

**UNITED STATES HOUSE OF REPRESENTATIVES
2020 FINANCIAL DISCLOSURE STATEMENT**

Form A
For Use by Members, Officers, and Employees

**HAND
DELIVERED**

LEGISLATIVE RESOURCE CENTER
(Office Use Only)

2021 AUG 13 AM 9:22

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

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>Texas</u>	<input type="checkbox"/> Officer or Employee	Employing Office:	Staff Filer Type: (If Applicable) <input type="checkbox"/> Shared <input type="checkbox"/> Principal Assistant
		District: <u>11th</u>			
REPORT TYPE	<input checked="" type="checkbox"/> 2020 Annual (Due: May 17, 2021)	<input type="checkbox"/> Amendment	<input type="checkbox"/> Termination	Date of Termination: _____	

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? or b. Receive more than \$200 in unearned income from any reportable asset during the reporting period?	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?	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?	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?	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?	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?	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?	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?	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?	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"

Name: **Sheila Jackson Lee**

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BLOCK A Assets and/or Income Sources		BLOCK B Value of Asset													BLOCK C Type of Income							BLOCK D Amount of Income												BLOCK E Transaction		
SP, UC, JT	ASSET NAME	A	B	C	D	E	F	G	H	I	J	K	L	M	NONE	UNUSUAL	RENT	INTEREST	CAPITAL GAINS	EXCEPTED-BUSINESS	TAX-DEFERRED	Other Type of Income (Specify: e.g., Partnership Income or Trust Income)	I	II	III	IV	V	VI	VII	VIII	IX	X	XI	XII	P, S, S(part), or E	
	None																																			
	\$- \$1,000																																			
	\$1,001 - \$5,000																																			
	\$5,001 - \$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																																			
	Spouse/UC Asset over \$1,000,000*																																			
SP	1514 Wilber																																			
UC	Houston TX																																			
JT	4928 Aldersgate																																			
	Houston, TX																																			
SP	Fidelity Retirement																																			
SP	403k Capital																																			
SP	Retirement Payable																																			
SP	403k Tax Deferral																																			
SP	Dividend																																			
SP	200 L38 03 LIS																																			
SP	L38 04 201																																			
SP	Stock First Rest																																			
	Part of L38 03 LIS																																			
	Charles Bank																																			

Use additional sheets if more space is required.

SCHEDULE D - LIABILITIES

Name: Shela Jackson LBE Page 5 of 8

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 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	J	K		
	Example First Bank of Wilmington, DE	3/20	Mortgage on Rental Property, Dover, DE				X									
JT	Ronald Point	4/2014	Mortgage Refinance					X								
JT	Resman One Credit	11/2014	Mortgage Refinance				X									
SP	Bank America	9/2014	Auto Loan		X											
JT	Wright P. Johnson	12/2010	Credit Card													
JT	Wright P. Johnson	2014	Cash Loans				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 Secretary	Proj. 4th Row House (non-profit)
SP Vice President Neighborhood Initiatives	Leadership Academy
SP Board Member	Stoke Community Center (non-profit)
SP Board Member	Comp. Skills Center Foundation (non-profit)
SP Board Member	Board Member
SP Board Member	Manager Center
SP Board Member	Local Churches

SCHEDULE D - LIABILITIES

Name: **Stephan Jackson LLC** Page **6** of **8**

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 use a Member's home secured by a mortgage, household furniture, or appliances); liabilities of a business in which you are an investor (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, OR, JR	Creditor	Date Liability Incurred MO/YR	Type of Liability	Amount of Liability												
				A	B	C	D	E	F	G	H	I	J	K		
Example	First Bank of Washington, DC	9/01	Mortgage on Rental Property, DC						X							
JT	Thrift Savings Plan	10/2002	Loan		X											
JT	Wells Fargo	6/2007	Loan			X										
JT	Wanger Partners	6/2007	Line of Credit/Loan				X									
SP	Navient	8/1998	Student Loan		X											
SP	American Express		Revolving 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, fraternal, or political entities (such as national parties and sessions, conferences, and meetings); and positions solely honorary in nature.

Position	Name of Organization
Sp. Member Adv. Board	Third World Complete Communities (City of Phoenix, Indiana)
Sp. Board Member	Black Leadership Network (non-profit)
Sp. Board Member	West Michigan Young Home Owners Assoc.

Use additional sheets if more space is required.

SCHEDULE F - AGREEMENTS

Name: Shirley Jackson LLC Page 7 of 8

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.

Date	Parties to Agreement	Terms of Agreement
1/95	SSL - Freeman Commission bar The City of Houston	Pay out of City Pension - not yet received

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 \$168 or less need not be added towards the \$415 disclosure threshold. Note: The gift rule (House Rule 25, clause 6) 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: Mr. Joseph Smith, Arlington, VA	Silver Platter (prior determination of personal friendship received from the Committee on Ethics)	\$500

Use additional sheets if more space is required.

