₹	Yes	ependent child	ies of a spouse or dependent child ommittee on Ethics.		arned" income, ss you have firs	other assets, "une answer "yes" unles	EXEMPTION —Have you excluded from this report any other assets, "unearned" income, transactions, or liabiliti because they meet all three tests for exemption? Do not answer "yes" unless you have first consulted with the Co	ON — Have you ey meet all thre	EXEMPTION because the
8 ⊠	Yes 🔲	ot be	epted trusts" need n	s and certain other "exc spouse, or a dependent	nittee on Ethics ling you, your s	roved by the Comm	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?	Details regardi	TRUSTS— disclosed. I
S	QUESTION	OF THESE	WER EACH OF THESE QUESTIONS	MATION - ANS	T INFORM	IT, OR TRUS	EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION — ANS	ION OF S	XCLUS
	esponse.	each "Yes" r	le attached for each "Yes" response	ppropriate schedu	and the ap	t be answered	Each question in this part must be answered and the appropriate schedule	Each qu	
§ 	Yes X	\$5,000 from	pensation of more than prior years? ach Schedule VI.	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.	N _o	Yes	III. Did you, your spouse, or a dependent child have any reportable liability (more than \$10,000) during the reporting period? If yes, complete and attach Schedule III.	III. Did you, your spouse, or a depender able liability (more than \$10,000) during if yes, complete and attach Schedule	III. Did you, able liability i If yes, comp
× ×	Yes	rangement	ortable agreement or an	V. Did you have any reportable agreement or arrangement with an outside entity? If yes, complete and attach Schedule V.	S S	od? Yes	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? If yes, complete and attach Schedule II.	II. Did you, your spouse, or a dependent income of more than \$200 in the reporting reportable asset worth more than \$1,000 if yes, complete and attach Schedule II.	II. Did you, y income of more reportable as if yes, comp
S	Yes 🔀	before the date or two years?	ortable positions on or before the day endar year or in the prior two years? ach Schedule IV.	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.	No O	or Yes	I. Did you or your spouse have "earned" income (e.g., salaries fees) of \$200 or more from any source in the reporting period? If yes, complete and attach Schedule I.	your spouse have) or more from an ilete and attach	I. Did you or fees) of \$200 If yes, comp
				ANSWER EACH OF THESE QUESTIONS	OF THESI	WER EACH	PRELIMINARY INFORMATION — ANSW	NARY INF	RELIM
:						nk	or print clearly in blue or black	ne please type	n all section
assessed who files	· — n	A \$200 penalty shall be against any individual more than 30 days late	Check if Amendment	06/03/14	Date of Election:	State: NM District: 1 Employing Office:	of the Representatives ar or	Candidate House of New office employee	Filer Status
5	(Office Use Only)	6							
9	CLERK	OFFICE OF THE CLERK OUSE OF REPRESENTATIVES		Daytime Telephone:	Daytime		Roxanne Lara	Roxar	Name:
Page 1 of 7		TO JAN -8 PM 1:51	B Ind new employees LATIVE RESOURCE CENTER 2014 JAN -8 PM 1:51	FORM For use by candidates ar		NTATIVES	UNITED STATES HOUSE OF REPRESENTATIVES FINANCIAL DISCLOSURE STATEMENT Period covered: January 1, 2012 - December 26, フ	STATES H IAL DISCL	UNITED FINANC Period co

SCHEDULE I — EARNED INCOME (INCLUDING HONORARIA)

Name ROXANNE LAVA

Page 2 of 7

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 Heserve pay), federal retirement programs, and		peneilts received under the Social Security Act.	Security Act.
Source (include date of receipt for honoraria)	Type	Amount	unt
Comments of the contract of th	1 7 000	Current Year to Filing	Preceding Year
XYZ Corporation, Houston, TX	Salary	\$6,300	\$28,450
Examples: First Bank & Trust, Houston, TX	Director's Fee	\$400	\$3,200
	Honorarium	0	\$1,000
Harris County, Texas Public Schools	Spouse Salary	NA	NA
Roxanne R. Lara dba Lara Law Firm	GIDS / MOME/ Net Income 160,417/79,047 165,145/62,040	166,417/79,047	165,145/62,040
Intrepial Potash NM LLC	Spouse Salary	N A	NA
Eddy County	Salary		19, 157
		L	

	ज			77	37	J	<u>С</u> ,	Ş.	horr incc ing acca deri the inco dent in th	exc OC8	For	repx mor Prov (do For plan acco	ider		
Carlsbai National Bailk	Carlsbad Nathgrad Bank Savings Acct	Edward Jones	Public Europhysees Rethrennent Act	57 Commercial Property	Residential Rental Property	1st Bank of Paducah, KY accounts	DC, Examples: Simon & Schuster	SP Mega Corp. Stock	homes and vacation homes (unless there was rental 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 II requirements, please refer to the instruction booklet.	location in Block A. Exclude: Your personal residence, including second	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	or income with a tair marker value exceeding \$1,000 at 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 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. For rental or other real property held for investment, provide a complete address or a description, e.g., "rental property," and the city and state.	identify (a) each asset held for investment or production	Asset and/or Income Source	BLOCK A
									None		>	PAT BATIST PATE	ᅙ		
									\$1 \$1,000		50	reporting y method of please spe please spe if an asset in gyear ar it generate be "None." *This colur sp your sp	dica		
×		X	×	ļ	ļ	ļ	징		\$1,001 - \$15,000		၀	ting od control	E O		
	X					<u> </u>	Indefinite		\$15,001 - \$50,000		O	yech ward and and and and and and and and and an	alu	<	
					×		ō	×	\$50,001 - \$100,000		m	rthar the fyth fyth is incoming	Ф О	=	·
			<u> </u>	×	-	×			\$100,001 \$250,000		<u> </u>	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." *This column is for assets solely held by your spouse or dependent child.	Indicate value of asset at close of	Value of Asset	BLOCK B
									\$250,001 - \$500,000 \$500,001 - \$1,000,000		<u> </u>	hair nett	set	Ť	웃
									\$500,001 - \$1,000,000 \$1,000,001 - \$5,000,000			se a mai hod hod or claring door or claring and or claring and and	at c	SS	Φ.
			ļ		-	╂			\$5,000,001 - \$25,000,000		£	rket use the land alue	Sos	<u>e</u>	
						!			\$25,000,001 - \$50,000,000			walluan wallua	<u>е</u>		
						1			Over \$50,000,000		r	ue, por aus out	_		
									Spouse/DC Asset over \$1,000,000*		Z	<u>~</u> □• ↑			
\times				×				×	NONE			은 를 용 두 로 등 등 등 필요	ਨੁ		
							-		DIVIDENDS			retirement accounts that allow you to choose signivestments or that general investments or that general deferred income (such as plans or IRAs), you may che "fax-Deferred" column. Divid interest, and capital gains if reinvested, must be if reinvested, must be if reinvested, mest declosed as income. Check "closed as income. Check if the asset generated no in during the reporting period.	ξ	-	
					X				RENT			you you nent ad in ad in a st, as a st, as the	<u>a</u>	Ą	
	×					×			INTEREST			accondenses of the standard st		0	멷
			ļ			_			CAPITAL GAINS			ch that that you your solur	SULL	=	BLOCK C
					ļ	L			EXCEPTEO/BLIND TRUST			may garded the distriction of th	that	ಕ್ಷ	ဂ
		X	~			_	-		TAX-DEFERRED			nat of spanneral national nati	app	Type of Income	
							Royalties		Other Type of Income			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 "Tax-Deferred" column. Dividends, interest, and capital gains, even if reinvested, must be disclosed as income. Check "None" if the asset generated no income during the reporting period.	Check all columns that apply. For	(D)	
		. ,			<u> </u>	Ļ	23		(Specify: e.g., Partnership Income or Farm Inco	-		교육학교교 급조주증요	ð.		
\geq	~	¥	*	×		┞	-		None		1	န္း ခဲ့ခ ဲ့သည်	<u> </u>		
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			<u> </u>		 	Ͱ	-	×	\$201 - \$1,000 \$1,001 - \$2,500	=	1	e contract	Ž		
						 	×	$\widehat{}$	\$2,501 - \$5,000	~	lΩ		<u> </u>		
-			l.		×	₽			\$5,001 - \$15,000	<u><</u>	1 5	epe epe	2		
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			<u> </u>	.	 	t		Н	\$50,001 - \$100,000	VII VIII IX	1 🕏	ent one	÷ c		
						Г			\$100,001 - \$1,000,000	×	Current Year	check the "None" column. Fincome by checking the apand capital gains, even income. Check "None" if no this column is for incomespouse or dependent child.	<u> </u>	>	
					Ĺ	Γ			\$1,000,001 – \$5,000,000	×]	check the "None" column. For all other assets, indicate the category of income by checking the appropriate box below. Dividends, interest, and capital gains, even if reinvested, must be disclosed as income. Check "None" if no income was earned or generated. * This column is for income derived from assets solely held by your spouse or dependent child.	For assets for which you checked "Tax-Deferred" in Block C. you may	Amount of Income	
									Over \$5,000,000	×]	inc de	5	Ĭ	œ
									Spouse/DC Income over \$1,000,000*	¥		rive	ž	# C	BLOCK D
X		X	<u>~</u>	×		L			None	144	1 _	Der ber	٦	<u></u>	X
	X	ļ							\$1 – \$200	=		as; /as	בָ ׁ	ŭ	J
			<u> </u>		<u> </u>	_		×	\$201 \$1,000	=	ן ד	sets bel d, l ear	햣	Ĭ	
<u> </u>			ļ	ļ	ļ	1	-		\$1,001 – \$2,500	₹	Preceding Year	s, in low.	ġ	æ	
		<u> </u>	ļ	 	2	ľ	×		\$2,501 - \$5,000	<	- B	is s	2.		
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			 	-	 	╀	-	Н	\$1,000,001 - \$5,000,000	<u>×</u>	1 ~	integrateg	5		
			 	 	1	T			Over \$5,000,000	<u>``</u>	1	yc yc	- 3		
ļi				<u> </u>	 	┢	1		Spouse/DC Income over \$1,000,000*	<u> </u>	1	y of est, as	Š		
<u> </u>			ł.,	<u> </u>	<u> </u>		٠	٠ .	-p-1-30/30	=					

SCHEDULE II — ASSETS AND "UNEARNED" INCOME

Name RUXAMINE R. LOWA

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This page may be copied if more space is required.

SCHEDULE III — LIABILITIES

Name KOXAVINE R. Lara

Page 5 of 1

owed during the reporting period. Exclude: Any mortgage on your personal residence (unless there is rental income); loans secured by automobiles, household furni-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 ling 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. ture, 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 sib-

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	7	7	JT		JT DC,	
ACS/Panhandle Plains	Carlsbad National Bank	Carlsbad National Bank	Carlstad National Bank	Example: First Bank of Wilmington, DE	Creditor	
2001	April 2009	Suptember 2011	December 2013	May 1998	Date Liability Incurred mo/year	
Student Loan	Revolving Credit Line	september Mirtigage on 310 N. Canyon, Carkbad	Mortgage on 508 S. Ash, Carlsbad	Mortgage on 123 Main Street, Dover, DE	Type of Liability	
					\$10,001 \$15,000	
×	×		_		\$15,001— \$50,000	
		×	×		\$50,001 \$100,000 O	
				×	\$100,001— \$250,000	
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					\$1,000,001— \$5,000,000 D	Amount of Liabilit
					\$5,000,001— \$25,000,000 エ	
					\$25,000,001 \$50,000,000	
					Over \$50,000,000	
	<u> </u>	l			Spouse/DC Liability over 💢	

SCHEDULE IV — POSITIONS

cer, director, trustee, partner, proprietor, representative, employee, or consultant of any corporation, company, 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-

and positions solely of an honorary nature. Exclude: Positions listed on Schedule I; positions held in any religious, social, fraternal, or political entities (such as a political party or campaign organization);

The process of the second seco	TAXAL C.
Position	Name of Organization
Sole Proprietor	Lara Law Firm, Car-Isbad, NM

SCHEDULE V -- AGREEMENTS

Name MOXAMINE R. LAVIA

Page 6 of 7

			Date	service; continua efit plan maintair
			Parties To	service; continuation or deferral of payments by a former or current employer other that effit plan maintained by a former employer.
			Terms of Agreement	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.

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.

Source (Name and Address)	Brief Description of Duties
Example: Doe Jones & Smith, Hometown, Homestate	Accounting services
Debbie Francione, Carlsbad, NM	Legal services
Joel King, Artesia, NM	Legal services
Steffani Williams, Artesia, NM	Legal services
Debra Bounds, Carlsbad, NM	Legal services
Dale Vickrey, Carlsbad, NM	Legal services
Doug Wood, Bothell, WA	Legal services
Izaiah Gonzales, Artesia, NM	Ligal services
GPO: 2013 78-885 (mac)	

SCHEDULE V — AGREEMENTS

Name Koxanne R Lara

Page 7 of 7

			Date	Identify the date service; continue fit plan mainta
			Parties To	Identify the date, parties to, and general terms of any agreement or arrangement with respect to: future emploservice; continuation or deferral of payments by a former or current employer other than the U.S. Governments of plan maintained by a former employer.
•			Terms of Agreement	Identify the date, parties to, and general terms of any agreement or arrangement 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.

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.

Source (Name and Address)	Brief Description of Duties
Example: Doe Jones & Smith, Hometown, Homestate	Accounting services
Claudia Duque, Carlsbad, NM	Legal Services
Robert Pack, Carlsbad, NM	Legal services