

## UNITED STATES HOUSE OF REPRESENTATIVES

## 2021 FINANCIAL DISCLOSURE STATEMENT

Form A

LEGISLATIVE PAYROLL CERTIFICATE

(Office Use Only)

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Name: SHEILA JACKSON LEEDaytime Telephone: 202-225-3816

FILER STATUS	<input checked="" type="checkbox"/> Member of the U.S. House of Representatives	State: <u>TEXAS</u>	Officer or Employee	Staff Filer Type: (If Applicable) <input type="checkbox"/> Shared <input type="checkbox"/> Principal Assistant
REPORT TYPE	<input checked="" type="checkbox"/> 2021 Annual (Due: May 16, 2022)	<input type="checkbox"/> Amendment	<input type="checkbox"/> Termination	Date of Termination:

A \$200 penalty shall be assessed against any individual who files more than 30 days late.

## 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 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 checked="" 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 checked="" 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 checked="" 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 checked="" 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 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 checked="" 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 checked="" type="checkbox"/>	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	<b>ATTACH THE CORRESPONDING SCHEDULE IF YOU ANSWER "YES"</b>		

## 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.

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?

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  No

Yes  No

Yes  No

**SCHEDULE A – ASSETS & “UNEARNED INCOME”**

Name: SHEILA JACKSON LEE

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**SCHEDULE A – ASSETS & “UNEARNED INCOME”**

Name: SHEILA JACKSON LEE

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Assets and/or Income Sources		Value of Asset	Type of Income	Amount of Income	Transaction
Block A	Block B				
SP Chase Bank	X	None		A	
SP Woodforest Bank	X	\$1-\$1,000		B	
SP 1914 Wheeler	X	\$1,001-\$15,000		C	
SP Houston, TX	X	\$15,001-\$50,000		D	
SP Investment acct	X	\$50,001-\$100,000		E	
SP LBR 045221	X	\$100,001-\$250,000		F	
SP IRA 036153	X	\$250,001-\$500,000		G	
SP PRIDEITY	X	\$500,001-\$1,000,000		H	
- Optional Retirement Program	X	\$1,000,001-\$25,000,000		I	
- Tax Shelters 403b	X	\$25,000,001-\$50,000,000		J	
		Over \$50,000,000		K	
		Spouse/DC Asset over \$1,000,000*		L	
		NONE		M	
		DIVIDENDS		N	
		RENT		O	
		INTEREST		P	
		CAPITAL GAINS		Q	
		EXCEPTED/BLIND TRUST		R	
		TAX-DEFERRED		S	
		Other Type of Income (Specify, e.g., Partnership Income or Farm Income)		T	
		None		U	
		\$1-\$200		V	
		\$201-\$1,000		W	
		\$1,001-\$2,500		X	
		\$2,501-\$5,000		Y	
		\$5,001-\$15,000		Z	
		\$15,001-\$50,000		A	
		\$50,001-\$100,000		B	
		\$100,001-\$1,000,000		C	
		\$1,000,001-\$5,000,000		D	
		Over \$5,000,000		E	
		Spouse/DC Asset with income over \$1,000,000*		F	
		P, S, S(pmt), or E		G	

## SCHEDULE B - TRANSACTIONS

Name: **SHEILA JACKSON LEE**

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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 solely held by your spouse or dependent child.

SP, DC, RT	Asset	SP	Example	Legal Corp. Stock	Type of Transaction		Purchase	Sale	Partial Sale	Exchange	Date	Amount of Transaction									
					A	B						C	D	E	F	G	H	I	J	K	
	<i>Not Applicable</i>				X	X															

Use additional sheets if more space is required.

**SCHEDULE C – EARNED INCOME**

Name: SHEILA JACKSON LEE

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**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.**

Examples:	Name State	Source (include date of receipt for nonmatch)	Type	Amount
			Approved Teaching Fee	\$8,000
	State of Maryland		Legislative Pension	\$18,000

Source (include date of receipt for honoraria)	Type	Amount
Native State	Approved Teaching Fee	\$6,000
State of Maryland	Legislative Provision	\$18,000
Civil War Roundtable (Oct. 2)	Spouse Speech	\$1,000
Ontario County Board of Education	Spouse Salary	N/A
Vice President, University of Houston, Houston, Texas	Spouse salary	N/A

**Use additional sheets if more space is required.**

## SCHEDULE D – LIABILITIES

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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./Tr	Creditor	Date Liability Incurred MO/YR	Type of Liability	Amount of Liability									
				A	B	C	D	E	F	G	H	I	J
	Example	Fifth Bank of Wilmington, DE	5/20	Mortgage on Rental Property, Denver, DE									
JT	<i>Freedom Mortgage</i>	11/2014	1st Mortgage	X									
JT	<i>Resource One</i>	11/2014	2nd Mortgage		X								
JT	<i>Wright Patman</i>	2018	Condo mortgage			X							
JT	<i>Wright Patman</i>	2018	Credit card	X									
SP	<i>Bank of America</i>	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 Board Member	Project Row Houses, Houston, TX (non-profit)
SP VP Neighborhood & Strategic Init.	University of Houston
SP Board Member	SHAPE Community Center, Houston, TX – (non-profit)
SP Board Member	West MacGregor Homeowner's Assn (civic club)
SP Board Member	WHS Black Leadership Network (non-profit)
SP Board Member	SHRIKE CDFI (non-profit)

**SCHEDULE D - LIABILITIES**

**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.

Creditor	Date Liability Incurred MO/YR	Type of Liability	Amount of Liability							
			A	B	C	D	E	F	G	H
Example	First Bank of Wilmington, DE	5/20	\$10,001- \$15,000							
SP Havent		5/1998	Mortgage on Rental Property, Dover, DE	\$15,001- \$50,000						
SP American Express			Education loan	X	\$60,001- \$100,000					
TR Well Fargo	6/2002	credit card	X		\$100,001- \$250,000					
TR Thrift Saving Plan	10/2012	loan	X	X	\$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.**

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, 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 Complete Communities, City of Houston Mayor's Office
Board Member	Congressional Black Caucus Foundation
Board Member	Congressional Award Board
Board Member	Hunger Center

## 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.

## SCHEDULE G - GIFTS

**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 \$165 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.**

**Use additional sheets if more space is required.**

## **SCHEDULE H – TRAVEL PAYMENTS and REIMBURSEMENTS**

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**Identify the source and list travel itinerary, details, 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. § 3342); 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.

Example:	Source	Date(s)	City of Departure-Destination-City of Return	Lodging? (Y/N)			Food? (Y/N)			Family Member Included? (Y/N)		
				Arr.	Stayed?	Left?	Arr.	Stayed?	Left?	Arr.	Stayed?	Left?
Government of China (MECA)		Aug 6-11	DC-Bangkok, China-DC		Y		Y		Y	N		
Habitat for Humanity (Charity Fundraiser)		Mar. 3-4	DC-Bethesda-DC		Y		Y		Y			
				N/A	Not Applicable		N/A		N/A			

**Use additional sheets if more space is required.**

**SCHEDULE I – PAYMENTS MADE TO CHARITY IN  
LIEU OF HONORARIA**

Name: SHEILA JACKSON LEE

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**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.**