PRELIMINARY INFORMATION — EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION — ANSWER <u>EACH</u> OF THESE QUESTIONS excluded from this report details of such a trust benefiting you, your spouse, or dependent child? If yes, complete and attach Schedule V. V. 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 IV. \$1,000 during the reporting period? or exchange any reportable asset in a transaction exceeding IV. Did you, your spouse, or a dependent child purchase, sell If yes, complete and attach Schedule III. income of more than \$200 in the reporting period or hold any 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? If yes, complete and attach Schedule I. UNITED STATES HOUSE OF REPRESENTATIVES they meet all three tests for exemption? Do not answer "yes" unless you have first consulted with the Committee on Ethics **EXEMPTION**—Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because TRUSTS—Details regarding "Qualified Blind Trusts" approved by the Committee on Ethics and certain other "excepted trusts" need not be disclosed. Have you reportable asset worth more than \$1,000 at the end of the period? If yes, complete and attach Schedule II. Name: Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the CALENDAR YEAR 2011 FINANCIAL DISCLOSURE STATEMENT II. Did you, your spouse, or a dependent child receive "unearned" reporting period? Status Report Filer イスローノモ House of Representatives Member of the U.S. Annual (May 15, 2012) ROYBAL -District: _ State:_ **ANSWER EACH OF THESE QUESTIONS** ALLARD 7. M Amendment Yes Yes Yes Yes Yes Daytime Telephone: 8 <u>₹</u> ö <u>₹</u> Š Officer or Employee IX. Did you have any reportable agreement or arrangement with an outside entity? If yes, complete and attach Schedule IX. of filing in the current calendar year? If yes, complete and attach Schedule VIII reportable travel or reimbursements for travel in the reporting If yes, complete and attach Schedule VII. VII. Did you, your spouse, or a dependent child receive any than \$350 and not otherwise exempt) VI. Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more VIII. Did you hold any reportable positions on or before the date period (worth more than \$350 from one source)? If yes, complete and attach Schedule VI. For use by Members, officers, and employees appropriate schedule attached for each "Yes" Employing Office Each question in this part must be answered and the Termination 202-225-1766 Form Termination Date: 30 days late. against anyone who files more than Þ \$200 penalty shall be assessed HAND DELIVERED U.SICHALO USB ONLYREDENTATIVES -SISTATIVE RESOURCE CLATE: 2012 MAY -9 AM 11: 45 Yes Yes Yes Yes Yes Yes response ₹ X <u>₹</u> S V Ş 8 **8**

Name LUCILLE ROYBAL- ALLARD

> Page 2 ₫.

SCHEDULE I—EARNED INCOME

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.

							SELECTIVE SERVICE SYSTEM	Ontario County Board of Education	Examples: Civil War Roundtable (Oct. 2nd)		- 1	Source
				222			SPOUSE SALARY	Spouse Salary	Spouse Speech	Legislative Pension	Approved Teaching Fee	Туре
							7	NA	\$1,000	\$9,000	\$6,000	Amount

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2	SCHEDIII E IIIASSETS AND "IINEARNED" INCOME	-	Ξ	Π	IJ	Z	ؾ	<u> </u>	ξ	ວັ	2	η									Name LucitLE	(1)	70	ROYBAL-	6	۲,		ALLARD	AR	Ö	P	Page .	4 of 9
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-	Asset and/or Income Source				<	<u>a</u>	Value of Asset	Ď	SS	ė							₹	e	읖	T _C	Type of Income			A	Amount of Income	컱	앜	S S	ö	e e			Transaction
iden of in the repo	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.	rep me ple	Indicate reporting method please s	ing d c	value year. other t	ar. fytt	Indicate value of asset at cl reporting year. If you use a va- method other than fair market please specify the method used	assou ou fai	ir n	at anark	close valuat ket val		je jej g	O # 4 7 0	Cheretire /ou / hat such	Check all coll retirement according you to choose that generate (such as 401(the colling)).	all and a hoose nera	colu se s ite	Check all columns the retirement accounts the retirement accounts the retirement accounts the color of the co	tha fic in defe	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	For Def "Nc cat	erre	sets d" ir colu coat	for 1 Blo Imn. tego riate	whice For For ba	. 호 프 (ou nothe	chec nay ir as e by	ked cher sets che	For assets for which you checked "Tax- Deferred" in Block C, you may check the "None" column. For all other assets, indi- cate the category of income by checking the appropriate box below. Dividends ,	; \$ @ ≒ @ ½	asset had purchases (P), sales (S), or exchanges (E) exceeding
Prov not For the	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	ye. ge	nera ar a	sse and	j io ≸	as s inc	e, jud	ag ad dr	ing on!	the the	rer eca	If an asset was sold during the reporting year and is included only because it generated income, the value should be	ing ⊭ be	= 0.00 = 3	may Divi Jain Jisci	may check to Dividends, gains, even gains, even disclosed a disclosed a fit the asset (wen wen set a	jene	may check the "lax-Del Dividends, interest, gains, even if reinvest disclosed as income. If the asset generated if	ves ne.	Dividends, interest, and capital gains, even if reinvested, must be disclosed as income. Check "None" if the asset generated no income dur-	reint inc	interest, and capital gains, even reinvested, must be disclosed income. Check "None" if no income we earned or generated.	org	neck pene	cat ("No rate	id. id.	ລັ ດ ຜິ	o in c	ome ose	interest, and capital gains, even in reinvested, must be disclosed as income. Check "None" if no income was earned or generated.	as as =	\$1,000 in reporting year.
acco men the l	investments), provide the value for each asset held in the account that exceeds the reporting thresholds. For retire- ment 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.	^	B	· .	D .	m	77	മ	Į.	-	<u>د</u>	×		- 						_		-	=	≣	₹	<	≤	VIIIV	≦	×	×	×	If only a portion of
For_	For rental or other real property held for investment, provide a complete address.	:			•	ï	•	!	:				1	_							ne)												an asset is sold, please indicate as
For that ness tion	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.											.,	•		·						or Farm Incol												follows: (S) (partial) See below
hom inco ing accc	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 a personal checking or period accounts; and any financial interest in, or income derived from, a federal retirement program, including the Thrift Savings Plan.			.000	0,000	00,000	250,000	500,000	1,000,000	\$5,000,000	\$25,000,000	- \$50,000,000		,	<u> </u>		<u></u> -	NC		SLIND TRUST				0		000	,000	0,000	00,000	1,000,000	\$5,000,000	000	S. b.
inco chilo	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.	ne	- \$1,000	<u> 1001 – \$15,</u>	,001 – \$5	,001 – \$10	0,001 <u> —</u> \$	0,001 – \$	0,001 – \$				er \$50,000		IDENDS			EREST	PITAL GAI		er Type of	ne	- \$200	1 – \$1,00	001 <u>\$2,</u>	501 – \$5,0	001 – \$15	5,001 – \$5	,001 - \$1	0,001 – \$	000,001 –	er \$5,000,	П
For	For a detailed discussion of Schedule III requirements, please refer to the instruction booklet.	No	\$1 -	\$1,0	\$15	\$50	\$10	\$25	\$50					NO		REI					Oth	No	\$1	\$20		\$2,	\$ 5,	\$15	\$50	\$10	\$1,	Ove	
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SCHEDULE III—ASSETS AND "UNEARNED" INCOME Continuation Sheet (if needed)

Name LUCILLE ROYBAL- ALLAND Page

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SCHEDULE V— LIABILITIES

Name Lucil LE ROYBAL - ALLARD

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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 preceding calendar year exceeded \$10,000. NOTE: Pending legislation may require Members to report during the year. Exclude: Any mortgage on your personal residence (unless it is rented out); loans secured by automobiles, household furniture, or appliances; liabilities of a 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 owed mortgages on personal residences.

75	77	15	50		SP, DC, JT
CHASE	WELLS FARA	USAA	Americ	Example:	
	FARA		AMERICAN EXPRESS	First Bank of Wilmington, DE	Ç
			(DENTA - TRACE) 2011	ngton, DE	Creditor
2011	1998	1993	2011	May 1998	Date Liability Incurred Mo/Year
rzsipance, Downsy, car	MORTGAGE ON PERSONAL RORTGAGE ON PERSONAL	RESIDENCE, WASHINGTON, DC		Mortgage on 123 Main St., Dover, DE	Type of Liability
			×		\$10,001- \$15,000
	4				\$15,001- \$50,000
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					\$5,000,001- \$25,000,000 ±
					\$25,000,001- \$50,000,000
					Over \$50,000,000

SCHEDULE VI— GIFTS

Exclude: Gifts from relatives, gifts of personal hospitality of 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 \$140 or less need not be added towards the \$350 disclosure threshold. Report the source, a brief description, and the value of all gifts totalling more than \$350 received by you, your spouse, or a dependent child from any source during the year.

Note: The gift rule (House Rule 25, clause 5) prohibits acceptance of gifts except as specifically provided in the rule.

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SCHEDULE VII — TRAVEL PAYMENTS AND REIMBURSEMENTS

or were paid by you and reimbursed by the sponsor. you, your spouse, or a dependent child during the reporting period. Indicate whether a family member accompanied the traveler at the sponsor's expense, and Identify the source and list travel itinerary, dates, and nature of expenses provided for travel and travel-related expenses totalling more than \$350 received by the amount of time, if any, that was not at the sponsor's expense. Disclosure is required regardless of whether the expenses were paid directly by the sponsor

spouse or dependent child that is totally independent of his or her relationship to you. **Exclude:** Travel-related expenses provided by federal, state, and local governments, or by a foreign government required to be separately reported under the Foreign Gifts and Decorations Act (5 U.S.C. §7342); political travel that is required to be reported under the Federal Election Campaign Act; travel provided to a

	•					
Source	Date(s)	City of Departure—Destination— City of Return	Lodging? (Y/N)	Food? (Y/N)	Was a Family Member Included? (Y/N)	Number of days not at sponsor's expense
Examples: Chicago Chamber of Commerce	Mar. 2	DC—Chicago—DC	z	z	Z	None
Roycroft Corporation	Aug. 6–11	DC—Los Angeles—Cleveland	Υ	Y	Υ	2 Days
ALLIANCE BE HANTH	NAC.	NOTE: COMMITTO -				
REFORM		APPROVED TRAVEL BUT	•			
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AMERICAN FOUNDATION	SEPT	NOTE: COMMITTES				
		APPROVED TRAVEL BU	7			
Re		MEMBER CONNERO EXPENSES	STSM			

SCHEDULE VIII—POSITIONS

Name LUCILLE ROYBAL - ALLARD

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organization, or any educational or other institution other than the United States proprietor, representative, employee, or consultant of any corporation, firm, partnership, or other business enterprise, any nonprofit organization, any labor Report all positions, compensated or uncompensated, held during the current calendar year as an officer, director, trustee of an organization, partner,

tions); 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 political parties and campaign organiza-

_			_		_	
		(SSS ATTACHED LIST)		DEPUTY DIRECTOR (SPOUSE)	Position	1,1
		67)		SELECTIVE SPRVICE SYSTEM	Name of Organization	

SCHEDULE IX—AGREEMENTS

employee welfare or benefit plan maintained by a former employer. government service; continuation or deferral of payments by a former or current employer other than the U.S. Government; or continuing participation in an 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

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Congresswoman Lucille Roybal-Allard BOARDS AND ADVISORY COUNCILS 2011

Angelus Plaza Activity Center Advisory Council

Archiocesan Youth Employment Services of Catholic Charities Honorary Advisory Board

Art Share Los Angeles Advisory Board

Belmont Community Adult School Advisory Council

Center for Asian Americans United for Self Empowerment (CAUSE) Honorary Advisory Council

Congressional Hispanic Caucus Institute Board Member

Huntington Park-Bell-Gage Community Adult School Advisory Council

Korean American Coalition Honorary Board Member

LINC TELACU Education Foundation - National Advisory Board

NALEO Educational Fund Board of Directors

Neighborhood Music Settlement Advisory Council

Para Los Niños Advisory Board

Rio Hondo Boy & Girls Club Advisory Council

Roosevelt Community Adult School Advisory Council