MICHELLE LUJAN GRISHAM

1st District, New Mexico

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505 MARQUETTE AVE, NW, SUITE 1605 ALBUQUERQUE, NM 87102 T: (505) 346-6781 F: (505) 346-6723

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Congress of the United States House of Representatives

Washington, **BC** 20515-3101

COMMITTEE ON AGRICULTURE

DEPARTMENT OPERATIONS, OVERSIGHT, AND NUTRITION

LIVESTOCK, RURAL DEVELOPMENT, AND CREDIT

COMMITTEE ON THE BUDGET

COMMITTEE ON OVERSIGHT AND GOVERNMENT REFORM

ENERGY POLICY, HEALTH CARE, AND ENTITLEMENTS

NATIONAL SECURITY

www.lujangrisham.house.gov

May 15, 2013

Office of The Clerk
U.S. House of Representatives
Legislative Resource Center
B-106 Cannon House Office Building
Washington, DC 20515-6612

To Whom It May Concern:

Please find enclosed an amendment to my candidate United States House of Representative Financial Disclosure Statement (Form B), filed on May 15, 2012.

During the preparation of my most recent Financial Disclosure statement, it came to my attention that the report filed in 2012 inadvertently failed to include one personal liability. This amendment includes an updated liabilities section under Schedule V.

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DELIVERED

DELIVERED

Sincerely,

Michelle Lujan Grishan

United States Representative

DELIVERED (Office Use Only) A \$200 penalty shall be assessed against any individual who files more than 30 days late. Ore the date wo years? Yes No No X Office Use Only) A \$200 penalty shall be assessed against any individual who files more than 30 days late. No X Ore the date Yes X No X OF THESE QUESTIONS Per Yes No X OF THESE QUESTIONS De Yes No X OF THESE QUESTIONS Pendent child Yes No X	DELIVER (Office Use Only A \$200 penalty shall be against any individual more than 30 days late office the date r two years? Pendemt child PELIVER (Office Use Only (Office U	State: New Mexico Date of 6/5/12 Check if Election: 6/5/12 Ampfromet District: New Mexico Date of 6/5/12 Check if Election: 6/5/12 Ampfromet District: New Mexico Date of 6/5/12 Ampfromet District Di	Daytime XICO Date of Election: CH OF THESI No Date of Election: Election: XI No Date of Ele	State: New Mexico District: State: New Mexico District: Yes X Black Ink ANSWER EACH O alaries or eriod? Yes X Ineamed any tepprind? Yes X Ineamed any the answered a must be answered a further assets, "unearn or any other assets, "unearn or any	Michelle Lujan Gri X Candidate for the House of Representatives	Filer Status In all secti PRELIN I. Did you fees) of \$2 if yes, con II. Did you income of reportable if yes, con III. Did you income of the post of th
ZOTA KAY 15 PH 3:37 LS. house in her wesen which was	20; 20;	FORM B For use by candidates and new employees		31, 2012	UNITED STATES HOUSE OF REPRESENTATIVES FINANCIAL DISCLOSURE STATEMENT Period covered: January 1, 2011 - April 31, 2012	Peri

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.	amount arrangement and hanglite r	manived under the Social S	Contribut Act
= () ()		Amount	unt
Source (include date of receipt for honoraria)	Type	Current Year to Filing	Preceding Year
XYZ Corporation, 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
			,

Delta Consulting Group, Inc. Santa Fe, NM (Healthcare Consulting	<u> ဗ</u>	For rental or other real property held for investment, provide a complete address. 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. Exclude: Your personal residence, including second 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 III requirements, please refer to the instruction booklet.	Asset and/or Income Source Asset and/or Income Source Identity (a) each asset held for investment or production of income with a fair market value exceeding \$1,000 at the erd 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 all 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 not exercised, 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, provide only the name of the institution holding the account and its value at the end of the reporting period.
×	Indefinite X	\$1 - \$1,000 \$1,001 - \$15,000 \$15,001 - \$50,000 \$50,001 - \$100,000 \$100,001 - \$250,000 \$250,001 - \$500,000 \$500,001 - \$1,000,000 \$1,000,001 - \$5,000,000 \$5,000,001 - \$25,000,000 \$25,000,001 - \$25,000,000	Walue 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."
	X Royalties	NONE DIVIDENDS RENT INTEREST CAPITAL GAINS EXCEPTED/BLIND TRUST Other Type of Income (Specify: e.g., Partnership Income or Farm Income)	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 reinvested, must be disclosed as income. Check "None" if the asset generated no income during the reporting period.
×	× × × × × × × × × × × × × × × × × × ×	None S1 - \$200 = \$201 - \$1,000 = \$2,501 - \$5,000 < \$2,501 - \$5,000 < \$2,501 - \$5,000 < \$2,501 - \$5,000 < \$2,501 - \$50,000 < \$2,501 - \$50,000 < \$2,501 - \$50,000 < \$2,501 - \$100,000 < \$2,500,001 - \$1,000,000 < \$2,000,001 - \$1,000,000 < \$2,000,000 < \$2,000 - \$1,000,000 < \$2,000 - \$1,000,000 < \$2,000 - \$1,000 < \$2,000 - \$1,000 < \$2,501 - \$1,000 < \$2,501 - \$5,000 < \$2,501 - \$5,000 < \$2,501 - \$15,000 < \$2,501 - \$15,000 < \$2,501 - \$10,000 < \$2,000 - \$1,000,000 < \$2,000 - \$1,000,000 < \$2,000 - \$1,000,000 < \$2,000 - \$1,000,000 < \$2,000 - \$1,000,000 < \$2,000 - \$1,000,000 < \$2,000 - \$1,000,000 < \$2,000 - \$1,000,000 < \$2,000 - \$1,000,000 < \$2,000 - \$1,000,000 < \$2,000 - \$1,000,000 < \$2,000 - \$1,000,000 < \$2,000 - \$1,000,000 < \$2,000 - \$1,000,000 < \$2,000 - \$1,000,000 < \$2,000 - \$1,000,000 < \$2,000 - \$1,000,000 < \$2,000 - \$1,000,000 < \$2,000 - \$1,000,000 < \$2,000 - \$1,000,000 < \$2,000 - \$1,000,000 < \$2,000 - \$1,000,000 < \$2,000 - \$1,000,000 < \$2,000 - \$1,000,000 < \$2,000 - \$1,000,000 < \$2,000 - \$1,000,000 < \$2,000 - \$1,000,000 < \$2,000 - \$1,000,000 < \$2,000 - \$1,000,000 < \$2,000 - \$1,000,000 < \$2,000 - \$1,000,000 < \$2,000 - \$1,000,000 < \$2,000 - \$1,000,000 < \$2,000 - \$1,000,000 < \$2,000 - \$1,000,000 < \$2,000 - \$1,000,000 < \$2,000 - \$1,000,000 < \$2,000 - \$1,000,000 < \$2,000 - \$1,000,000 < \$2,000 - \$1,000,000 < \$2,000 - \$1,000,000 < \$2,000 - \$1,000,000 < \$2,000 - \$1,000,000 < \$2,000 - \$1,000,000 < \$2,000 - \$1,000,000 < \$2,000 - \$1,000,000 < \$2,000 - \$1,000,000 < \$2,000 - \$1,000,000 < \$2,000 - \$1,000,000 < \$2,000 - \$1,000,000 < \$2,000 - \$1,000,000 < \$2,000 - \$1,000,000 < \$2,000 - \$1,000,000 < \$2,000 - \$1,000,000 < \$2,000 - \$1,000,000 < \$2,000 - \$1,000,000 < \$2,000 - \$1,000,000 < \$2,000 - \$1,000,000 < \$2,	accounts that coloring investments dincome (such may check the assets, indicate hecking the all ends, interest if reinvested, income. Check arned or genera

SCHEDULE II - ASSETS AND "UNEARNED" INCOME

Name Michelle Lujan Grisham

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			 		1				SP, DC			
		(Not self-directed)		227 E Palace, Ste F Santa Fe, NM 87501	Kruger Commercial Condominium	NW Mutual Life Ins	(Not self-directed)	Bernalillo County Deferred Comp Plan			Asset and/or Income Source	BLOCK A
		×		*		X		X	\$1 - \$1,000 \$1,001 - \$15,000 \$15,001 - \$50,000 \$50,001 - \$100,000 \$100,001 - \$250,000 \$250,001 - \$500,000 \$500,001 - \$1,000,000 \$1,000,001 - \$5,000,000 \$5,000,001 - \$25,000,000	A B C D E F G H - J X L	Value of Asset	вгоск в
		X		×		Cashed Out	1	X	NONE DIVIDENDS RENT INTEREST CAPITAL GAINS EXCEPTED/BLIND TRUST Other Type of Income (Specify: e.g., Partnership Income or Farm Income)		Type of income	BLOCK C
		X		X		×		X	None		Amount of Income	BLOCK D
				×		×			\$201 - \$1,000	oding Voor		

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SCHEDULE III - LIABILITIES

Name Michelle Lujan Grisham

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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. 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 ture, or appliances; liabilities of a business in which you own an interest (unless you are personally liable); and flabilities owed to a spouse, or the child, parent, or sib-

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	A C T C T C T C T C T C T C T C T C T C	Nationwide Retirement		U.S. New Mexico Federal	Example: First Bank of Wilmington, DE	Creditor	•	
		4/2012		7/2011	May 1998	Liability Incurred mo/year	Date	
		Personal Loan		Solar Loan	Mortgage on 123 Main Street, Dover, DE	Type of Liability		
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						\$25,000,001— \$50,000,000	-	
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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 an honorary nature.

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Position	Name of Organization
Board Member	Total Community Care
Proprietor/Owner	MLG Consulting
Bar Commissioner	New Mexico State Bar
Member/Partner	Delta Consulting Group, LLC
Officer/Director	Delta Consulting Group, Inc.

SCHEDULE V - AGREEMENTS

Name	
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	Grisham

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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.

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	Date	Parties To	
The spring of	0 0 0 0 0 0 0 0 0	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.

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