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	EXEMPTION—Hithey meet all thr	TRUSTS Detai	IPO—Did you pu	EXCLUSION OF	V. Did you, your s liability (more that If yes, complete	IV. Did you, your or exchange any \$1,000 during the if yes, complete	III. Did you, your income of more t reportable asset if yes, complete	II. Did any individ lieu of paying you reporting period? If yes, complete	I. Did you or you fees) of \$200 or If yes, complete	PRELIMINA	Report Type	Filer Status		Name:		UNITED ST
	Have you excluded fee tests for exempti	ls regarding "Qualifi is report details of s	irchase any shares	N OF SPOUSE,	V. Did you, your spouse, or a dependent child have any reliability (more than \$10,000) during the reporting period? If yes, complete and attach Schedule V.	IV. Did you, your spouse, or a dependent of or exchange any reportable asset in a tran- \$1,000 during the reporting period? If yes, complete and attach Schedule IV.	III. Did you, your spouse, or a dependent clincome of more than \$200 in the reporting reportable asset worth more than \$1,000 a if yes, complete and attach Schedule III.	II. Did any individual or organization make lieu of paying you for a speech, appearand reporting period?  If yes, complete and attach Schedule II.	<ul> <li>Did you or your spouse have "earned" in fees) of \$200 or more from any source in If yes, complete and attach Schedule I.</li> </ul>	PRELIMINARY INFORMATION	Annual (May 15, 2013)	Member of the U.S. House of Representatives		Grace		ATES HOUSE YEAR 2012 FI
	rom this report any on? Do not answer '	ed Blind Trusts" app such a trust benefitir	that were allocated	SE, DEPENDENT,	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 V.	IV. Did you, your spouse, or a dependent child purchase, sell, or exchange any reportable asset in a transaction exceeding \$1,000 during the reporting period? If yes, complete and attach Schedule IV.	III. 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 III.	II. Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? If yes, complete and attach Schedule II.	<ul> <li>Did you or your spouse have "earned" income (e.g., salaries or fees) of \$200 or more from any source in the reporting period?</li> <li>If yes, complete and attach Schedule I.</li> </ul>	1	, 2013)	U.S. State:	,	F. Napolitano		UNITED STATES HOUSE OF REPRESENTATIVES CALENDAR YEAR 2012 FINANCIAL DISCLOSURE ST
	<b>EXEMPTION</b> —Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities o they meet all three tests for exemption? Do not answer "yes" unless you have first consulted with the Committee on	<b>TRUSTS</b> —Details regarding "Qualified Blind Trusts" approved by the Committee on Ethics and certain other "excepte excluded from this report details of such a trust benefiting you, your spouse, or dependent child?	-Did you purchase any shares that were allocated as a part of an Initial Public Offering?	OR.	portable Yes	, sell, ding Yes	earned" any period? Yes	charity in the Yes	eriod? Yes	ANSWER EACH	Amendment	38		Tano		UNITED STATES HOUSE OF REPRESENTATIVES CALENDAR YEAR 2012 FINANCIAL DISCLOSURE STATEMENT
	ned" income, trans ve first consulted w	ittee on Ethics and or dependent chi	l Public Offering?	TRUST INFORMATION	Z S □	N <sub>o</sub> ⊠	s D	N <sub>S</sub>		H OF THESE		Officer or Employee		Daytime T		EMENT
	sactions, or liabilitions, or liabilitions, or liabilitions, or liabilitions.	d certain other "exc ld?		1	Each ques appropriate	IX. Did you have any an outside entity?  If yes, complete and	VIII. Did you hold any of filing in the current If yes, complete and	VII. Did you, your spo reportable travel or re period (worth more th If yes, complete and	VI. Did you, your spoureportable gift in the reportable gift in the reportable gift in the responsibility and solutions.	E QUESTIONS	Termination	Employing Office:	!	Daytime Telephone:		For use by Membe
	<b>EXEMPTION</b> —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 Ethics.	epted trusts" need n		ANSWER EA		iny reportable agreement and attach Schedule IX.			VI. Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than \$350 and not otherwise exempt)?  If yes, complete and attach Schedule VI.	NS	Termination Date:	fice:				Form A For use by Members, officers, and employees
	vendent child becaus	ed trusts" need not be disclosed. Have you		ISWER EACH OF THESE QUESTIONS	tion in this part must be answered and the schedule attached for each "Yes" response.	reportable agreement or arrangement with attach Schedule IX.	reportable positions on or before the date calendar year? attach Schedule VIII.	ent child receive any travel in the reportire source)?	ent child receive any i.e., aggregating more		 	A \$200 p	S HOURS IN THE	2.5 U1		yees
	Yes	you Yes	Yes	E QUESTION	answered an เch "Yes" res	Yes X	date Yes	Yes	e Yes		30 days late.	\$200 penalty shall be	(Office Use Only)	10: 32	DELIVER	HAND
	× ×	<b>8</b> <b>⊠</b>	<b>₹</b>	NS	d the ponse.	ĕ □	8	× ×	No X		niore man	assessed		N. C.	֓֞֞֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓	ָבָּר (בּיבּר

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# 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.

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							California Public Employees' Retirement System	Ford Retirement Plan	Ontario County Board of Education	Examples:   Civil War Roundtable (Oct. 2nd)		Keene State	Source	
		,					<b>Pension</b>	Pension	Spouse Salary	Spouse Speech	Legislative Pension	Approved Teaching Fee	Туре	
							\$6,35%	\$10,651	NA	\$1,000	\$9,000	\$6,000	Amount	

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California Public Baylayers	Ford Retirement Plans	LA Financial Credit Union	eyoy sherided the Pico Rivera, CA	7814 Kingbury Way San Antain TR	<b>`</b>	JT 1st Bank of Paducah, KY Accounts	Examples:	SP, Sp Mega Corp. Stock	ness, the nature of its activities, and its geographic location in Block A.  Exclude: Your personal residence, including second homes and vacation homes ( <i>unless</i> there was rental income during the reporting period); any deposits totaling \$5,000 or less in a personal checking or saving 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.	For an ownership interest in a privately-held business that is not publicly traded, state the name of the busi-	For rental or other real property held for investment, provide a complete address or a description, e.g., "rental property" and a city and state	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.	Provide complete names of stocks and mutual funds (do not use ticker symbols.)	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.	dentify (a) each asset held for investment or production of income with a fair market value exceeding \$1,000 at	Asset and/or Income Source	BLOCK A
***		*	~		~	×	Indefinite	X	None \$1 - \$1,000 \$1,001 - \$15,000 \$15,001 - \$50,000 \$50,001 - \$100,000 \$250,001 - \$250,000 \$500,001 - \$500,000 \$500,001 - \$1,000,000 \$1,000,001 - \$5,000,000 \$5,000,001 - \$5,000,000 \$5,000,001 - \$50,000,000 \$0,000,001 - \$50,000,000 \$25,000,001 - \$50,000,000 Over \$50,000,000	B C D E T G H - L X C		* This column is for assets held solely by your spouse or dependent child.	If an asset was sold during the reporting year and is included only because it generated income, the value should be "None."	fair market value, please specify the method used.	Indicate value of asset at close of reporting vear. If you use a valuation method other than	Value of Asset	вгоск в
<b>—</b>	<b>×</b>	~	~	<b>*</b>	Sales	×	Royalties		Spouse/DC Asset over \$1,000,000*  NONE  DIVIDENDS  RENT  INTEREST  CAPITAL GAINS  EXCEPTED/BLIND TRUST  TAX-DEFERRED  Other Type of Income (Specify: e.g., Partnership Income or Farm Income)	<	reporting period.	vested, must be income. Check "No generated no inco	IRAs), you may on Deferred" column. It is co		ng Check all columns that apply. For an retirement accounts that do not	Type of Income	BLOCK C
7	<b>7</b>				×	×		×	None \$1 - \$200 \$201 - \$1,000 \$1,001 - \$2,500 \$2,501 - \$5,000 \$5,001 - \$15,000 \$15,001 - \$50,000 \$15,001 - \$100,000 \$100,001 - \$1,000,000 \$1,000,001 - \$5,000,000 Over \$5,000,000 Spouse/DC Income over \$1,000,000*			* This column is for income generated by assets held solely by your spouse or		"None" column. For all the category of incor	T For assets for which you checked "Tax- t Deferred" in Block C, you may check the	Amount of Income	BLOCK D
							***************************************	S (partial)	sold, please indicate as follows: (S) (partial) See below for example.  P, S, E		If only a	your services and services are services are services and services are services are services and services are services are services are services and services are		(P), sales (S), or exchanges		Transaction	BLOCK E

### **SCHEDULE V— LIABILITIES**

Name Grace F. Nagolitano Page 1 of

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. \*This column is for liabilities held solely by your spouse or dependent child. 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 during the year. 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 it is rented out or you are a Member); loans secured by automobiles, household furniture, or appliances; liabilities of a business in which you own an interest (unless you

			SP, DC, JT	
LA financial Credit Union	bank of America	Example: First Bank of Wilmington, DE	Creditor	
0102 Jappy 0	<b>₹</b> .	May 1998	Liability Incurred Mo/Year	Date
Mortgage on Hank 12946 Colcher St Normalk, CA	Mortings on 4- Mex	Mortgage on 123 Main St., Dover, DE	Type of Liability	
			\$10,001- \$15,000	
			\$15,001- \$50,000	
			\$50,001- \$100,000	
	<b>∠</b>	×	\$100,001- \$250,000	₽
<b>X</b>		_	\$250,001- \$500,000 m	Amount of Liability
			\$1,000,001- \$1,000,001-	of Lia
		_	\$5,000,000 <sup>S7</sup>	
			\$25,000,000 ± \$25,000,001-	
			\$50,000,000 - Over	
		-	\$50,000,000 C Spouse/DC Liability Over \$1,000,000	}

#### 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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				Example: Mr. Joseph H. Smith, Anytown, Anystate	Source	
				Silver Platter (determination on personal friendship received from Committee on Ethics)	Description	
				\$375	Value	

### **SCHEDULE VIII—POSITIONS**

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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-

Position	Name of Organization
Advisory Counci	Congressional Hispanic Coucus Institute

## SCHEDULE IX—AGREEMENTS

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.

Date	Parties To	Terms of Agreement
Pobli agresses	prof proflexing Label agreeses	Pension Plan Participation
y Chel Lund	Mypelf and California Public Employees Retirements System	Pension Plan Participation