irration:	Termination Date of Termination:	Amendment		2014 Annual (Due: May 15, 2015)	REPORT TYPE
	Officer or Employing Office:	32.	State: District:	Member of or Candidate for U.S. House of Representatives	FILER STATUS
2015 KAY 14 AM 10: 37	Daytime Telephone: 202-205 - 5256	Daytime Teleph		Grace F. Napolitano	Name:
LEGIST WITHER DESOURCE CENTER	Form A For Use by Members, Officers, and Employees		NTATIVI	UNITED STATES HOUSE OF REPRESENTATIVES 2014 FINANCIAL DISCLOSURE STATEMENT	UNITED S
コロラファイ					

PRELIMINARY INFORMATION - ANSWER EACH OF THESE QUESTIONS

DING SCHEDULE IF YOU ANSWER "YES"	ATTACH THE CORRESPONDING SCHEDULE IF	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	 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	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 X	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	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 X	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	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 uneamed income from any reportable asset during the reporting period?

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 No X
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 your dependent child?	Yes No X
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 No X

SCHEDULE A - ASSETS & "UNEARNED INCOM

& "UNEARNED INCOME"	
 Name: Grace F. Napolitano	
Page 2 of 5	

CA Public Employee	Fand hetweest	4 Fidential Graft Varion	The Control	THE PROPERTY	The Girls - Narworlk, CA	ABC Hedge Fund X	Examples:	SEP Mega Corp. Stock EBF	y-held business o name of the wites, and its lines, and its natural second here was rental ord, a federal ord,		Provide complete names of stocks and mutual funds yet (do not use pmy ticker symbols). (do not use pmy ticker symbols). 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.	Identify (a) each asset held for investment or in production of income and with a fair market value we exceeding \$1.00 at the end of the reporting period, us and (b) any other reportable asset or source of it income that generated more than \$200 in "unearned" by income during the year.	Asset and/or income Source
X	X	X	X	X	X	×	hdefinite	× .	1.1-\$1,000 1.1.001-\$15,000 1.10,01-\$15,000 1.10,001-\$100,000 1.100,001-\$250,000 1.250,001-\$500,000 1.000,001-\$5,000,000 1.000,001-\$5,000,000 1.000,001-\$25,000,000 1.000,001-\$25,000,000 1.000,001-\$25,000,000 1.000,001-\$25,000,000 1.000,001-\$25,000,000 1.000,001-\$25,000,000 1.000,001-\$25,000,000 1.000,001-\$25,000,000 1.000,001-\$25,000,000 1.000,001-\$25,000,000	>	you have no interest.	Indicate value of asset at close of the reporting period. If you use a value on method other than fair market value, please specify the method used. If an asset was edd during the reporting period and is included only because it generated income, the value should be "None." *Column M is for assets held by your spouse or dependent child in which	BLOCK B Value of Asset
X	X	X	X	X	Karas K	Partnership Income	Royalise	×	INDENDS PENT NTEREST PAPTIAL GAINS EXCEPTED/BLIND TRUST AX-DEFERRED Other Type of Income Specify: e.g., Partnership Income or Farm Income)		period.	Check all columns that apply. For accounts that generate tax-deferred income (such as 401(k), IRA, or 509 accounts), you may check the "Tax-Deferred column. Dividends, Interest, and capital gains, even if reinvested, must be disclosed as income for assets held in taxable accounts. Check "None" if the asset generated no income during the reporting	Type of Income
	X	X	X	X	X		!	×	1-\$200 201-\$1,000 1,001-\$2,500 2,501-\$5,000 15,001-\$15,000 15,001-\$15,000 15,001-\$10,000 100,001-\$1,000,000 1,000,001-\$1,000,000 her \$5,000,000 pouse/DC Asset with Income over \$1,000,000*		=: *	For assets for which you checked "Tax-Deferred" in Block C, you may check the "None" column. For all other assets indicate the category of increase by checking the appropriate box below. Indicated, interest, and capital galles, even if reinvested, must be disclosed as income for assets held in taxable accounts. Check "None" if no income was earned or entertain.	BLOCK D Amount of Income
								S(part)	P, S, S(part), or E	Leave this column blank if there are no transactions that exceeded \$1,000.		= 0 0 0 0 0 0	BLOCK E Transaction

SCHEDULE C - EARNED INCOME

Name: Grace F. Napolitano Page 3 of 5

ist the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. government) totaling \$200 or more during the reporting period. For a spouse, list end 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.	
---	--

EXCLUDE: Military pay (such as National Guard or Reserve pay), federal retirement programs, and benefits received under the Social Security Act. INCOME LIMITS and PROHIBITED INCOME: The 2014 limit on outside earned income for Members and employees compensated at or above the "senior staff" rate was \$26,955. In addition, certain types of income (notably honoraria, director's fees, and payments for professional services involving a fiduciary relationship) were totally prohibited.	social Security Act. sated at or above the "senior staff" rate totally prohibited.	e was \$26,955. In addition, certain
Source (include date of receipt for honoraria)	Туре	Amount
Examples: Chi War Roundtald Cot. 2)	Approved Teaching Fee Logislative Pension Spouse Speech	\$6,000 \$18,000 \$1,000
Food Retirement Plan	Pension	\$10,651.00
California Public Employee Retirement System	Pension	\$ 6,613.00

Name: Grace F. Napolitaro

Page 4 of 5

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 liabile); 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.

_			1		
			2 S		
4 5	Book	Example			
Ut Financial Credit Union	book of America	First Bank of Wilmington, DE	Creditor		
10/2010	4/2008	5/98	Liability Incurred MO/YR	;	
Motor of Kine Kine	Ser Sentence TX	Mortgage on Rental Property, Dover, DE	Type of Liability		
			\$10,001- \$15,000	>	
			\$15,001- \$50,000	æ	
			\$50,001- \$100,000	ი	
×	×	×	\$100,001- \$250,000	0	
			\$250,001- \$500,000	m	moun
			\$500,001- \$1,000,000	71	t of Li
			\$1,000,001- \$5,000,000	ဓ	Amount of Liability
			\$5,000,001- \$25,000,000	z	
			\$25,000,001- \$50,000,000	-	
			Over \$50,000,000	_	
			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 presentations); and positions social, fraternal, or political entities (such as political parties and campaign presentations); and positions social, fraternal, or political entities (such as political parties and campaign presentations).

Tiena in enty rengiona, societ, rieternal, or political entities (suc	ried in eny rengious, social, naterial, or political elitures (such as political parties and campaign organizations), and positions solely or an nonorary nature.
Position	Name of Organization
Advisory Council	Congression / Hispanic Cours Institute
Harvay Board	Mational Grand Yorth Foundation
Advisary Comeil	Latinas Represent
Executive Committee	National Action Paliance to Prevent Suicide

Name:	
Grace	
F. Napa	
rolitano	
Page 5 o	
01	

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 12/1902 Myself and California 1/1903 Myself and California
Myself and Ford Myself and California Public Employees Myself and California Public Employees
Persion Persion
Plan
Persion Plan Participation Persion Plan Participation
ms of Agreement hci pation artici pation

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
,		