



Filing ID #10041151

FINANCIAL DISCLOSURE REPORT

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FILER INFORMATION

Name: Hon. Rashida Tlaib
Status: Member
State/District: MI13

FILING INFORMATION

Filing Type: Annual Report
Filing Year: 2020
Filing Date: 08/13/2021

SCHEDULE A: ASSETS AND "UNEARNED" INCOME

Asset	Owner	Value of Asset	Income Type(s)	Income	Tx. > \$1,000?
AXA Equivest Individual TSA 501(c)(3) [OT]		\$1,001 - \$15,000	Tax-Deferred		<input type="checkbox"/>
DESCRIPTION: Not income producing.					
DC1 College America 529 Savings Plan [5P]		\$1,001 - \$15,000	Tax-Deferred		<input type="checkbox"/>
LOCATION: MI					
DESCRIPTION: DC1 College America 529 Savings Plan, managed by Capital Group and invested in AMCAP Fund-529C and AF Moderate Growth and Income-529C. Not income producing.					
DC2 College America 529 Savings Plan [5P]		\$1,001 - \$15,000	Tax-Deferred		<input type="checkbox"/>
LOCATION: MI					
DESCRIPTION: DC2 College America 529 Savings Plan, managed by Capital Group and invested in AMCAP Fund-529C and Capital World Growth and Income-529C. Not income producing.					
Rental Property [RP]		\$100,001 - \$250,000	Rent	\$15,001 - \$50,000	<input type="checkbox"/>
LOCATION: Detroit, MI, US					
Roth IRA [IH]		\$1,001 - \$15,000	Tax-Deferred		<input type="checkbox"/>
DESCRIPTION: Roth IRA managed by Capital Group, invested in The Growth Fund of America-C. Not income producing.					
Schwab IRA [IH]		\$1 - \$1,000	Tax-Deferred		<input type="checkbox"/>

Asset	Owner	Value of Asset	Income Type(s)	Income	Tx. > \$1,000?

* For the complete list of asset type abbreviations, please visit <https://fd.house.gov/reference/asset-type-codes.aspx>.

SCHEDULE B: TRANSACTIONS

None disclosed.

SCHEDULE C: EARNED INCOME

None disclosed.

SCHEDULE D: LIABILITIES

Owner	Creditor	Date Incurred	Type	Amount of Liability
	U.S. Federal Government	January 2001	Law School Student Loans	\$50,001 - \$100,000
	Independent Bank	December 2019	Personal Residence Mortgage	\$250,001 - \$500,000
	Independent Bank	December 2019	Mortgage	\$100,001 - \$250,000

SCHEDULE E: POSITIONS

Position	Name of Organization
Board Member	Michigan Legal Services

SCHEDULE F: AGREEMENTS

None disclosed.

SCHEDULE G: GIFTS

None disclosed.

SCHEDULE H: TRAVEL PAYMENTS AND REIMBURSEMENTS

None disclosed.

SCHEDULE I: PAYMENTS MADE TO CHARITY IN LIEU OF HONORARIA

None disclosed.

EXCLUSIONS OF SPOUSE, DEPENDENT, OR TRUST INFORMATION

IPO: Did you purchase any shares that were allocated as a part of an Initial Public Offering?

Yes No

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 benefiting you, your spouse, or dependent child?

Yes No

Exemption: Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption?

Yes No

CERTIFICATION AND SIGNATURE

I CERTIFY that the statements I have made on the attached Financial Disclosure Report are true, complete, and correct to the best of my knowledge and belief.

Digitally Signed: Hon. Rashida Tlaib , 08/13/2021