check ell columns that apply. For accounts that generate tax-deferred income (such as 401(k), IRA, or 529 accounts), you may check the "fax-Deferred" column. Dividended, interset, and capital generativement in reinvested, must be disclosed as income for assets held in taxable accounts. Check "None" if the asset generated no income during the reporting period.
		*	X	<b>X</b>	X			×	None	Amount of income  For assets for which you checked "Tax-Deferred" in Block C, may check the "None" column. For all other assets indicate category of income by checking the appropriate box bet betwiedends, inferest, and capital gains, even if reinvest must be disclosed as income for assets held in taxu accounts. Check "None" if no income was samed generated.  "Column XII is for assets held by your apouse or dependent on which you have no interest.
					Promite de la Constantina			S(part)	Leave this column blank if there are no transactions; that exceeded \$1,000.	Transaction Indicate if the asset had purchases (P), sales (S), or exchanges (E) exceeding \$1,000 in the reporting period. If only a portion of an asset was sold, please indicate as follows: (S (part)).

## SCHEDULE A - ASSETS & "UNEARNED INCOME"

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# SCHEDULE A - ASSETS & "UNEARNED INCOME"

Name: SHEILA Jackson LEE

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SCHEDULE A – ASSETS & "UNEARNED INCOME"	
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													/					Other Type of Income (Specify: e.g., Partnership Income or Farm Income)	•
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r		+	+	+									$\dagger$				T		Transaction
																		P, S, S(part), or E	Transaction

### SCHEDULE B - TRANSACTIONS

Name: SHEILA JACKSum LES Page 6 of 11

																JT 7617 Riv Vista Houston 74 (res.)	37 Sale of 4018 Charlestur, Hon, Tx (lot)	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 assot in a tax-deterned account, and disclose the capital gain income on Schedule A.  * Column K is for assets solely held by your spouse or dependent child.	reporting period of any security or real property held by You, your spouse, or your dependent child for investment or the production of income, Include transactions that resulted in a capital loss. Provide a brief description of an exchange transaction. Exclude transactions between you, your spouse, or dependent children, or the purchase or sale of your personal residence, unless it generated tertal income. If only a purchase or sale of your personal residence, unless it generated tertal income. If only a portion of an asset is sold, please choose "partial sale" as the type of transaction.	Report any purchase, sale, or exchange transactions that exceeded \$1,000 in the
	1					<u> </u>		_			-					×	×			Purchase		Туре
			+-		-	-	<u>.                                    </u>	-	-	1	+	-	-	_		-		$\vdash$	$\vdash$	Sale		Type of Transaction
	<u> </u>		_		_	$\vdash$		-	<u> </u>	+	-	+				-	ļ <u>.</u>	Ľ	<u> </u> 	Partial Sale		action
$\vdash$	<u> </u>	1	+-	1		<u> </u> 	<u> </u>	_	1	+	+	1				-		╀	+	Exchange Check Box if Ci	acital Gain	
	<u> </u>	-	<u> </u>		<u> </u>	_		-	-	<u> </u>	_	-			<u>.                                    </u>			Ľ	-	Check Box if Co Exceeded \$200		
																11/ /14	4/ /15	3514		weekly, if applicable	MODAYR) or Quarterly,	Date
												ì						Γ		\$1,001~ \$15,000	>	
								-		1								×		\$15,001- \$50,000	OF.	
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r	<del> </del>																~			\$100,001- \$250,000	0	≥ 
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	$\uparrow$																			\$1,000,001- \$5,000,000	۵	Amount of Transaction
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																				\$25,000,001- \$50,000,000		
																				Over \$50,000,	000	
																				Over \$1,000,0 (Spouse/DC A		

## SCHEDULE C - EARNED INCOME

Name: Slowila Jacks in LEG Page 7 of 11

		- Adminithrative Position
n/a	Sover 1 Telupy	The University of Houston - State of Texas
N/A	Spouse Salary	L
\$18,000	Legislative Pension	Examples: Sale of Maryand
Amount	Туре	Source (include date of receipt for honoraria)
reporting period. For a spouse, lis	mment) totaling \$200 or more during the below.  Social Security Act.  Insated at or above the "senior staff" rate totally prohibited.	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.  EXCLUDE: Military pay (such as National Guard or Reserve pay), federal retirement programs, and benefits received under the Social Security Act.  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.

#### SCHEDULE D - LIABILITIES

Name: SHE: LA Jackson 2EE Page 8 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 \*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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<del></del>		D at		*			0		C	С п	C D E	C D E F	C D E F G	C D E F G
SP.	Creditor	Date Liability Incurred MO/YR	Type of Liability	\$10,001- \$15,000	\$10,001°	\$15,001- \$50,000	\$50,000 \$50,001- \$100,000	\$50,001-	\$50,001- \$100,000 \$100,001-	\$50,001- \$100,000 \$100,001- \$250,000 \$250,001-	\$50,001- \$100,000 \$100,001- \$250,000 \$250,001- \$500,000	\$50,001- \$100,000 \$100,001- \$250,000 \$250,001- \$500,001- \$1,000,000	\$50,001- \$100,000 \$100,000 \$250,000 \$250,001- \$500,001- \$1,000,000 \$1,000,001- \$5,000,000	\$50,001- \$100,000 \$100,001- \$250,000 \$250,001- \$500,001- \$1,000,000 \$1,000,001- \$5,000,001- \$25,000,000
Ехатрю	First Bank of Wilmington, DE	5/98	Mortgage on Rental Property, Dover, DE					x	×	×	x	×	×	×
Jr wall	wells Frago Bank	5/2002	Luan		]	,	X	X	X	X	X	X	X	X
Sp Sallie Mae	mne	1457	Enducuteonal Louns		1	X	X	X	X	X	X		X	X
۶″./ ا	4+ Patman Laudit	13/31/14	cardit cand		<b>一</b> 人	X	X	X	Χ.	Χ.	×.	<u> </u>	<b>X</b> .	<b>X</b> .
57 Wright Putman		2013	100 1 200 m st 5 m		_			X	X	X	X	X	X	X

#### **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 sociely of an honorary nature.

Position	Position Name of Organization
SO- VP	University of Houston
SJL - Board member	Buy Scouts - House Grand Operer - Ensemble - CBCF
SJL - 1/2 water Charac	STL - 12 when Chan Temporary Positions FOR Awa- profit Event on Projects
1 3P- Broad member	money of Dimes - Boy Scouts

#### SCHEDULE D - LIABILITIES

Name: S
nes MEILA J
4
a Jackson
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Page 9
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 ere 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, perent, 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.

							₽	Amount of Liability	of Li	bility				
				>		C		m	70	G	π	-	£-	*
sp, DC, JT	Creditor	Date Liability Incurred MO/YR	Type of Liability	\$10,001- \$15,000	\$15,001- \$50,000 	\$50,001- \$100,000	\$100,001- \$250,000	\$250,001- \$500,000	\$500,001- \$1,000,000	\$1,000,001- \$5,000,000	\$5,000,001- \$25,000,000	\$25,000,001- \$50,000,000	Over \$50,000,000	Over \$1,000,000* (Spouse/DC Liability)
	Example First Bank of Wilmington, DE	x1, DE 5/98	Mortgage on Rental Property, Dover, DE				×							
Ţ	Thaift Savings Aun	fun 10/2012	Loan		X									
4	Paime lending	11/2014	meetics & courte fre					X						
4	Resource One Considera	whole mond to	2 rd making the or styl				X							
50	A number Expect	Se 52	Resolving Credit		X									

#### **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, fratemal, or political entities (such as political parties and campaign organizations); and positions solely of an honorary nature.

Position	Position Name of Organization
	A/A

#### **SCHEDULE F - AGREEMENTS**

Name: SHETLA TAckson LES 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.

		Houston City Councilmenter	1 Houston - I am a Former	1/45 SIL with the city of	Date Parties to Agreement
un derstanding	engless - actording to my	before Leaving for Service in	Å.	Pull of Pension of Time of my Retirement	Terms of Agreement

#### **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
Example: Mr. Joseph Smith, Arlington, VA	Silver Platter (determination of personal friendship received from the Ethics Committee)	\$400
	$\rho/a$	

# SCHEDULE H - TRAVEL PAYMENTS and REIMBURSEMENTS

Name: SHE, 24
Jackson
186
Page #
or

sponsor or were paid by you and reimbursed by the sponsor. 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

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

Examples: American Israel Education Foundation rogressive enter Habitat for Humanity (charity fundraiser) Government of China (MECEA) Congress. Source Troduction 2/15-2/23 2/6-2/8 V17 -1/19 Aug. 6-11 Mar. 34 Data(a) Houston - Israel - Houston Houston-Nashuille - Abuston OC - Philodelphia-IC City of Departure - Destination --City of Return DC-Beijing, China - DC DC-Boston-DC ₹ Lodging? ~ < (YA) ~ ~ Family Member Included? (Y/N) 4 4 z

**VRAIDIGUL** COMMILLERS

COURTS, INTELLECTUAL PROPERTY AND THE INTERNET

THRISTING REGIONAL MOTTANIONAL

SUBCOMMITTEES. HOMELAND SECURITY

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October 8, 2014

2160 Rayburn House Office Building Weshington, DC 20515 (202) 226-3816 WASHINGTON OFFICE:

101H DISTRICT, TEXAS

SHEILA JACKSON LEE

THE GEORGE "MICKEY" LELAND FEDERAL BUILDING (713) 666-0050 1919 SMITH STARET, SUITE 1160

ACRES HOME OFFICE: 6719 West Montooken; Suite 204 Houston, TX 77019 Houston, TS 77019 (219)

FIETH WARD OFFICE.
HOUSTON, TX 77020
(713) 227-1740 HEIGHTS OFFICE: 420 WEST 19TH STREET HOUSTON, TX 77006 (713) 961-4070

The Honorable Charlie Dent, Chairman

Washington, DC 20515 1015 Longworth House Office Building Committee on Standards of Official Conduct

Washington, DC 20515 1015 Longworth House Office Conduct Committee on Standards of Official Conduct The Honorable Linda Sanchez, Ranking Member

Dear Chairman Dent and Ranking Member Sanchez:

classified as withdrawn. I am notifying you that I did not participate in the following trips in 2014 and request that they be

Congressional Black Caucus Institute - San Diego, CA - November 6 - 9 Congressional Black Caucus Institute - Tunica, MS - August 7 - 9 National Foster Youth Institute - Columbia, MO - July 6 - 7 United Nations Foundation – Sweden – April 21 - 26 National Association of Broadcasters - Las Vegas, NV - April 6 - 8 Alliance for Health Reform and the Commonwealth – Houston, TX – February 28 – March 2

If you have questions regarding this clarification, please contact me at 202-225-3816

Sheila Jackson Lee

Sincerely,

Member of Congress