

UNITED STATES HOUSE OF REPRESENTATIVES

2022 FINANCIAL DISCLOSURE STATEMENT

For Use by Members, Officers, and Employees

Form A

LEGISLATIVE RESOURCE CENTER

2023 OCT - 4 (Offical Use Only)

Page 1 of 10

Name: SHEILA Jackson LEE

Daytime Telephone (202) 225-3816

FILER STATUS	<input checked="" type="checkbox"/> Member of the U.S. House of Representatives	State: <u>DC</u>	District: <u>18TH</u>
REPORT TYPE	<input type="checkbox"/> 2022 Annual (Due: May 15, 2023)	<input type="checkbox"/> Amendment	<input type="checkbox"/> Termination
Hand Delivered			
OFFICE OF THE CHIEF FINANCIAL OFFICER Individual who files more than 30 days late.			
Shared <input type="checkbox"/> Principal Assistant <input type="checkbox"/>			

PRELIMINARY INFORMATION – ANSWER EACH OF THESE QUESTIONS

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? <input checked="" type="checkbox"/>	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	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? <input checked="" type="checkbox"/>	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
B. Did you, your spouse, or your dependent child purchase, sell, or exchange any securities or reportable real estate in a transaction exceeding \$1,000 during the reporting period? <input type="checkbox"/>	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	G. Did you, your spouse, or your dependent child receive any reportable gift(s) totaling more than \$415 in value from a single source during the reporting period? <input type="checkbox"/>	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
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? <input type="checkbox"/>	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	H. Did you, your spouse, or your dependent child receive any reportable travel or reimbursements for travel totaling more than \$415 in value from a single source during the reporting period? <input type="checkbox"/>	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
D. Did you, your spouse, or your dependent child have any reportable liability (more than \$10,000) at any point during the reporting period? <input type="checkbox"/>	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	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? <input type="checkbox"/>	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
E. Did you hold any reportable positions during the reporting period or in the current calendar year up through the date of filing? <input type="checkbox"/>	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	ATTACH THE CORRESPONDING SCHEDULE IF YOU ANSWER "YES"	

IPO AND EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION - ANSWER EACH 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.	Yes <input type="checkbox"/> No <input type="checkbox"/>
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 dependent child?	Yes <input type="checkbox"/> No <input type="checkbox"/>
EXEMPTION – Have you excluded from this report any other assets, "unearned" 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.	Yes <input type="checkbox"/> No <input type="checkbox"/>

SCHEDULE A - ASSETS & "UNEARNED INCOME"

Name: Shelia Jackson Legg

Page 2 of 16

Use additional sheets if more space is required

SCHEDULE A - ASSETS & "UNEARNED INCOME"

Name: SHEILA JACKSON LEE Page 3 of 10

SCHEDULE B – TRANSACTIONS

Name: Sheila Jackson Lee

Page 4 of 10

Report any purchase, sale, or exchange transactions that exceeded \$1,000 in the 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 rental income. If only a portion of an asset is sold, please choose "partial sale" as the type of transaction.																
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 held by your spouse or dependent child.																
Type of Transaction										Date	Amount of Transaction					
Purchase	Sale	Partial Sale	Exchange	Check Box if Capital Gain Exceeded \$200	(MADAM) or Monthly, or Bi- weekly, if applicable	A	B	C	D	E	F	G	H	I	J	K
					\$1,001- \$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 Asset)											
SP, DC, RT	Example	Mega Corp. Stock														
			X	X	3/2/22	X										
<i>Not Applicable to me</i>																

Use additional sheets if more space is required.

SCHEDULE C – EARNED INCOMEName: Shelie Jackson LEC Page 5 of 10

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 2022 limit on outside earned income for Members and employees compensated at or above the "senior staff" rate was \$29,895. The 2023 limit is \$31,815. In addition, certain types of income (notably honoraria, director's fees, and payments for professional services involving a fiduciary relationship) are totally prohibited.

Source (Include date of receipt for honoraria)	Type	Amount
Keene State	Approved Teaching Fee	\$8,000
State of Maryland	Legislative Pension	\$18,000
Civil War Reenactor (Oct. 2)	Spouse Speech	\$1,000
Ontario County Board of Education	Spouse Salary	N/A

Vice President University of Houston

Houston, Texas

Spouse Salary

1/2

SCHEDULE D - LIABILITIES

Name: Sheri Lee Takken Lee | Page 6 of 10

Report liabilities of over \$10,000 owed to any one creditor at any time 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.

SP. DC./JT	Creditor	Date Liability Incurred MO/YR	Type of Liability	Amount of Liability								
				A	B	C	D	E	F	G	H	I
	First Bank of Wilmington, DE	5/20	Mortgage on Rental Property, Dover, DE		\$10,001-\$15,000							
ST	Freedom Mortgage	4/2019	1st Mortgage	X								
TT	ReserveOne	4/2019	2nd Mortgage	X								
TT	Wright Investors	2018	Carlo Mortgage	X								
ST	Capital One	2019	Credit Card									
ST	Bank of America	4/2016	Auto Loan	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 solely of an honorary nature.

Position	Name of Organization
Sp Former Board Member Project Row House Home Inc., TPA (non-profit)	
Sp VP Neighborland + Shovelie/Int'l University of Homeless Shovel Community Center, Weston, TPA (non-profit)	
Sp Board Member	West Mac Homeless Res. (Civil Hub)
Sp Board Member	Block Leadership Network (non-profit)
Sp Board Member	Sure C.O.F.I. (non-profit)

SCHEDULE D – LIABILITIES

Name: Sheila Jackson Léon

Page 7 of 10

Report liabilities of over \$10,000 owed to any one creditor at any time 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.

Creditor SP DC, JR	Type of Liability	Date Liability Incurred MO/YR	Amount of Liability							
			A	B	C	D	E	F	G	H
First Bank of Wilmington, DE	Mortgage on Rental Property, Dover, DE	5/20	\$10,001-\$15,000							
<i>SP</i> <i>Hercent</i>	<i>SP</i> <i>Student Education Loan</i>	X	\$15,001-\$50,000							
<i>SP</i> <i>American Express</i>	<i>SP</i> <i>Credit Card</i>	X	\$50,001-\$100,000							
<i>SP</i> <i>Wells Fargo</i>	<i>SP</i> <i>Retirement Plan</i>	X	\$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)							

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.

Position	Name of Organization
Sp Advisory Board	Third Ward Committee City of Houston Mayors Offices
Board Member	CDCF Foundation (Past of Year - Term expired)
Board Member	Corporation Award Board (Chairwoman)
Board Member	Mickey Leland Hunger Center

Use additional sheets if more space is required

SCHEDULE F – AGREEMENTS

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.

Name Sherie Jackson Lee Page 9 of 10

SCHEDULE G - GIFTS

Date	Parties to Agreement	Terms of Agreement
1/18/85	STL - Former Council Member for City of Webster	Pay out of Compensation - not yet Received

Report the source (by name), a brief description, and the value of all gifts (totaling more than \$415 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 (which may not include a registered lobbyist or foreign agent), 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 \$168 or less need not be added towards the \$415 disclosure threshold. Note: The gift rule (House Rule 25, clause 5) prohibits acceptance of gifts except as specifically provided in the rule and some gifts require prior approval of the Committee on Ethics.

Source	Description	Value
Example:	Gifts from relatives, gifts of personal hospitality from an individual (which may not include a registered lobbyist or foreign agent), 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 \$166 or less need not be added towards the \$415 disclosure threshold. Note: The gift rule (House Rule 25, clause 5) prohibits acceptance of gifts except as specifically provided in the rule and some gifts require prior approval of the Committee on Ethics.	\$166

Use additional sheets if more space is required.

SCHEDULE H – TRAVEL PAYMENTS and REIMBURSEMENTS

Name: Sherron Jackson L66

Page 1 of 9

Identify the source and list travel itinerary, dates, and nature of expenses provided for travel and travel-related expenses totaling more than \$415 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.

Identify the source and list travel itinerary, dates, and nature of expenses provided for travel and travel-related expenses totaling more than \$415 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 section 7334(e); travel provided to a spouse or dependent child that is totally independent of his or her relationship to 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	Date(s)	City of Departure-Destination-City of Return	Lodging? (Y/N)	Food? (Y/N)	Family Member included? (Y/N)
Government of China (MEDEVAC)	Aug. 6-11	DC-Boston-Chicago	Y	Y	N
Emergency:	Mar. 3-4	DC-Boston-DC	Y	Y	Y
Habitat for Humanity (Charity Fundraiser)					
<i>Not applicable</i>					

Use additional sheets if more space is required.

SCHEDULE I – PAYMENTS MADE TO CHARITY IN LIEU OF HONORARIA

Name: Sheria Jackson Lewis

Page 10 of 10

List the source, activity (i.e., speech, appearance, or article), date, and amount of any payment made by the sponsor of an event to a charitable organization in lieu of paying an honorarium to you. A separate confidential list of charities receiving such payments must be filed directly with the Committee on Ethics.

Source	Activity	Date	Amount
Association of American Associations, Washington, DC	Speech	Feb. 2, 2022	\$2,000
XYZ Magazine	Article	Aug. 13, 2022	\$500
Not Applicable (N/A)			

Use additional sheets if more space is required.