UNITED STATES HOUSE OF REPRESENTATIVES	Form A	DELIVERED of 6
2014 FINANCIAL DISCLOSURE STATEMENT	For Use by Members, Officers, and Employees	TEGISTATION SERVICES
		2015 AUG 13 PM 4: 35
Name: Ruben Gallego Day	Daytime Telephone:	U.S. HOUSE OF REPAESENTATIVES  (Office Use Only)
FILER STATUS  Member of or Candidate for State: 42  U.S. House of Representatives District: 07	Officer or Employing Office: Employee	
TYPE 2014 Annual (Due: May 15, 2015)	Amendment Termination  Date of Termination:	nination:

# TRELIMINARY INFORMATION - ANSWER EACH OF THESE QUESTIONS

	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 your dependent child:  No was any reportable of the reportab	F. Did you have any reportable agreement or arrangement with an outside entity during the reporting period or in the current calendar
0 0 D	B. Did you, your spouse, or your dependent child purchase, sell, or exchange any securities or reportable real estate in a transaction  Yes No   No   Very exceeding \$1,000 during the reporting period?	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?
	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?	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?
	D. Did you, your spouse, or your dependent child have any reportable Yes No liability (more than \$10,000) at any point during the reporting period?	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?
	E. Did you hold any reportable positions during the reporting period or in the current calendar year up through the date of filing?	ATTACH THE CORRESPONDING SCHEDULE IF YOU ANSWER "YES"
	IPO AND EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION - ANSWER EACH OF THESE QUESTIONS	INFORMATION -
	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.	the reporting period? If you

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?

**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

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# SCHEDULE A -

	- ASSETS & "UNEARNED INCOME"
	Name: Ruben Gallego
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57.	PAC	5P For	SP Cha	<b>∱</b> Z	(IT 744 SI	127 17th		Examples:	\$ 5.	For a de requirements	If you so che income sour dependent c (JT), in the or	If you have Excepted invibox.	Exclude: You homes and vincome during interest in, retirement pro	For an owner that is not p business, th geographic to	For rental and provide a control provide a control proper	For bank and in all interes \$5,000, list e more than \$1	For all IRAs 401(k) plans) the account the	income during the year, income during the year, Provide complete name (do not use only ticker s	Identify (a) production of exceeding \$1 and (b) any	Asse	7
STUCK Sories A			Chase Bank checking	+0	۲ho	th Ame, Phoenix AZ	ABC Hedge Fund X	Simon & Schuster	SP Mega Corp. Stock	For a detailed discussion of Schedule A 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 homes and vacation homes (unless there was rental income 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.	income during the year.  Income during the year.  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 exceeding \$1,000 at the end of the reporting period, and (b) any other reportable asset or source of and (b) any other reportable asset or source of	Asset and/or Income Source	BLOCK A
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							Income	Noyalles	D		e of Income .g., Partnership	Income or F	arm Income)					for assets held in taxable accounts. Check 'None' for asset generated no income during the reporting period.	Check all columns that apply. For accounts that generate tax-deferred income (such as 40/16), IRA. or 529 accounts), you may check the "Tax-Deterred" column. Dividends, interest, and capital gains, each if subversed must be incomed as from		
	7	<u> </u>				lacksquare			ļ	None								accounts. generated. 'Column X	For aumay c catego Divide	1	
	L`	_	<	L		1.	1.		-	\$1-\$200	200						- 3	accounts. Check 'None' generated.  *Column XII is for assets held in which you have no intercet.	For assets for which a may check the "None category of income Dividends, interest, must be disclosed.		
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		<del> </del>	<del>                                     </del>				T			Over \$5,0	00,000					-	¥	secounts. Check 'None' if no income was earned or penerated.  Column XII is for assets held by your spouse or dependent child	For assets for which you checked "Tax-Delened" in Block C, you may check the 'None' column. For all other assets indicate the category of income by checking the appropriate box below. Dividently, interest, and capital gains, even if reinvested, must be discharded as income for assets bed in taxable.		
							L			Spouse/D	C Asset with Inc	ome over \$1	,000,000*				¥	t child	te the		
									S(pant)	P, S, S(part), or E	-					blank if there are no transactions that exceeded \$1,000.	an asset was sold, please indicate as follows: (S (part)).	exceeding \$1,000 in the reporting period.  If only a portion of	Indicate if the asset had purchases (P), sales (S), or exchanges (F)	Transaction	BLOCK E

				Name: Typen			rageoi	
BLOCK A Asset and/or Income Source	•	BLOCK B Value of Asset	et	в. Туре	BLOCK C Type of Income	BLOCK D Amount of Income	·	BLOCK E Transaction
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SCHEDULE A - ASSETS & "UNEARNED INCOME"

## SCHEDULE C -- EARNED INCOME

Name: Ruban Page\_ 읔 5

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 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 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.

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Source (include date of receipt for honoraria)	Туре	Amount
Keene State	Approved Teaching Fee	\$6,000
Examples: State of Maryland	Legislative Pension	\$18,000
Ontario County Board of Education	Spouse Salary	AW
Salt River Project	Spouse salaru	2 / A
Partisan Alliance	salary	\$ 12,000.
State of Arizona	salary	\$ 7,000.
1	Spouse Salory	N/A
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#### SCHEDULE D - LIABILITIES

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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.

	ゴナ しゃ	JT Wells	SP Nelnet	Example	SP.			
SSOC. Bonnt		lls Fargo	net	First Bank of Wilmington, DE	Creditor			
		•	5/12	5/98	Date Liability Incurred MO/YR			•
Lesidence	Mortgage on Primary	7+Mor +999 & - Rental	Student Loans	Mortgage on Rental Property, Dover, DE	Type of Liability			
					\$10,001- \$15,000	>		
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					\$25,000,001- \$50,000,000	_		
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#### 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.

Position	Position Name of Organization
Board Member	Children's Museum Of Phoenix
President	CINTRA Arizonans For a Sustainable Economy
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Owner	Taylor Strat Group
Arizona State Captain	Vote Vets
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### SCHEDULE F - AGREEMENTS

Name: Puber Gallego Page 6 of 6

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 Agreement	Terms of Agreement
1/08	myself and City of Phosnix city pension	city pension that will provide bunchest at 65
5/05	5/05 sporse and SRP	Pinsion
///	Myself and State of Az	Pension (cashed out in 2014)
1/5	Spouse and State of AZ	7.5.00
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#### **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.

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