



# FINANCIAL DISCLOSURE REPORT

Clerk of the House of Representatives • Legislative Resource Center • 135 Cannon Building • Washington, DC 20515

## FILER INFORMATION

**Name:** Dr. Sherry Anne O'Donnell  
**Status:** Congressional Candidate  
**State/District:** MI06

## FILING INFORMATION

**Filing Type:** Candidate Report  
**Filing Year:** 2021  
**Filing Date:** 10/29/2021

## SCHEDULE A: ASSETS AND "UNEARNED" INCOME

Asset	Owner	Value of Asset	Income Type(s)	Income Current Year to Filing	Income Preceding Year
Rappha Medical Center, 100% Interest [OL]		\$500,001 - \$1,000,000	sole Proprietorship	\$15,001 - \$50,000	\$15,001 - \$50,000
LOCATION: St. Joseph, MI, US					
DESCRIPTION: Rappha Medical Center is a single member LLC taxed as an S Corporation. I earned some income in my capacity as an employee physician and other income from my investment in the business.					

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

## SCHEDULE C: EARNED INCOME

Source	Type	Amount Current Year to Filing	Amount Preceding Year
Rappha Medical Center	Salary	\$38,769.15	\$54,253.53

## SCHEDULE D: LIABILITIES

Owner	Creditor	Date Incurred	Type	Amount of Liability
	Nelnet	1998	Student Loans	\$15,001 - \$50,000

## SCHEDULE E: POSITIONS

Position	Name of Organization
Medical Director	HERBIE Clinic

## SCHEDULE F: AGREEMENTS

None disclosed.

## SCHEDULE J: COMPENSATION IN EXCESS OF \$5,000 PAID BY ONE SOURCE

None disclosed.

## EXCLUSIONS OF SPOUSE, DEPENDENT, OR TRUST INFORMATION

**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:** Dr. Sherry Anne O'Donnell , 10/29/2021