hild because Yes No X	sactions, or liabilities of a spouse or dependent child because with the Committee on Ethics.	<b>EXEMPTION</b> —Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spot they meet all three tests for exemption? Do not answer "yes" unless you have first consulted with the Committee on Ethics.	EXEMPTION—I they meet all thu
losed. Have you Yes No X	d certain other "excepted trusts" need not be discl	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?	TRUSTS—Deta excluded from the
Yes No X		IPO—Did you purchase any shares that were allocated as a part of an Initial Public Offering?	<b>iPO</b> —Did you pı
EACH OF THESE QUESTIONS	- ANSWER	OF SPOUSE, DEPENDENT, OR TRUST INFORMATION	<b>EXCLUSION OF</b>
tion in this part must be answered and the schedule attached for each "Yes" response.	Each question in this part mappropriate schedule attache	V. Did you, your spouse, or a dependent child have any reportable liability (more than \$10,000) during the reporting period?  Yes X  No	V. Did you, your liability (more that if yes, complete
rrangement with  Yes No X	<ul><li>IX. Did you have any reportable agreement or arrangement with an outside entity?</li><li>If yes, complete and attach Schedule IX.</li></ul>	IV. Did you, your spouse, or a dependent child purchase, sell, or exchange any reportable asset in a transaction exceeding Yes No X \$1,000 during the reporting period?  If yes, complete and attach Schedule IV.	IV. Did you, your or exchange any \$1,000 during the lift yes, complete
r before the date  Yes X  No		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.	III. Did you, your income of more reportable asset if yes, complete
receive any the reporting Yes No X	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.	II. Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the Yes No X lift yes, complete and attach Schedule II.	II. Did any individ lieu of paying you reporting period? If yes, complete
receive any egating more Yes No X	VI. Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than \$350 and not otherwise exempt)?  If yes, complete and attach Schedule VI.	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 X  No	I. Did you or you fees) of \$200 or If yes, complet
	E QUESTIONS	PRELIMINARY INFORMATION — ANSWER EACH OF THESE QUESTIONS	PRELIMINĂ
against anyone who files more than 30 days late.	Termination Date:	Amendment	
A \$200 penalty shall be assessed	Employing Office:	X Member of the U.S. State: New Mexico   Officer or House of Representatives District: 0.1 Employee	Filer Status
HAND MUCH Coffice Use Only)	Daytime Telephone:	Michelle Lujan Grisham <b>Daytime</b>	Name: Mi
2013 NATIVE RESOLU <b>?09001 of 15</b>	Form A For use by Members, officers, and employees	UNITED STATES HOUSE OF REPRESENTATIVES CALENDAR YEAR 2012 FINANCIAL DISCLOSURE STATEMENT	UNITED ST

Name Michelle Lujan Grisham

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# SCHEDULE I— EARNED INCOME

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) totalling \$200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria; list only the source for other spouse earned income exceeding \$1,000. See examples below.

Exclude: Military pay (such as National Guard or Reserve pay), federal retirement programs, and benefits received under the Social Security Act.

Source Type Am	Туре	Amount
		\$6,000
State of Maryland	!!	\$9,000
Civil War Roundtable (Oct. 2nd)  Ontario County Board of Education	Spouse Speech Spouse Salary	\$1,000 NA
Delta Consulting Group, Inc.	Salary	\$89,995
Bernalillo County	Stipend	\$18,664
		i .

						_									
	Pu As	()	Be De	H.)	De Sa	JT	DC, Exa	SP,	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.	For rental or other real property held for investment, provide a complete address or a description, e.g., "rental	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.	Provide complete names of stocks and mutual funds (do not use ticker symbols.)	identify (a) each asser held for investment of 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 sources of income which generated more than \$200 in "unearned" income during the year.		
	Public Assoc.	(Not	Bernalillo Deferred Co	(Healthcare	Delta Santa		Examples:		w" and pwhen with a most put per part per	tal or	provice that	com	me will ble as	Asset and/or Income Source	
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									None >		ods	If and and inco	year. year. fair m used.	ļ L	
							Inde		\$1 - \$1,000	-	* This column is for assets held solely by your spouse or dependent child.	If an asset was sold during the reporting year and is included only because it generated income, the value should be "None."	year. If you use a valuation method other than fair market value, please specify the method used.		
							Indefinite	$\dashv$	\$1,001 - \$15,000	1	olum or de	inclusion the	ket 0	<u>.</u>	
			×		×			×	\$15,001 - \$50,000	-	per n is	was Valu	valu	<u> </u>	
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<b></b>					×	L	<u>.                                    </u>	×	DIVIDENDS	reporting period	vested, must Income. Check generated no	s), erre anc	Teme	-	
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	<u> </u>					L			CAPITAL GAINS	┨	inco	gair Dic	ount ount ose anera		BLOCK
						┝			EXCEPTED/BLIND TRUST TAX-DEFERRED	┨		Tide K	spe spe	come	
	+					┢	æ			┨	vested, must be disclosed as income. Check "None" if the asset generated no income during the	IRAs), you may check the "Tax- Deferred" column. Dividends, inter- est, and capital gains, even if rein-	crieck all countils that apply, rour retirement accounts that do not allow you to choose specific investments or that generate tax-deterred income (such as 401(k) plans or	a a	
						ŀ	Royalties		Other Type of Income		ng t	9 H H	inversions	<u></u>	
$\vdash \vdash$							es		(Specify: e.g., Partnership Income or Farm Income)	lacksquare	ਜ਼ੁਦ ਜ਼ੁਦ ਜ਼ੁਦ			<u>'</u>	
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									Over \$5,000,000 ≥		ted	and capital gains, even if reinvested, must be disclosed as income. Check "None" if no income was parned or nenerated	To assets of which you checked lake Deferred" in Block C, you may check in the "None" column. For all other assets, indicate the category of income by checking the appropriate box below. <b>Dividends</b> , interest.	į	
									Spouse/DC Income over \$1,000,000*   ≚	1	ð Â		<b>.</b>		
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								(partial)	ri only a prition of an asset is sold, please indicate as follows: (S) (partial) See below for example.  P, S, E		!	\$1,000 in reporting	asset had purchases (P), sales (S), or exchanges (E) exceeding	Indicate if the	BLOCK E

SCHEDULE III—ASSETS AND "UNEARNED" INCOME

Name

Michelle

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Continuation Sheet (if needed)

Ŋ, SP. ≒ Kruger Commercial Condo 227 E. Palace Ave, Ster Santa Fe, NM 87501 Asset and/or Income Source BLOCK A Ster Þ None œ \$1 - \$1,000 C \$1,001 - \$15,000 O \$15,001 - \$50,000 Value of Asset m \$50,001 - \$100,000 Year-End BLOCK B ম \$100,001 - \$250,000 G \$250,001 - \$500,000 I \$500,001 - \$1,000,000 \$1,000,001 - \$5,000,000 د \$5,000,001 - \$25,000,000 ᄌ \$25,000,001 - \$50,000,000 \_ Over \$50,000,000 ⋜ Spouse/DC Asset over \$1,000,000\* NONE **DIVIDENDS** RENT of Income BLOCK C Type INTEREST **CAPITAL GAINS EXCEPTED/BLIND TRUST** TAX-DEFERRED Other Type of Income (Specify: e.g., Partnership income or Farm income) None \$1 - \$200 = Amount of Income ≢ \$201 - \$1,000 7 \$1,001 - \$2,500 \$2,501 - \$5,000 < BLOCK D ≤ \$5,001 - \$15,000 ≦ ≦ \$15,001 - \$50,000 \$50,001 - \$100,000  $\overline{\mathsf{x}}$ \$100,001 - \$1,000,000 × \$1,000,001 - \$5,000,000 × Over \$5,000,000 Spouse/DC Income over \$1,000,000\* Transaction BLOCK E சு, லிய

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### SCHEDULE V— LIABILITIES

Name Michelle Lujan Grisham

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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. 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

						,	unoun	Amount of Liability	ability			•
SP, DC, JT	Creditor	Liability Incurred Mo/Year	Type of Liability	\$10,001- \$15,000 >	\$50,000 <b>©</b> \$50,001- \$100,000 <b>O</b>	\$100,001- \$250,000	\$250,001- \$500,000 m	\$500,001- \$1,000,000	\$1,000,001- \$5,000,000 Ω	\$5,000,001- \$25,000,000 <b>±</b> \$25,000,001-	\$50,000,001	Over
	Example: First Bank of Wilmington, DE	May 1998	Mortgage on 123 Main St., Dover, DE			×						
	U.S. New Mexico Federal Credit Union	7/2001	Solar Loan		×							
												1
	Nationwide Retirement Solutions	4/2012	Personal Loan		×							
	Sandia Laboratory Federal Credi	3/2011	Mortgage - Personal Residen	Ce			×					1
												•

#### **SCHEDULE VI— GIFTS**

Report the source, a brief description, and the value of all gifts totalling more than \$350 received by you, your spouse, or a dependent child from any source during the year.

Exclude: Gifts from relatives, gifts of personal hospitality of an individual, 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 \$140 or less need not be added towards the \$350 disclosure threshold.

Note: The gift rule (House Rule 25, clause 5) prohibits acceptance of gifts except as specifically provided in the rule

Source	Description
Example: Mr. Joseph H. Smith, Anytown, Anystate	Silver Platter (determination on personal friendship received from Committee on Ethics)

## SCHEDULE VIII—POSITIONS

Name Michelle Lujan Grisham

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organization, or any educational or other institution other than the United States. proprietor, representative, employee, or consultant of any corporation, firm, partnership, or other business enterprise, any nonprofit organization, any labor Report all positions, compensated or uncompensated, held during the current calendar year as an officer, director, trustee of an organization, partner,

tions); and positions solely of an honorary nature Exclude: Positions listed on Schedule I; positions held in any religious, social, fraternal, or political entities (such as political parties and campaign organiza-

Position	Name of Organization
Bar Commissioner	New Mexico State Bar (Resigned March 2012)
Officer/Director	Delta Consulting Group, Inc. (No longer hold position effective 12/31/12)

## **SCHEDULE IX—AGREEMENTS**

employee welfare or benefit plan maintained by a former employer. Identify the date, parties to, and general terms of any agreement or arrangement 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

 Date	Parties To	Terms of Agreement