

**UNITED STATES HOUSE OF REPRESENTATIVES  
CALENDAR YEAR 2012 FINANCIAL DISCLOSURE STATEMENT**

**FORM A**  
For use by Members, officers, and employees

Barbara Lee  
(Full Name)

(Daytime Telephone)

Filer Status:  Member of the U.S. House of Representatives  
State: CA District: 13

Officer Or Employee  
Employing Office:

Report Type:  Annual (May 15)  Amendment  Termination  
Termination Date:

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

**PRELIMINARY INFORMATION - ANSWER EACH OF THESE QUESTIONS**

I. Did you or your spouse have "unearned" 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 <input type="checkbox"/> No <input checked="" type="checkbox"/>	VI. Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than \$250 and not otherwise exempt)? If yes, complete and attach Schedule VI.	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
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.	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	VII. Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than \$350 from one source)? If yes, complete and attach Schedule VII.	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
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.	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	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.	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
IV. Did you, your spouse, or 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.	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	IX. Did you have any reportable agreement or arrangement with an outside entity? If yes, complete and attach Schedule IX.	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
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.	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.	

**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?	Yes <input type="checkbox"/> No <input checked="" 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 benefiting you, your spouse, or dependent child?	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
Exemptions-- 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? Do not answer "yes" unless you have first consulted with the Committee on Ethics.	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

**HAND DELIVERED**  
LEGISLATIVE RESOURCE CENTER  
2013 MAY 15 PM 12:38  
S.H. Office Use Only  
ML

**SCHEDULE III - ASSETS AND "UNEARNED" INCOME**

Name Barbara Lee

Page 2 of 9

BLOCK A <b>Asset and/or Income Source</b> 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 reportable asset or source of income which generated more than \$200 in "unearned" income during the year. Provide complete names of stocks and mutual funds (do not use ticker symbols.) For all IRAs and other retirement plans (such as 401(k) plans) provide the value for each asset held in the account that exceeds the reporting thresholds. For rental or other real property held for investment, provide a complete address or a description, e.g., "rental property," and a city and state. For an ownership interest in a privately-held 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); any deposits totaling \$5,000 or less in a personal checking or saving accounts; and any financial interest in, or income derived from, a federal retirement program, including the Thrift Savings Plan. If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC), or is jointly held with your spouse (JT), in the optional column on the far left. For a detailed discussion of Schedule III requirements, please refer to the instruction booklet.	BLOCK B <b>Year-End Value of Asset</b> Indicate value of asset at close of reporting year. If you use a valuation method other than fair market value, please specify the method used. If an asset was sold during the reporting year and is included only because it generated income, the value should be "None." * This column is for assets held solely by your spouse or dependent child.	BLOCK C <b>Type of Income</b> Check all columns that apply. For retirement accounts that do not allow you to choose specific investments or that generate tax-deferred income (such as 401(k) plans or IRAs), you may check the "None" column. Dividends, interest, and capital gains, even if reinvested, must be disclosed as income. Check "None" if the asset generated no income during the reporting period.	BLOCK D <b>Amount of Income</b> For assets for which you checked "Tax-Deferred" in Block C, you may check the "None" column. For all other assets, indicate the category of income by checking the appropriate box below. Dividends, interest, and capital gains, even if reinvested, must be disclosed as income. Check "None" if no income was earned or generated. * This column is for income generated by assets held solely by your spouse or dependent child.	BLOCK E <b>Transaction</b> Indicate if asset had purchases (P), sales (S), or exchanges (E) exceeding \$1,000 in reporting year.
ARC Healthcare Trust, Inc. Real Estate Investment Trust	\$15,001 - \$50,000	DIVIDENDS	\$1 - \$200	P
Bank of America Checking Account, Tampa, FL	\$1,001 - \$15,000	None	NONE	
Book contract with Rowman & Littlefield Publishers, Inc. (Approved by Committee)	Indefinite	Royalties on sales	NONE	
Charles Schwab Money Market Account	\$1,001 - \$15,000	INTEREST	\$1 - \$200	
Delaware SMID Cap Growth Class C Fund (held in Fidelity SEP IRA)	\$1 - \$1,000	CAPITAL GAINS/DIVIDEN DS	\$1 - \$200	
East West Bank Accounts, Oakland, CA	\$1,001 - \$15,000	INTEREST	\$1 - \$200	

**SCHEDULE III - ASSETS AND "UNEARNED" INCOME**

Name Barbara Lee

Page 3 of 9

Federated Capital Reserves Capital Reserves Money Market Fund	\$1,001 - \$15,000	INTEREST	\$1 - \$200	
Fidelity Freedom 2020 Fund (held in Fidelity SEP IRA)	\$1 - \$1,000	CAPITAL GAINS/DIVIDEN DS	\$1 - \$200	
Franklin California Tax-Free Income Fund	\$1,001 - \$15,000	DIVIDENDS/CAP ITAL GAINS	\$201 - \$1,000	PS(part)
Healthcare Trust Care of America, Inc. Real Estate Investment Trust	\$15,001 - \$50,000	DIVIDENDS	\$201 - \$1,000	P
Mass. Investors Growth Fund (held in Fidelity SEP IRA)	\$1 - \$1,000	CAPITAL GAINS/DIVIDEN DS	\$1 - \$200	
Met Life Growth Strategy Portfolio Fund (held in Met Life Annuity Fund)	\$15,001 - \$50,000	DIVIDENDS	\$1 - \$200	
Met Life Variable Annuity Fund	\$100,001 - \$250,000	DIVIDENDS/Distri butions	\$15,001 - \$50,000	
PIMCO Total Return Fund (Class B) (held in Met Life Annuity Fund)	\$50,001 - \$100,000	DIVIDENDS	\$1 - \$200	P
RCM Technology Portfolio Fund (held in Met Life Annuity Fund)	\$15,001 - \$50,000	DIVIDENDS	\$201 - \$1,000	P
Vanguard Dividend Growth Income Fund (held in Met Life Annuity Fund)	None	DIVIDENDS/CAP ITAL GAINS	\$15,001 - \$50,000	PS
Vanguard Inflation Protected Securities Fund (held in Met Life Annuity Fund)	\$1,001 - \$15,000	DIVIDENDS/CAP ITAL GAINS	\$201 - \$1,000	PS(part)

**SCHEDULE III - ASSETS AND "UNEARNED" INCOME**

		Name Barbara Lee		Page 4 of 9	
	Wells Fargo Bank Checking Account, Sun City, AZ	\$1 - \$1,000	None	NONE	

---

**SCHEDULE IV - TRANSACTIONS**

Name Barbara Lee

Page 5 of 9

Report any purchase, sale, or exchange transactions by you, your spouse, or dependent child during the reporting period of any security or real property held for investment that exceeded \$1,000. Include transactions that resulted in a capital loss. Provide a brief description of any exchange transaction. Exclude transactions between you, your spouse or dependent children, or the purchase or sale of your personal residence, unless it generates rental income. If only a portion of an asset is sold, please so indicate (i.e., "partial sale"). See example below.  
 Capital Gains — if a sales transaction resulted in a capital gain in excess of \$200, check the "capital gains" box and disclose this income on Schedule III.  
 \* This column is for assets solely held by your spouse or dependent child.

SP, DC, JT	Asset	Type of Transaction	Capital Gain in Excess of \$200?	Date	Amount of Transaction
	ARC Healthcare Trust Inc. Real Estate Investment Trust	P	N/A	2-6-12 Dividends reinvested monthly	\$15,001 - \$50,000

	Franklin California Tax Free Income Fund	S(part)	Yes	1-4-12, 5-11-12, 6-26-12, 7-24-12, 9-4-12, 10-1-12, 11-1-12, 12-3-12	\$15,001 - \$50,000
--	--	---------	-----	--	---------------------

	Franklin California Tax Free Income Fund	P	N/A	2-2-12 Dividends reinvested monthly	\$1,001 - \$15,000
	Healthcare Trust of America, Inc. Real Estate Investment Trust.	P	N/A	Dividends reinvested - Various dates 1-31-12 to 12-31-12	\$15,001 - \$50,000

	PIMCO Total Return Fund (Class B)	P	N/A	3-16-12 and 8-16-12	\$50,001 - \$100,000
	RCM Technology Portfolio Fund (held in Met Life Annuity Fund)	P	N/A	3-16-12, 8-16-12 and 10-31-12	\$15,001 - \$50,000

	Vanguard Dividend Growth Income Fund (held in Met Life Annuity Fund)	S	Yes	7-2-12 and 7-13-12	\$15,001 - \$50,000
--	--	---	-----	--------------------	---------------------

**SCHEDULE IV - TRANSACTIONS**

Name Barbara Lee

Page 6 of 9

Report any purchase, sale, or exchange transactions by you, your spouse, or dependent child during the reporting period of any security or real property held for investment that exceeded \$1,000. Include transactions that resulted in a capital loss. Provide a brief description of any exchange transaction. Exclude transactions between you, your spouse or dependent children, or the purchase or sale of your personal residence, unless it generates rental income. If only a portion of an asset is sold, please so indicate (i.e., "partial sale"). See example below.  
 Capital Gains — If a sales transaction resulted in a capital gain in excess of \$200, check the "capital gains" box and disclose this income on Schedule III.  
 \* This column is for assets solely held by your spouse or dependent child.

SP, DC, JT	Asset	Type of Transaction	Capital Gain in Excess of \$200?	Date	Amount of Transaction
	Vanguard Dividend Growth Income Fund (held in Met Life Annuity Fund)	P	N/A	1-4-12	\$15,001 - \$50,000
	Vanguard Inflation Protected Securities Fund (held in Met Life Annuity Fund)	S(part)	Yes	3-14-12, 6-1-12, 7-2-12, 8-1-12, 9-14-12, 10-1-12, 11-1-12, 12-3-12	\$1,001 - \$15,000
	Vanguard Inflation Protected Securities Fund (held in Met Life Annuity Fund)	P	N/A	1-4-12	\$15,001 - \$50,000
	Vanguard Inflation Protected Securities Fund (held in Met Life Annuity Fund)	P	N/A	1-4-12	\$15,001 - \$50,000

Dividends reinvested monthly

**SCHEDULE V - LIABILITIES**

Name Barbara Lee

Page 7 of 9

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. 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 it is rented out or you 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 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. \*This column is for liabilities held solely by your spouse or dependent child.

SP, DC, JT	Creditor	Date Liability Incurred	Type of Liability	Amount of Liability
	Credit Union Mortgage Association, Fairfax, VA	Jan. 2011	Mortgage on DC Condo residence	\$250,001 - \$500,000
	American Express	Dec. 2012	Credit card	\$10,001 - \$15,000
	Wright-Patman Congressional Federal Credit Union, DC	June 2012	Loan	\$15,001 - \$50,000
	Wells Fargo Bank	July 2012	Mortgage on Palm Desert CA Condo residence	\$100,001 - \$250,000

**SCHEDULE VII - TRAVEL PAYMENTS AND REIMBURSEMENTS**

Name Barbara Lee

Page 8 of 9

Identify the source and list travel itinerary, dates, and nature of expenses provided for travel and travel-related expenses totaling more than \$350 received by 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 the amount of time, if any, that was not at the sponsor's expense. Disclosure is required regardless of whether the expenses were reimbursed or paid directly 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 (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 you.

Source	Date(s)	Point of Departure-- Destination--Point of Return	Lodging? (Y/N)	Food? (Y/N)	Was a Family Member Included? (Y/N)	Days not at sponsor's expense
ProgressiveCongress.org (participation in panels and dialogue)	Jan. 18-20	DC-Baltimore-BWI	Y	Y	N	None
J Street Education Fund & Women Donor Network (participated in organized meetings)	Feb. 17-24	DC-Israel-San Francisco	Y	Y	N	None
CARE Cooperative for Assistance and Relief Everywhere (health program site visits)	Apr. 1-7	San Francisco-Entebbe Kampala, Uganda-San Francisco	Y	Y	Y	None



**SCHEDULE VIII - POSITIONS**

Name Barbara Lee

Page 9 of 9

Report all positions, compensated or uncompensated, held during the current calendar year as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm, partnership, or any business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States. Exclude: Positions held in any religious, social, fraternal, or political entities; positions solely of an honorary nature; and positions listed on Schedule I.

Position	Name of Organization
Member, Congressional Advisory Council	The Faith and Politics Institute (Nonprofit Public Benefit Corporation)
Board Member	WILLWAND (Nonprofit Public Benefit Corporation)
Board Member	Project Vote Smart (Nonprofit Public Benefit Corporation)
Trustee	Ghana Children's Fund (Nonprofit Public Benefit Corporation, a Project of the East Bay Community Foundation)
Board Member	ProgressiveCaucus.org (formerly American Progressive Caucus Foundation) (Nonprofit Public Benefit Corporation)
Member, Honorary Board of Advisors	National Student Leadership Foundation (Nonprofit Public Benefit Corporation)