Tes ∏ No 🔀	ncome, transactions, or liabilities of a spouse or dependent child yes" unless you have first consulted with the Committee on	Exemptions— Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption? Do not answer "yes" unless you have first consulted with the Committee on
Yes No Z	ttee on Standards of Official Conduct and certain other "excepts t details of such a trust benefiting you, your spouse, or depender	Trusts- Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct 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 dependent child?
ONS	ATION - ANSWER EACH OF THESE QUEST	EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION - ANSWER EACH OF THESE QUESTIONS
	schedule attached for each "Yes" response.	If yes, complete and attach Schedule V.
nd the appropriate	Each question in this part must be answered and the appropriate	V. (more than \$10,000) during the reporting period? Ves No 🔀
	If yes, complete and attach Schedule IX.	If yes, complete and attach Schedule IV.
yes No 🖸	Did you have any reportable agreement or arrangement with an outside LX. entity?	Did you, your spouse, or dependent child purchase, sell, or exchange any IV. reportable asset in a transaction exceeding \$1,000 during the reporting Yes No 😾
	If yes, complete and attach Schedule VIII.	If yes, complete and attach Schedule III.
Yes No 🔀	Cid you hold any reportable positions on or before the deta of filing in the VIII. corrent calendar year?	Did you, your apouse, or a dependent child receive "uneanned" income of \$18. more than \$200 in the reporting period or held any reportable asset worth \$766 [A]. No norm than \$100 in the end of the period?
	If yes, complete and attach Schedule VII.	If yes, complete and attach Schedule II.
saxe Yes No	Did you, your spouse, or a dependent child receive any reportable travel or VII. reimbursements for travel in the reporting period (worth more than \$336 from one source)?	Did any includual or organization make a donation to charify in lieu of paying 11. you for a speech appearance, or article in the reporting period? Yes No V
	If yes, complete and attach Schedule VI.	If yes, complete and attach Schedule I.
wise Yes Mo S	Ut you your spouse, or a dependent child acceive any reportable gift in VI. the reporting period (i.e., eggregating more than \$335 and not otherwise assemble?	Did you or your spouse have "earned" income (e.g., salaries or fees) of \$200 Yes No
	QUESTIONS	PRELIMINARY INFORMATION ANSWER EACH OF THESE QUESTIONS
more than 30 days late.	Termination Date:	Report Type Annual (May 15) Amendment Termination
be assessed against anyone who files	Ciripioyee U.S. House of Reps.	cr.
A \$200 penalty shall	Employing Office:	State: NM
(Office Use Only)	(Daytime Telephone)	(Full Name)
The	505-699-9074	Ben R. Lujan
0.8. HOU		
Q _F	nbers, officers, and	CALENDAR YEAR 2009 FINANCIAL DISCLOSURE STATEMENT
2010 M	FORM A Page 1 of 2	INITED STATES HOUSE OF BEDDESCRITATIVES
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OSENIO SE LAS COMESTA DE COMESTA

SCHEDUL	SCHEDULE III - ASSETS AND "UNEARNED" INCOME	E Name Ben R. Lujan	ujan		Page 2 of 2
	BLOCK A	BLOCKB	BLOCK C	BLOCK D	BLOCK €
ASSE identity (a) eas a fair market : and (b) any of than \$200 in it land, provide mutual funds refirement plain which you investments). In the account plans that are and its value that is not put its activities; information, a lexibide owed to parent or sith savings accordionation of the control of the c	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 assets or sources of income which generated more than \$200 in "unreamed" income during the year. For rental property or land, provide a complete address, Provide full 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 and income information on each asset in the account that exceeds the reporting threshold. For retirement plans find are not self-directed, name the institution holding the account and its value at the end of the reporting period. For an active 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 additional information, see the instruction bookler. Exclude: Your personal residence(s) (unless there is rental income); any debt owed to you by your spouse, or by your or your spouse child, parent or sibling; any deposits totaling \$5,000 or less in personal savings accounts; any financial interest in or income derived from U.S. Government retirement programs. If you so choose, you may indicate that an asset or income source is that of your spouse (3P) or dependent child (DC) or is jointly held (JT).	Year-End Value of Asset at close of reporting year. If you use a valuation method other than fall market value, please specify the method used. If an asset was sold and is included only because it is generated income, the value should be "None."	Type of Income Check all columns that apply. For retirement plans or accounts that do not allow you to choose specific investments, you may write "NA". For all other assets including all IRAs, indicate the type of income by checking the appropriate box below. Dividends and introest, even if reinvested, should be listed as income. Check "None" if asset did not generate any Income during the catendar year.	Amount of income For retirement plans or accounts that do not allow you to choose specific investments, you may write "NA" for income. For all other assets, including all IRAs, indicate the category of income by checking the appropriate box below. Dividends and interest, even if rainvested, should be isted as ancome. Check "None" if no income was earned or generated.	Transaction Indicate it asset had purchases (P), sales (S), or exchanges (E) exceeding \$1,000 in reporting year:
in which you investments), in the account plens that are and its value that is not put its activities; information, a certain over the parent or sibd savings according to the configuration of the configuration of the certain of the	in which you have the power, even if not exercised, to select the specific investments), provide the value and income information on each asset in the account that exceeds the reporting threshold. For retirement plens that are not self-directed, name the institution holding the account and its value at the end of the reporting period. For an active 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 additional information, see the instruction booklet. Exclude: Your personal residence(s) (unless there is rental income); any debt owed to you by your spouse, or by your or your spouse child, parent or sibling; any deposits totating \$5,000 or less in personal savings accounts; any financial interest in or income derived from U.S. Government retirement programs. 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 (JT), in the optional column on the far left. New Mexico Public Employees Retirement Plan, State Pension	the method used. If an asset was sold and is asset was sold and is needed because it is generated income, the value should be "None." \$15,001 - \$50,000	IRAs, indicate the type of income by checking the appropriate box below. Dividends and interest, even if reinvested, should be listed as income. Check "None" if asset did not generate any Income during the calendar year.	ng the section of the	
If you so choo that of your si in the options	sse, you may indicate that an asset or income source is pouse (SP) or dependent child (DC) or is jointly held (JT), it column on the far left. New Mexico Public Employees	\$15,001 -	N/A	N/A	
	New Mexico Public Employees Retirement Plan, State Pension Plan	\$15,001 - \$50,000	N/A	N/A	
	Wells Fargo Bank, NM Checking Account	\$1,001 - \$15,000	N/A	N/A	

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