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UNITED STATES HOUSE OF REPRESENTATIVES		FORM A		Page 1 of 7
FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 2006		For use by Members, officers, and employees		
Barbara Lee				
(Full Name)				
2444 RHOB U.S. House Office Building		Washington, DC 20215		(202) 225-2661
(Mailing Address)		Daytime Telephone:		
Filer Status	<input checked="" type="checkbox"/> Member of the U.S. House of Representatives	State: CA	<input type="checkbox"/> Officer Or Employee	Employing Office:
		District: 9		
Report Type	<input checked="" type="checkbox"/> Annual (May 15)	<input type="checkbox"/> Amendment	<input type="checkbox"/> 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 "earned" income (e.g., salaries or fees) of \$200 or more from any source in the reporting period? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> If yes, complete and attach Schedule I.	VI. Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than \$305 and not otherwise exempt)? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> If yes, complete and attach Schedule VI.
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? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> If yes, complete and attach Schedule II.	VII. Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than \$305 from one source)? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> If yes, complete and attach Schedule VII.
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? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> If yes, complete and attach Schedule III.	VIII. Did you hold any reportable positions on or before the date of filing in the current calendar year? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> If yes, complete and attach Schedule VIII.
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? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> If yes, complete and attach Schedule IV.	IX. Did you have any reportable agreement or arrangement with an outside entity? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> If yes, complete and attach Schedule IX.
V. Did you, your spouse, or a dependent child have any reportable liability (more than \$10,000) during the reporting period? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> If yes, complete and attach Schedule V.	Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.

EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION - ANSWER EACH OF THESE QUESTIONS

Trusts- Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct 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?	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

CERTIFICATION -- THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended. The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct or its designee. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil penalties and criminal sanctions (See 5 U.S.C. app. 4, § 104 and U.S.C. § 1001).		
Certification	Signature of Reporting Individual	Date (Month, Day, Year)
I CERTIFY that the statements I have made on this form and all attached schedules are true, complete and correct to the best of my knowledge and belief.	Barbara Lee	May 15, 2007

SCHEDULE III - ASSETS AND "UNEARNED" INCOME

Name Barbara Lee

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<p align="center">BLOCK A</p> <p align="center">Asset and/or Income Source</p> <p>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 asset or source of income which generated more than \$200 in "unearned" income during the year. For rental property or land, provide an address. Provide full names of any mutual funds. For a self directed IRA (i.e., one where you have the power to select the specific investments) provide information on each asset in the account that exceeds the reporting threshold and the income earned for the account. For an IRA or retirement plan that is not self-directed, name the institution holding the account and provide its value at the end of the reporting period. For an active business that is not publicly traded, in Block A state the nature of the business and its geographic location. For additional information, see instruction booklet for the reporting year.</p> <p>Exclude: Your personal residence(s) (unless there is rental income); any debt owed to you by your spouse, or by your or your spouse's child, parent, or sibling; any deposits totaling \$5,000 or less in personal savings accounts; any financial interest in or income derived from U.S. Government retirement programs.</p> <p>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 (JT), in the optional column on the far left.</p>	<p align="center">BLOCK B</p> <p align="center">Year-End Value of Asset</p> <p>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 and is included only because it is generated income, the value should be "None."</p>	<p align="center">BLOCK C</p> <p align="center">Type of Income</p> <p>Check all columns that apply. Check "None" if asset did not generate any income during the calendar year. If other than one of the listed categories, specify the type of income by writing a brief description in this block. (For example: Partnership income or Farm Income)</p>	<p align="center">BLOCK D</p> <p align="center">Amount of Income</p> <p>For retirement plans or accounts that do not allow you to choose specific investments, you may write "NA" for income. For all other assets, indicate the category of income by checking the appropriate box below. Dividends, even if reinvested, should be listed as income. Check "None" if no income was earned.</p>	<p align="center">BLOCK E</p> <p align="center">Transaction</p> <p>Indicate if asset had purchases (P), sales (S), or exchanges (E) exceeding \$1,000 in reporting year.</p>
Merrill Lynch Cash Mangement Account	\$1 - \$1,000	INTEREST	\$201 - \$1,000	
Charles Schwab Money Market Account	\$1 - \$1,000	INTEREST/REDEMPTION PROCEEDS	\$2,501 - \$5,000	Partial Redemption
State of California Savings Plus Deferred Compensation Program held in the following funds:				
Philadelphia International Fund	None	None	NONE	E
T. Rowe Price Mid Cap Growth Fund	None	None	NONE	E

SCHEDULE III - ASSETS AND "UNEARNED" INCOME

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Savings Plus Socially Responsible Fund	\$15,001 - \$50,000	None	NONE	
Vanguard Total Bond Market Index Fund	\$15,001 - \$50,000	None	NONE	
1250 4th Street SW, Apt. W 400, Washington, DC Rental income for parking space (personal residence)	\$100,001 - \$250,000	RENT	\$1 - \$200	
Xerox Corporation Stock	\$15,001 - \$50,000	None	NONE	
Allianz Small Cap Value Fund (formerly named Pimco Small Cap Value Fund)	\$1,001 - \$15,000	DIVIDENDS	\$1 - \$200	
Delaware Trend Fund	\$1,001 - \$15,000	None	NONE	
Mass. Investors Growth Fund	\$1,001 - \$15,000	None	NONE	
Van Kamp Growth Fund	\$1,001 - \$15,000	DIVIDENDS	\$1 - \$200	
California State Municipal Bonds (held in Merrill Lynch Cash Management Account)	\$1,001 - \$15,000	INTEREST/Other: Gain from Sale	\$201 - \$1,000	S Partial
Merrill Lynch Money Market Account	None	INTEREST	\$1,001 - \$2,500	
SPP Int'l Mg Fund (exchanged from shares in Philadelphia Internat'l Fund)	\$15,001 - \$50,000	None	NONE	E
SPP Mid Cap Mg Fund-Growth (exchanged from shares in T. Rowe Price Mid Cap Growth Fund)	\$1,001 - \$15,000	None	NONE	E

SCHEDULE IV - TRANSACTIONS

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Report any purchase, sale or exchange by you, your spouse, or dependent child during the reporting year of any real property, stocks, bonds, commodities futures, or other securities when the amount of the transaction or series of transactions exceeded \$1,000. Include transactions that resulted in a loss. Do not report a transaction between you, your spouse, or your dependent child, or the purchase or sale of your personal residence, unless it is rented out. Provide a brief

SP, DC, JT	Asset	Type of Transaction	Date	Amount of Transaction
	Philadelphia Int'l. Fund (fund shares exchanged for shares in SPP Internat'l. Mg Fund)	E	10-11-06	\$15,001 - \$50,000
	SPP Internat'l Mg Fund	E	10-11-06	\$15,001 - \$50,000
	T. Rowe Price Mid Cap Growth Fund (fund shares exchanged for shares in SPP Mid Cap Mg Fund-Growth)	E	10-11-06	\$1,001 - \$15,000
	SPP Mid Cap Mg Fund-Growth	E	10-11-06	\$1,001 - \$15,000
	California State Municipal Bonds (held in Merrill Lynch Cash Management Account)	S	12-28-06	\$1,001 - \$15,000
	Charles Schwab Money Market Fund Account (partial redemption of shares)	S	12-04-06	\$1,001 - \$15,000

SCHEDULE V - LIABILITIES

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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. Exclude: Any mortgage on your personal residence (unless all or part of it is rented out); loans secured by automobiles, household furniture, or appliances; 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.

SP, DC, JT	Creditor	Type of Liability	Amount of Liability
	American Express	Revolving Charge Account	\$15,001 - \$50,000

SCHEDULE VII - TRAVEL PAYMENTS AND REIMBURSEMENTS

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Identify the source and list travel itinerary, dates, and nature of expenses provided for travel and travel-related expenses totaling more than \$305 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
John F. Kennedy Library - Participate in MLK memorial day panel	Jan. 16-17	DC-Boston-DC	Y	N	N	None
Bay Area World Trade Center - Fact Finding/Development of Trade	Apr. 11-15	San Francisco-Vietnam-San Francisco	Y	N	N	None
Congressional Black Caucus Foundation Board Members Retreat	May 4-7	DC-Miami, FL-Los Angeles, CA	Y	Y	N	None
Baptist Peace Fellowship of North America - Deliver speech and receive award	Jul. 10	Phoenix, AZ-Atlanta, GA-DC	N	N	N	None
Vogue Magazine Photo Shoot for upcoming issue	Jul. 23-24	DC-New York City-DC	Y	Y	N	None
Progressive National Baptist Convention - received award	Aug. 11-12	San Francisco-Cincinnati-DC	Y	Y	N	None

SCHEDULE VIII - POSITIONS

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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
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)
Honorary Chairman	The Global AIDS Alliance (Nonprofit, Public Benefit Corporation)