MY 07 2018

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Name: FINANCIAL DISCLOSURE STATEMENT **UNITED STATES HOUSE OF REPRESENTATIVES** FILER STATUS Mary Ann Lutz × Employing Office: U.S. House of Representatives New Member of or Candidate for New Officer or Employee Candidates - Date of Election: November 2020 State: Shared Staff Filer Type (If Applicable): 32 Daytime Telephone: For New Members, Candidates, and New Employees Principal Assistant FORM B ಕ Period Covered: January 1, Check if Amendment A \$200 penalty shall be assessed against any individual who files more than 30 days late. U.S. HOUSE OF REPRESENTATIVES LEGISLATIVE RESOURCE CENTER 18 MAY 17 AH 11: 37 (Office Use Only)

PRELIMINARY INFORMATION - ANSWER EACH OF THESE QUESTIONS

THIS FORM INCLUDES ON	ATTACH THE C	D. Did you, your spouse, or your dependent child have any reportable liability (more than \$10,000) at any point during the reporting period?	C. Did you or your spouse have "earned" income (e.g., salaries, honoraris, or pension/IRA distributions) of \$200 or more during the reporting period?	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? gr. b. Receive more than \$200 in unearned income from any reportable asset during the reporting period?	
LY THE SCHEDULES	ORRESPONDING SC	** 	Yes ×	Yes X No	
THIS FORM INCLUDES ONLY THE SCHEDULES THAT YOU ARE REQUIRED TO COMPLETE	ATTACH THE CORRESPONDING SCHEDULE IF YOU ANSWER "YES"	J. Did you receive compensation of more than \$5,000 from a single source in the current year and two prior years?	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?	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 X	Yes No X	Yes X No	

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

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 dependent child? EXEMPTION – Have you excluded from this report any other assets, "uneamed" income, or liabilities of a spouse or dependent child because they meet all three tests for exemption? Do not answer "yes" unless you have first consulted with the Committee on Ethics. \$ 8 8 8 × ×

SCHEDULE A - ASSETS & "UNEARNED INCOME"

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JT Franklin California Tax Free Income Fund			8	erice.		ABC Hedge Fund X	Simon & Schueler	Mage Corp Stoot		For bank and other cash ecounts, total the amount in all interrest-beering accounts, if the total is over \$5,000, ist every financial institution where there is more than \$1,000 in interest-beering accounts. For rental and other real properly held for investment, provide a complete address or description, e.g., rental properly; and a city and sides. For an ownership interest in a privately-held business that not publicly traded, sides the name of the business, the nature of its activities, and its geographic location in Block A. Excludes: Your personal residence, including second fromes and vacation homes (unless there was rental increase during the reporting period); and any financial increase during the reporting period; and any financial increase the period of the Thrift Sevings Plan. Excludes: Your personal nesidence, including second investment program, including the Thrift Sevings Plan. Excludes: Your personal residence that an Excepted investment program, including the Thrift Sevings Plan. If you have a privately-incled fund that is an Excepted investment program, including the Thrift Sevings Plan. If you no chrosse, you may include that an esset or income sounce is that of your appointed (CC), or jointly held with anyone (JT), in the optional column on the far left. For a detailed discussion of Schedule A requirements, please refer to the instruction booklet.	For all IRAs and other retrement 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).	identify (a) each asset held for investment or production of income and with a fair market value succeeding \$1,000 at the end of the reporting period, and (b) any other reportable asset or source of income which generated more than \$200 in "uneerned" knoome during the year:	Assets and/or Income Sources	BLOCK A
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SCHEDULE A - ASSETS & "UNEARNED INCOME"

Name:

Mary Ann Lutz

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SCHEDULE A - ASSETS & "UNEARNED INCOME"
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Mary Ann Lutz
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		Lutz & Company, INC.	Fortune Dynamic Inc. 401 K Pla	Thrift Savings FERS FRAE	Cal Pers 457 B	Drefus S & P 500 Index Fund	Dreyfus Opportunistic Small Cap	Walt Disney	Under Armor Ind.	Teva Pharacutical	Telefonica	ABSET NAME		BLOCK A Assets and/or income Sources
		_+-	<u> </u>	ļ			낊	_				-		=
]	7	None >	1
 -			 				-				 		\$1-\$1,000	
			 	×				J			×		\$1,001-\$15,000	
	+		 			×	×	×	×	×	<u> </u>		\$15,001-850,000	
		×					-				 		\$50,001-\$100,000 m	<
	11	-	×		×						 		\$100,081-\$250,000	<u> </u>
	+++		1										\$250,001-\$500,000 ©	BLOCK B Value of Asset
			1	 									\$500,001-\$1,000,000 ==	
		_								1	1		\$1,000,001-\$5,000,000	ž
	1 1									1			\$5,000,001-\$25,000,000	
							<u> </u>						\$25,600,001-\$50,000,000	
			†										Over \$50,000,000	
													Spourse/DC Asset over \$1,000,600*	
		S											NONE	
		S Corporation: Court				×	×	×		×			DIVIDENDS	
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	+		+	 -		ļ	├			├	├-			BLOCK C Type of Income
		— <u>₹</u>	—		 		-		├	├ ──	 		CAPITAL GAINS	BLOCK C
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			×	×	×	_		ļ	ļ	<u> </u>	<u> </u>		TAX-DEFERRED	•
		Reporting C								·			Other Type of Income (Specify: e.g., Partnership Income or Farm Income)	
	+ +	1	┰					 			H		None	
			1	×	×					 	†		\$1-\$200 ==	
- 		-+	1	-		Т	T		<u> </u>	T	t		\$201-\$1,000 ==	
	+ +	-	T		T -	T -	<u>† </u>		T	T	T		\$1,001-\$2,500 <	
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	1		Ī			<u> </u>				<u> </u>	1	1	\$50,001-\$100,000	
	7 1		Ī.										\$100,001-\$1,000,000 只	
													\$1,000,001-\$5,000,000 ×	₿
							1				T	1	Over \$5,000,000	BLOCK D Amount of income
													Spouse/DC Income over \$1,000,000° ≧	THE PLO
			J	×	¥			×		v	×		None -	BLOCK D
	1 1												\$1-8200 =	8
	7 1												\$201-\$1,000 ==	3
		$ \perp$											\$1,001-\$2,500 <	
									Ľ.				\$2,591-\$5,000 < 0 \$5,001-\$15,000 ≤ 0 \$15,001-\$60,000 ≤ 0 \$50,001-\$100,000 € 0	
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	\top				L								\$1,000,001-\$5,000,000 ×	
													Cwer \$5,000,000 ≥	
I † †					1					1			Spouse/DC Income over \$1,000,000° ≧	I

SCHEDULE A - ASSETS & "UNEARNED INCOME"

Name: Mary Am Lutz

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SCHEDULE C - EARNED INCOME

	Name:
	Mary Ann Lutz
	Page 6 of 8
1	I

List 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 both the filer and filer's spouse, list the source and amount of any honoraria. List only the source for other spouse earned income exceeding \$1,000. See examples below.

INCOME LIMITS and PROHIBITED INCOME: Be advised that the income limit and prohibited income may apply to you after you are on House payroli. The 2016 limit on outside earned income for Members and employees compensated at or above the "senior staff" rate was \$27,495. The 2017 limit is \$27,765. In addition, certain types of income (notably honoraria, director's fees, and payments for professional services involving a fiduciary relationship) are totally prohibited for Members and senior staff.

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

		mA.	Amount
Source (include date of receipt for honoraria)	Туре	Current Year to Filing	Preceding Year
ABC Trade Association, Baltimore, MD (July 15)	Honorarium	\$0	\$500
Examples: Sale of Manyang Civil War Roundtable (Oct. 2)	Spouse Speech	\$20,000 \$6	\$75,000 \$1,000
Critato Courty Does to Charagon	Spores Cents		
House of Representatives	Salary	\$0	\$6,661
Fortune Dynamic	Spouse Salary	\$	NA
	!		

SCHEDULE D - LIABILITIES

Name:
Mary Ann L
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Page_
7 0
- CO
Mary Ann Lutz Page 7 of 8

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. New 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 submobiles, 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.

				전 역		
			Example	7		
			First Sank of Wilmington, DE	Creditor		
			5/98	Date Liability Incurred MO/YR		
			Mortgage on Rental Property, Dover, DE	Type of Liability		
				\$10,001- \$15,000	>	
				\$15,001- \$50,000	8	
				\$50,001- \$190,000	c	
			×	\$100,001- \$250,000	Ð	\
				\$250,001- \$500,000	m	Amount of Liability
				\$500,001- \$1,000,000	ŦI	t of Lk
				\$1,000,001- \$5,000,000	6	ability
				\$5,000,001- \$25,000,000	I	
				\$25,000,001- \$50,000,000	_	
1				Over \$50,000,000	_	
L	 					

SCHEDULE E - POSITIONS

Report all positions, compensated or uncompensated, 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. New Members and second-year candidates report positions held in the reporting period and the current calendar year. First-year candidates and new employees report positions held in the current calendar year and two previous years.

Position	Name of Organization
Board Member - Non-compensated	Boys and Girls Club of the Foothills
Officer / President - Non-compensated	Monrovia Library Foundation Board
Officer / President - Non-compensated	Foothill Unity Center
President - Non-compensated	National Women's Political Caucus, Greater Pasadena Area
Board Member - Non-compensated	Immigration Resources Center of San Gabriel Valley

Name: Mary Ann Lutz Page 8 of 8

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. New 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

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	 				BC, 너		
		:		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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				x	\$15,001- \$50,000 \$50,001-	<u> </u>	A
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				×	\$15,001- \$50,000 \$50,001- \$100,000 \$100,001- \$250,000 \$250,001- \$500,000 \$1,000,000	C U E F	Amount of Liability
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SCHEDULE E - POSITIONS

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Report all positions, compensated or uncompensated, as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm, partnership, or other business enterprise, comprofit organization, labor organization, or educational or other institution other than the United States. Exclude: Positions held in any religious, social, fratemal, or political entities (such as political parties and campaign organizations); and positions solely of an honorary nature. New Members and second-year candidates report positions held in the reporting period and the current calendar year. First-year candidates and new employees report positions held in the current calendar year and two previous years.

Position	Name of Organization
Member - Non-compensated	Monrovia Healing Connections
Member - Non-compensated	Monrovia Guild of Children's Hospital LA
Member - Non-compensated	Monrovia Chamber of Commerce
Board Member Consultant - stipend	Southern California Air Quality Management Board (2017)