	STATES HOUSE OF REPRESENTATIVES AL DISCLOSURE STATEMENT	1	FORM B andidates, and New Employees	Page 1 of
Name:_	Laura M. Montoya	Daytime Telephon	le:	
FILER	New Member of or Candidate for State: New U.S. House of Representatives District: CD Candidates – Date of Election: June 2, 2020		Check if Amendment	
STATUS	New Officer or Employee Staff Fi	iler Type (If Applicable): 1 Principal Assistant	Period Covered: January 1,	A \$200 penalty shall be assessed against any Individual who files more than 30 days late.
PRELIMI	NARY INFORMATION – ANSWER <u>EACH</u> O	F THESE QUESTIO	ns	
a. Own an end of t b. Receive	your spouse, or your dependent child: by reportable easet that was worth more than \$1,000 at the cherostring period? The sports are the second seco		old you hold any reportable positions duri and or in the current calendar year up thro	
	r your spouse have "earned" income (e.g., salaries, r pension/IRA distributions) of \$200 or more during the riod?	Mo outs	ild you have any reportable agreement or ilde entity during the reporting period or it rup through the date of filing?	
	your spouse, or your dependent child have any reportable e than \$10,000) at any point during the reporting period?		id you receive compensation of more the le source in the current year and <u>two</u> pric	
	ATTACH THE CORF		DULE IF YOU ANSWER "YE IAT YOU ARE REQUIRED TO	
EXCLUSI	ION OF SPOUSE, DEPENDENT, OR TRUST	FINFORMATION -	ANSWER <u>BOTH</u> OF THES	E QUESTIONS
TRUSTS - D	Details regarding "Qualified Blind Trusts" approved by the Committee out details of such a trust that benefits you, your spouse, or depend	e on Ethics and certain other ' ent child?	excepted trusts* need not be disclosed.	Have you excluded Yes No X
	I - Have you excluded from this report any other essets, "unearned Do not answer "yes" unless you have first consulted with the Comm		use or dependent child because they me	eet all three tests for Yes No X

LEGISLATIVE RESOURCE CENTER
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HAND DELIVERED

SCHEDULE A - ASSETS & "UNEARNED INCOME"

Page_2_ of __7 Name: Laura M. Montoya

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Assets and/or income Sources					Va	tue	of A	450	đ						T	уре	of h	nco	me									A	mo	unt c	of la	COI	me							
dentity (a) each asset held for investment or production of income and with a feir merical value screeding \$1,000 eith end of the reporting period, and (b) any other reportable asset or source of nacrone witch generated more their \$200 in presented income during the year.	indic use a spec of ari inclu	ate v	value lumbs lum set : only	e of a on m wes wes	ethor d use sold sold	et clo f olite d. durir it gen	ee of r She ig She erate	the n refeer e rep d inci	eporti ment cortino ome	ng pa at va pad the vi	riod Lus. p cd s itus s	if you tense nd in hould		ok all rate or 53 red g	colur tas d 19 acc colu eles,	nns il Island count mri. ever	ed inc s), you Divis n if a	ply. come u me dend reinv for	For no (such y chec s, into	counts that as 401(k), k the "Tax- rest, and must be a held in	2486 B	social eta ind étal gr ick "Ni Arma :	i forw licate des, c one" f	which the c even f no is for se	you c maga if rei scom	hacks sy of sweet was	d "Ta incon led, si eems	oc-Del ne by must 1 ed or r spor	gene	in Bi long to sclose rated .	ock C he s ed es	i, you pprop since	u may prighe prine i prine i	ched box b or ea	k Ohm " palcher, paets you h	None Div held	Cook Iden In te	umn. dis, ir scabh	Form Hered # 800	il oth it, an sunt
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for all SUAs and other retirement plans (such as 101(k) plans) provide the value for each asset held in the account that exceeds the reporting thresholds.	-	-			_	_		Í	_	1	1					Ī	1	Ī	1		L			C		nt Y										*	Yes		_	
For Senik and other cash accounts, total the emount in all interest-bearing accounts. If the total is over 15,000, list every financial institution where there is more than \$1,000 in interest-bearing accounts.	*	•	C	B	E	f	G	н	1	,	L										-	R	(2) P	v v	-	VII		DX)	X	XX	-	N					_	_	X X	d X
For rental and other real property held for investment, provide a complete address or tecription, e.g., "rental property," and a city and state																															:									
For an ownership interest in a privately-hald hushness that is not publicly traded, state the name of the business. the natura of its activities, and its prographic location in Block A.																				or Farm Income)																				
Beclaritis: Your personal residence, including second nomes and vecation homes (unless there was reints noome during the apporting persod); and any inancial unlessed vs. or income derived from, a fedoral witement program, including the Thrift Sevings flex.																				Patraritis income or																				
f you report a privately-traded fund that is an Excepted Investment Fund, please check the "EIF" ICCL.												1,000 000*						S		(Spect): e.g P										mer \$1.000.000*										A CONTROL
I you so choose, you may Indicate that an asset of nature abuse is that of your spouse (SP) of theyender of hid (DC), or jointly held with enyone JT), in the optional column on the far left. For a detated discussion of Schedule Al		8	\$1 201-\$15,000	\$16,001420,000	\$20,001-\$100,000	200,000-000,000	250.001-15(0),000	100 (001-\$1,000,000)	\$1,000,000-65,000,000	SECOND CONTRACTOR CONTRACTOR	044 20 000 000	SpoundEC Asset over \$1,000 000		DIVIDENDS		MIBREST	CHETTAL GABIS	EXCEPTED (U.N.) TRUST	TAXADESTERMED	Other Type of Income (A		8	00 PM	2, un-1, zur	\$5.001-\$15.000	\$15,001-420,000	\$20,001-\$100,000	\$100,000-\$1,000,000	Cher SE DOD DO			8	20141.000	T.W. S.C.	M (00/2) E (000	\$15,001-\$30,000	\$ELLEDY-\$100,000	\$100,000,1%-100,000	1.000,005-45,000,000	Over \$6:100,000
equirements, please refer to the instruction backlet.	į	200 14-15	2	2	ğ	100	Š		8		ě	3	#O#	DAVE	REF		8	8	2	ě	1		B :	2	8	2	8		ä	and a	ž		Ē.	8	8	815.0	B	\$106	8 2	8
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Name: Laura M. Montoya Page_3 of 7

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SCHEDULE G - EARNED INCOME

Name:	Laura M. Montoya	Page 4	_of7

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.

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: Be advised that the outside earned income limit and prohibitions on types of income may apply to you after you are on House payroti. The 2018 limit on outside earned income for Members and employees compensated at or above the "senior staff" rate was \$28,050. The 2019 limit is \$28,440. 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 services.

			Ar	nount
1	Source (include date of receipt for honoraria)	Туре	Current Year to Filling	Preceding Year
	ABC Trade Association, Baltimore, MD (July 15)	Honorarium Setery	\$0 	\$500 \$78,000
Examples:	State of Maryland Onl War Roundstole (Oct. 2) Online County Board of Education	Spouse Speech Spouse Salary	\$20,000 \$0 K/A	\$1,000
reasurer,	Sandoval County, New Mexico	Salary	\$75,327.00	\$75,327.00
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SCHEDI		

Name: Laura M. Montoya Page 5 of 7

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.

								A	moun	t of Li	ability				
\$P.		Creditor	Date Liability Incurred MO/YR	Type of Liability	\$10,000 \$15,000	\$15,001-	\$50,001- \$100,000	\$100,001-	\$250,001- \$500,000	\$1,000,001- \$1,000,000	\$1,000,001- \$8,000,000	\$5,000,001-	-1400,000,355	Oyer\$50,000,000	Over \$1,000,000* Repouse/DC Liability)
	Example	First Bank of Wilmington, DE	5/16	Mortgage on Rental Property, Dover, DE	<u> </u>			×							
	CMC F	unding Inc.	12/2006	Mortgage				z.							
		····													

SCHEDULE E -- POSITIONS

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

Position	Nagre of Organization
Not Applicable	
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Name: Laura M. Montoya

continuation or defental employer.	of payments by a former or current employer other than the U.S. governmen	t; or continuing participation in an employee welfare or benefit plan maintained by a former
Date	Parties to Agreement	Terms of Agreement

SCHEDULE J - COMPENSATION IN EXCESS OF \$5,000 PAID BY ONE SOURCE

Report sources of compensation received by you or your business affiliation for services provided directly by you during the current year and two prior years. This includes the names of clients and customers of any corporation, firm, partnership, or other business enterprise if you directly provided the services generating a fee or payment of more than \$5,000. Exclude: Payments by the U.S. government and any information considered confidential as a result of a privileged relationship recognized by law. Do not repeat information listed on Schedule C.

	Source (Name and City/State)	Brief Description of Duties
Example	Doe Jones & Smith, Hometown, Homestate	Accounting Services
<u> </u>		

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Name:	Laura M. Montoya	Page of

NOTE NUMBER	NOTES
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