S ×	Yes	pendent child	"unearned" income, transactions, or liabilities of a spouse or dependent child unless you have first consulted with the Committee on Ethics.	"unearned" income unless you have fir	EXEMPTION —Have you excluded from this report any other assets, "une because they meet all three tests for exemption? Do not answer "yes" unle
₹ ×	Yes	ot be	spouse, or a dependent child?	nittee on Ethic ting you, your	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 a dependent child?
<u></u> 5	EACH OF THESE QUESTIONS	OF THESE	- ANSWER	TINFOR	EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION
	esponse.	each "Yes" r	appropriate schedule attached for each "Yes" response	and the	Each question in this part must be answered
Š	Yes X	\$5,000 from	VI. Did you receive compensation of more than \$5,000 from a single source in the two prior years? If yes, complete and attach Schedule VI.	S □	III. Did you, your spouse, or a dependent child have any reportable liability (more than \$10,000) during the reporting period? Yes X
×	eg	angement	V. Did you have any reportable agreement or arrangement with an outside entity? If yes, complete and attach Schedule V.	8 □	II. 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? Yes X
S S	Yes ×	efore the date r two years?	IV. Did you hold any reportable positions on or before the date of filing in the current calendar year or in the prior two years? If yes, complete and attach Schedule IV.	Š	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
			SE QUESTIONS	EACH OF THESE	In all sections, please type or print clearly in blue or black ink. PRELIMINARY INFORMATION — ANSWER EACH
assessed who files	A \$200 penalty shall be assessed against any individual who files more than 30 days late.	A <i>\$200 penalty</i> shall b against any individua more than 30 days late	6/5/12 Check if Amendment	Date of Election:	Filer X Candidate for the House of Representatives District: New officer or Employing Office:
JED	(Office Use Only)	at .	Telephor	Daytime	Name: Michelle Lujan Grisham
INAH Parangan Paranga	U.S. JOUSE OF REPRESENTATIVES	OUSE OF REPRESENTATIVES	FORM B U.S. III For use by candidates and new employees		UNITED STATES HOUSE OF REPRESENTATIVES FINANCIAL DISCLOSURE STATEMENT Period covered: January 1, 2011 - April 31, 2012
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SCHEDULE I — EARNED INCOME (INCLUDING HONORARIA)

Name Michelle Lujan Grisham Page 2 of 6

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.

Exclude: Military pay (such as National Guard or Heserve pay), rederal retirement programs, and benefits		received under the Social Security Act.	econty Act.
	Typo	Amount	T.
Source (include date of receipt for nonoraria)	i y pe	Current Year to Filing	Preceding Year
XY7 Comparation, Houston, TX	Salary	\$6,300	\$28,450
	Director's Fee	\$400	\$3,200
Examples: XYZ Trade Association, Chicago, IL (Rec'd December 2)	Honorarium	0	\$1,000
Harris County, Texas Public Schools	Spouse Salary	NA	NA
Delta Consulting Group, Inc.	Salary	\$28,333	\$85,000
Bernalillo County	Stipend	\$9,333	\$28,000
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			H	Group	3	Examples:		Exclude: Your personal residence, including second homes and vacation homes (unless there was rental income during the reporting period); any deposits total-income during the reporting period); any deposits totaling \$5,000 or less in personal checking or savings 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 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 Blové A	account and its value at the end of the reporting period. For rental or other reat property held for investment, provide a complete address.	Asset and/or income Source identify (a) each asset held for investment or 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. Provide complete names of stocks and mutual funds (do not use ticker symbols). For atl IRAs and other retirement plans (such as 401(k) plans) that are self-directed (i.e., plans in which you have the power, even if no tearcised, to select the specific investments), provide the value for each asset held in the account that exceeds the reporting thresholds. For retirement accounts which are not self-directed. For retirement accounts which are not self-directed. For retirement accounts which are not self-directed.
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			hc '	∄ો ટ	ᆁ	S	SP Mega Corp. Stock	reportion traps in my finance of the man of	inte of it	e act	asset held for investment or production fair market value exceeding \$1,000 at reporting period, and (b) any other or sources of income which generated in "unearned" income during the year. e names of stocks and mutual funds ir symbols). The symbols other retirement plans (such as 401(k) eself-directed (i.e., plans in which you wen if not exercised, to select the spech, provide the value for each asset held hat exceeds the reporting thresholds.
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					1	Indefinite		\$15,001 - \$50,000		D	Value Indicate value of reporting y valuation met market value, method used. If an asset wareporting year only because income, the va"None."
				×		# He	×	\$50,001 - \$100,000		m	Value of Asset Indicate value of asset at close of reporting year. If you use a valuation method other than fair market value, please specify the method used. If an asset was sold during the reporting year and is included only because it generated income, the value should be "None."
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				<u> </u>	┸	<u> </u>	<u> </u>	CAPITAL GAINS			atec
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					ı	_					Type of Income Check all columns that apply. For retirement accounts that do not allow you to choose specific investments or that generate tax-deferred income (such as 401(k) plans or IRAs), you may check the "None" column. Dividends, interest, and capital gains, even if reliwested, must be disclosed as income. Check "None" it has asset generated no income during the reporting period.
		1			ı	Š		Other Type of Income			tap
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			-		+	+	-	\$15,001 - \$50,000	<u></u> ≦	Current Year	Amount of Income For retirement accounts that do not allow you to choose specific investments or that generate tax-deferred income (such as 401(k) plans or IRAs), you may check the "None" column. For all other assets, indicate the category of income by checking the appropriate box below. Dividends, interest, and capital below. Dividends, interest, and capital closed as income. Check "None" if no income was earned or generated.
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SCHEDULE II — ASSETS AND "UNEARNED" INCOME

Michelle Lujan Grisham

of 6

Continuation Sheet (if needed) 8 SP Ξ 227 E Palace, Ste F Santa Fe, NM 87501 Retirement Assoc Condominium Kruger Commercial (Not self-directed Public AN Bernalillo County
Deferred Comp Plan
(Not self-directed) Asset and/or Income Source Mutual Life Employee BLOCK A Ins None \$1 - \$1,000 ω × C \$1,001 - \$15,000 D \$15,001 - \$50,000 Value of Asset Ш \$50,001 - \$100,000 BLOCK B m \$100,001 - \$250,000 × × G \$250,001 - \$500,000 I \$500,001 - \$1,000,000 \$1,000,001 - \$5,000,000 ۲., \$5,000,001 - \$25,000,000 ᄎ \$25,000,001 - \$50,000,000 Over \$50,000,000 NONE × × **DIVIDENDS** × RENT Type of Income INTEREST BLOCK C **CAPITAL GAINS** EXCEPTED/BLIND TRUST Out Cashed Other Type of Income (Specify: e.g., Partnership Income or Farm Income) × × × \$1 - \$200 \$201 - \$1,000 Ξ **Current Year** 7 \$1,001 ~ \$2,500 X VI VII VIII IX \$2,501 - \$5,000 × \$5,001 - \$15,000 \$15,001 - \$50,000 \$50,001 - \$100,000 Amount of Income \$100,001 - \$1,000,000 \$1,000,001 - \$5,000,000 BLOCK D × Over \$5,000,000 × None = \$1 - \$200 | III | IV | V | VI | VI | III | \$201 - \$1,000 **Preceding Year** \$1,001 - \$2,500 \$2,501 - \$5,000 \$5,001 - \$15,000 Page × \$15,001 - \$50,000 \$50,001 - \$100,000 \$100,001 - \$1,000,000 \$1,000,001 - \$5,000,000 Over \$5,000,000

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SCHEDULE III - LIABILITIES

Name Michelle Lujan Grisham

Page 5 of 6

owed during the reporting period. Exclude: Any mortgage on your personal residence (unless there is rental income); 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 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 previous calendar year exceeded \$10,000 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

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			U.S. New Mexico Federal	Example: First Bank of Wilmington, DE	Creditor	
	and the second s		7/2011	May 1998	Date Liability Incurred mo/year	
		Print, and the state of the sta	Solar Loan	Mortgage on 123 Main Street, Dover, DE	Type of Liability	
					\$10,001— \$15,000	
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SCHEDULE IV — POSITIONS

cer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm, partnership, or other business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States. Report all positions, compensated or uncompensated, held on or before the date of filing during the current calendar year and in the two prior years as an offi-

Exclude: Positions listed on Schedule I; positions held in any religious, social, fraternal, or political entities (such as a political party or campaign organization);

and positions solely of all itoriolary fraction	IQUIC.
Position	Name of Organization
Board Member	Total Community Care
Proprietor/Owner	MLG Consulting
Bar Commissioner	New Mexico State Bar
Member/Partner	Delta Consulting Group, ILC
Officer/Director	Delta Consulting Group, Inc.

SCHEDULE V — AGREEMENTS

Michelle Lujan Grisham

Page 6 of 6

is a subject to the series of any agreement or arrangement with respect to: figure amplement a leave of absence during the period of government
identity the date, parties to, and general terms of any agreement of arrangement with respect to ruding employment, a reason accesses and the period of systems in
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 ben-
offit plan maintained by a former employer

OIL DEATH THE	on pair manage by a comor corpoger.	
Date	Parties To	Terms of Agreement
	NONE	
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SCHEDULE VI — COMPENSATION IN EXCESS OF \$5,000 PAID BY ONE SOURCE

Report sources of such compensation received by you or your business affiliation for services provided directly by you during the *two* prior years. This includes the names of clients and customers of any corporation, firm, partnership, or other business enterprise, or any nonprofit organization 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 I.

Coop name of the second	
Source (Name and Address)	Brief Description of Duties
Example: Doe Jones & Smith, Hometown, Homestate	Accounting services
New Mexico Medical Insurance Pool	Management of Executive Office