UNITED STATES HOUSE OF REPRESENTATIVES State: 73 District: ____ Daytime Telephone: (201) 225-6190 Amendment For Use by Members, Officers, and Employees Form A Employee Officer or Employing Office: Termination Date of Termination: 2015 MAY 15 AM 9: 57 MC LEGISLATIVE RESOURCE CENTER HAND DELIVERED 1 of 4 (Office Use Only)

Name: Bun Ray Luján

FILER STATUS

X

U.S. House of Representatives Member of or Candidate for

REPORT TYPE

2014 Annual (Due: May 15, 2015)

2014 FINANCIAL DISCLOSURE STATEMENT

PRELIMINARY INFORMATION - ANSWER EACH OF THESE QUESTIONS

Yes No X	liabilities of a spouse or your dependent child because they meet all thics.	earned" income, transactions, or sulted with the Committee on Et	EXEMPTION – Have you excluded from this report any other assets, "uneamed" 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 No X	her "excepted trusts" need not be disclosed. Have you excluded from	nmittee on Ethics and certain ot ependent child?	TRUSTS - Details regarding "Qualified Blind Trusts" approved by the Committee on Ethics and certain other "excepted trusts" need this report details of such a trust that benefits you, your spouse, or your dependent child?
Yes U No 🂢	porting period? If you answered "yes" to this question, please contact	tial Public Offering during the re	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.
ESTIONS	ORMATION - ANSWER <u>EACH</u> OF THESE QU	NT, OR TRUST INFO	IPO AND EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION - ANSWER EACH OF THESE QUESTIONS
YOU ANSWER "YES"	ATTACH THE CORRESPONDING SCHEDULE IF YOU ANSWER "YES"	Yes No	E. Did you hold any reportable positions during the reporting period or in the current calendar year up through the date of filing?
Yes No Y	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 No X	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 No	H. Did you, your spouse, or your dependent child receive any reportable travel or reimbursements for travel totaling more than \$375 in value from a single source during the reporting period?	Yes No X	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 No	G. Did you, your spouse, or your dependent child receive any reportable gift(s) totaling more than \$375 in value from a single source during the reporting period?	Yes No X	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 No	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 No	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. Make more than \$200 in unearned income from any reportable asset during the reporting period?

SCHEDUL

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B ADO IS	ILE A – ASSETS & "UNEARNED INCOME"
BI OCK C	Name: Ben Ray Lujan
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٤	Ε.	یِّر	ŕ	7			\dashv	For a detailed discussion of Schedule requirements, please refer to the instruction booklet.	If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC), or jointly held with anyone (JT), in the optional column on the far left.	If you have a privately-traded fund that is an Excepted investment Fund, please check the "EIF" box.	Exclude: Your personal residence, including second thomes and vacation homes (unless there was rental thomes during the reporting period); and any financial interest in, or income derived from, a federal retirement program, including the Thrift Savings Plan.	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.	For rental and other real property held for investment, provide a complete address or description, e.g., rental property," and a city and state.	For bank and other cash accounts, total the amount in all interest-bearing accounts. If the total is over \$5,000, list every financial institution where there is more than \$1,000 in interest-bearing accounts.	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 only ticker symbols).	ncome that generated more than \$200 in "unearned" ncome during the year.	production of income and with a fair market value exceeding \$1,000 at the end of the reporting period, and (b) any other reportable asset or source of	Asset and/or income source	>
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1	1						3	P, S, S(part), or E						Leave this column blank if there are no transactions that exceeded \$1,000.	an asset was sold, please indicate as follows: (S (part)).	period. If only a portion of	exchanges (E) exceeding \$1,000 in the recording	asset had purchases (P), sales (S), or	Indicate if the	1
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SCHEDULE D - LIABILITIES

Name: Ben Ray Luján Page 3 of 4

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 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		
		Example			
		First Bank of Wilmington, DE	Creditor		
		5/98	Date Liability Incurred MO/YR		
		Mortgage on Rental Property, Dover, DE	Type of Liability		
			\$10,001- \$15,000	>	
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			Over \$50,000,000	۷	
			Over \$1,000,000* (Spouse/DC Liability)	*	

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.

1		CHCI Advisory Council Member	Position
		Congressional Hispanic Caucus Institute (CHCI)	Name of Organization

SCHEDULE F - AGREEMENTS

Name:
Ben
Ray
Leiján
Page 4 of 4

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.

-	 		
		12/31/07	Date
		12/31/07 Ben key Lujain and NM Public Employees	Parties to Agreement
		NA Public Employees Pension Phin - benefit plan maintained by State of Nan	Terms of Agreement

SCHEDULE G – GIFTS

Report the source (by name), a brief description, and the value of all gifts totaling more than \$375 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, 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 \$150 or less need not be added towards the \$375 disclosure threshold. Note: The gift rule (House Rule 25, clause 5) prohibits acceptance of gifts except as specifically provided in the rule.

Source	Description	Value
Example: Mr. Joseph Smith, Arlington, VA	Silver Platter (determination of personal friendship received from the Ethics Committee)	\$400