FILER	New Member of or Candidate for State: CA U.S. House of Representatives District: 32 Candidates - Date of Election: November 2020	State: CA District: 32 mber 2020	Check if Amendment	(Office Use SMI)
STATUS	New Officer or Employee Employing Office:	Staff Filer Type (If Applicable): Shared Principal Assistant	Period Covered: January 1,	A \$200 penalty shall be assessed against any individual who files more than 30 days late.
PRELIMINARY IN	FORMATION - ANSWER	PRELIMINARY INFORMATION – ANSWER <u>EACH</u> OF THESE QUESTIONS	FIONS	
Did you, your spouse, or your dependent child: a. Own any reportable asset that was worth mo end of the reporting period? or b. Receive more than \$200 in uneamed income asset during the reporting period?	Did you, your spouse, or your dependent child: a. Own any reportable asset that was worth more than \$1,000 at the end of the reporting period? or b. Receive more than \$200 in unearmed income from any reportable asset during the reporting period?	at the Yes X No	E. Did you hold any reportable positions during the reporting period or in the current calendar year up through the date of filing?	g the reporting yes X No III
C. Did you or your spouse honoraria, or pension/IRA reporting period?	C. Did you or your spouse have "earned" income (e.g., salaries, honoraria, or pension/IRA distributions) of \$200 or more during the reporting period?	1e Yes X No	F. Did you have any reportable agreement or arrangement with an outside entity during the reporting period or in the current calendar year up through the date of filing?	arrangement with an Yes No X
D. Did you, your spouse, liability (more than \$10,00	D. Did you, your spouse, or your dependent child have any reportable liability (more than \$10,000) at any point during the reporting period?	Yes No X	J. Did you receive compensation of more than \$5,000 from a single source in the current year and two prior years?	s\$5,000 from a Yes No X
	АТТАСН	THE CORRESPONDING SCI	ATTACH THE CORRESPONDING SCHEDULE IF YOU ANSWER "YES"	3 "
	THIS FORM INCLUD	ES ONLY THE SCHEDULES	THIS FORM INCLUDES ONLY THE SCHEDULES THAT YOU ARE REQUIRED TO COMPLETE	COMPLETE

EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION - ANSWER BOTH OF THESE QUESTIONS

EXEMPTION – Have you excluded from this report any other assets, "unearned" income, 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. 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 that benefits you, your spouse, or dependent child? **š 8** ₹ K 8

SCHEDULE A - ASSETS & "UNEARNED INCOME"

Name: Mary Ann Lutz

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For all IRAs and other retirement plans (such as 40 t(k) plans) provide the value for each asset hek in the account that exceeds the reporting thresholds in all interest-bearing accounts. If the total is over \$5,000, list every financial institution where there is more than \$1,000 in interest-bearing accounts. you so choose, you may indicate that an asset from a source is that of your spouse (SP) bepandent child (ICC), or jointly hald with anyoutly, in the optional column on the far left. or an ownership interest in a privately-het usiness that is not publicly traded, state the ram the business, the nature of its activities, and it peographic location in Block A. For rental and other you report a privately-traded fund that is as excepted investment Fund, please check the "EIF nomes and vacation homes (unless there was nomes during the reporting period); and snancial interest in, or income derived from, a feature. or bank and other cash accounts, total the amount do not use only ticker symbols). dentify (a) each asset held for investment or roduction of income and with a fair market valua xceeding \$1,000 at the end of the reporting period, nd (b) any other reportable asset or source of noome which generated more than \$200 in escription, e.g., ineamed" income during the year rovide complete names of stocks and mutual fund mement cclude: Your personal residence, including secon irements, please refer to the instruction bookle Assets and/or Income Sources a detailed Monrovia, Genoa program, including the Allabama, Park and other real property held provide a complete address e.g., "rental property," and a city Kauai discussion Simon & Schuster ABC Hedge Fund Wega Corp Stock BLOCK A of Schedule Thrift Saving <u> ਹੈ</u> ਹ × 믞 indicate value of asset at close of the reporting period. If you use a valuation method other than fair market value, please specify the method used. None "Column M is for assets held by your spouse or depende child in which you have no interest. If an asset was sidd during the reporting period and included only because it generated income, the value shou be "None." \$1-\$1,000 TD × \$1,001-\$15,000 ဂ \$15,001-\$50,000 o × \$50,001-\$100,000 m Value of Asset \$100,001-\$250,000 BLOCK B × \$250,001-\$500,000 Ø × \$500,001-\$1,000,000 I \$1,000,001-\$5,000,000 _ \$5,000,001.\$25,000.000 \$25,000,001-\$50,000,000 $\overline{}$ Over \$50,000,000 _ Spouse/DC Asset over \$1,000,000* Z ou Check ell columns that apply. For accounts that page sense tax defensed income (such as 401(s)) as RA, or 529 accounts), you may check the "Tax-as Defensed" column. Dividends, interest, and capital gains, even if reinvested, must be disclosed as income for assets held in casable accounts. Check "None" if the asset NONE × DIVIDENDS $[\times]$ RENT Type of Income INTEREST BLOCK C CAPITAL GAINS Bulling EXCEPTED/BLIND TRUST TAX-DEFERRED Royaties Partnership Income mportin Other Type of Income (Specify: e.g., Partnership Income or Ferm Income) For assets for which you checked "Tax-Deferred" in Block C, you may check the "None" column. For all othe assets indicate the category of income by checking the appropriate box below. Dividently, interest, and capital gains, even if reinvested, must be disclosed as income for assets held in taxable accounts Check "None" if no income was earned or generated. None "Column XII is for assets held by your spouse or dependent child in which you have no interest × \$1-\$200 = ≡ \$201-\$1,000 ₹ \$1,001-\$2,500 < Current Year \$2,501-\$5,000 ≤ × \$5,001-\$15,000 ≦ \$15,001-\$50,000 ¥ \$50,001-\$100,000 \times \$100,001-\$1,000,000 ⋝ \$1,000,081-\$5,000,000 × Amount of Income × Over \$5,090,000 BLOCK D ≚ Spouse/DC Income over \$1,000,000* None \$1-\$200 = × \$201-\$1,000 = ₹ \$1,001-\$2,500 Preceding Year < \$2,501-\$5,000 ≤ \$5,001-\$15,000 ≦ $\overline{\mathbf{x}}$ \$15,001-\$50,000 × ≨ \$50,001-\$100,000 \$100,001-\$1,000,000 × \$1,000,001-\$5,000,000 × Over \$5,000,000 × Spause/DC Income over \$1,000,000* 쏠

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SCHEDULE A - ASSETS & "UNEARNED INCOME"

Name: Mary Ann Lutz

Page 5

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SCHEDULE C -

Name: Mary Ar	
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Page 6	
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SCHEDULE C - EARNED INCOME		יי ס
	Name: Mary Ann Lutz	Page of 8
List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. government) totaling \$200 or more during the reporting period. For both the filer	loyment by the U.S. government) totaling \$200 or more during the	e reporting period. For both the filer
and filer's spouse, list the source and amount of any honoraria. List only the source for other spouse earned income exceeding \$1,000. See examples below	amed income exceeding \$1,000. See examples below.	
MYCHIDE: Military and Arrich as Nictional Cuard or Decease has) federal retirement according and benefits received under the Social Security Act	nefits received under the Social Security Act	

EXCLUDE: Military pay (such as National Guard or Reserve pay), federal retirement programs, and benefits received under the Social Security Act.

INCOME LIMITS a outside earned inco	INCOME LIMITS and PROHIBITED INCOME: Be advised that the outside earned income limit and prohibitions on types of income may apply to you after you are on House payroll. The 2018 limit on outside earned income for Members and employees compensated at or above the "senior staff" rate was \$28,050. The 2019 limit is \$28,440. In addition, certain types of income (notably honoraria, director's fees, and payments for professional services involving a fiduciary relationship) are totally prohibited for Members and senior staff.	was \$28,050. The 2019 limit is \$: for Members and senior staff.	e may apply to you after you are or 28,440. In addition, certain types of i	1 House payroll. The 2018 limit on ncome (notably honoraria, director's
			Am	Amount
	Source (include date of receipt for honoraria)	Туре	Current Year to Filing	Preceding Year
	ABC Trade Association, Battimore, MD (July 15)	Honorarium	\$0	\$500
Examples:	State of Maryland Civil War Roundtable (Oct. 2)	Spouse Speech	\$0	\$1,000
	Ontario County Board of Education	Spouse Salary	N/A	N/A
Fortune Dynamic	iic	Spouse Salary	N/A	N/A

SCHEDULE D - LIABILITIES

Name: Mary Ann Lutz
Page_7of_8

(unless you rent it out or are a Member); loans secured by automobiles, household furniture, or appliances; liabilities of a business in which you own an interest (unless you are personally liable); and liabilities owed to you by a spouse or the child, parent, or sibling of you or your spouse. Report a revolving charge account (i.e., credit card) only if the balance at the close of the reporting period exceeded \$10,000. "Column K 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 your dependent child. Mark the highest amount owed during the reporting period. New 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

	Example	SF.			avecage & re's
	First Bank of Wilmington, DE	Creditor			
	5/16	Date Liability Incurred MO/YR			many of frame
	Mortgage on Rental Property, Dover, DE	Type of Liability			
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SCHEDULE E - POSITIONS

Report all positions, compensated or uncompensated, as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm, partnership, or other business enterprise, nonprofit organization, labor organization, or educational or other institution other than the United States. Exclude: Positions held in any religious, social, fraternal, or political entities (such as political parties and campaign organizations); and positions solely of an honorary nature. New Members and second-year candidates report positions held in the reporting period and the current calendar year. First-year candidates and new employees report positions held in the current calendar year and two previous years.

Position	Name of Organization
Board Member - Non-Compensated	Boys and Girls Club of the Foothills
Officer / President - Non-Compensated	Monrovia Library Foundation Board
Officer / President - Non-Compensated	Foothill Unity Center
President - Non-Compensated	National Women's Political Caucus - San Gabriel Valley
Board Member - Non-Compensated	Immigration Resource Center of San Gabriel Valley

SCHEDULE D - LIABILITIES

Name: Mary Ann Lutz Page 8 of 8

Report liabilities of over \$10,000 owed to any one creditor at any time during the reporting period by you, your spouse, or your dependent child. Mark the highest amount owed during the reporting period. New 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 you rent it out or are a Member); loans secured by automobiles, household furniture, or appliances; liabilities of a business in which you own an interest (unless you are personally liabile); and liabilities owed to you by a spouse or the child, parent, or sibling of you or your spouse. Report a revolving charge account (i.e., credit card) only if the balance at the close of the reporting period exceeded \$10,000. *Column K is for liabilities held solely by your spouse or dependent child.

			SP, DC, JT		
		Example			
		First Bank of Wilmington, DE	Creditor		
		5/16	Date Liability Incurred MO/YR		
		Mortgage on Rental Property, Dover, DE	Type of Liability		
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SCHEDULE E - POSITIONS

or other business enterprise, nonprofit organization, labor organization, or educational or other institution other than the United States. Exclude: Positions held in any religious, social, fraternal, or political entities (such as political parties and campaign organizations); and positions solely of an honorary nature. New Members and second-year candidates report positions held in the reporting period and the current calendar year. First-year candidates and new employees report positions held in the current calendar year and two previous years. Report all positions, compensated or uncompensated, as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm, partnership,

Position	Name of Organization
Member - Non-Compensated	Monrovia Guild of Children's Hospital
Officer / President - Non-Compensated	Monrovia Healing Connections
Member - Non-Compensated	Monrovia Chamber of Commerce
Member - Non-Compensated	Covina Women's Club
Member - Non-Compensated	Rotary Club of Monrovia