

UNITED STATES HOUSE OF REPRESENTATIVES CALENDAR YEAR 2012 FINANCIAL DISCLOSURE STATEMENT

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For use by Members, officers, and employees

**HAND
DELIVERED**

RAUL M GRIJALVA

(Full Name)

(Daytime Telephone)

2013 MAY 21 AM 11:37

(Office Use Only)

**Filer
Status**

☒ Member of the U.S.
House of Representatives

State: AZ
District: 03

☐ Officer Or
Employee

Employing Office:

Termination Date:

**Report
Type**

☒ Annual (May 15)

☐ Amendment

☐ Termination

FOR HOUSE OF REPRESENTATIVES
A \$200 penalty shall
be assessed against
anyone who files
more than 30 days
late.

PRELIMINARY INFORMATION -- ANSWER EACH OF THESE QUESTIONS

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.	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	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.	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
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.	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	VII. Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than \$350 from one source)? If yes, complete and attach Schedule VII.	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
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.	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	VIII. Did you hold any reportable positions on or before the date of filing in the current calendar year? If yes, complete and attach Schedule VIII.	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
IV. Did you, your spouse, or 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.	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	IX. Did you have any reportable agreement or arrangement with an outside entity? If yes, complete and attach Schedule IX.	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
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.	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.	

IPO and EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION -- ANSWER EACH OF THESE QUESTIONS

IPO-- Did you purchase any shares that were allocated as a part of an Initial Public Offering?	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
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 benefiting you, your spouse, or dependent child?	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
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 Ethics.	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

SCHEDULE I - EARNED INCOME

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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 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.

Source	Type	Amount
CITY OF TUCSON SUPPLEMENTAL RETIREMENT SYSTEM	SPOUSE PENSION	N/A

SCHEDULE III - ASSETS AND "UNEARNED" INCOME

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BLOCK A		BLOCK B	BLOCK C	BLOCK D	BLOCK E
Asset and/or Income Source		Year-End Value of Asset	Type of Income	Amount of Income	Transaction
<p>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 source of income which generated more than \$200 in "unearned" income during the year.</p> <p>Provide complete names of stocks and mutual funds (do not use ticker symbols.)</p> <p>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.</p> <p>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.</p> <p>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.</p> <p>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 saving accounts; and any financial interest in, or income derived from, a federal retirement program, including the Thrift Savings Plan.</p> <p>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.</p> <p>For a detailed discussion of Schedule III requirements, please refer to the instruction booklet.</p>		<p>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.</p> <p>If an asset was sold during the reporting year and is included only because it generated income, the value should be "None."</p> <p>* This column is for assets held solely by your spouse or dependent child.</p>	<p>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.</p>	<p>For assets for which you checked "Tax-Deferred" in Block C, you may check the "None" column. For all other assets, indicate the category of income by checking the appropriate box below.</p> <p>Dividends, interest, and capital gains, even if reinvested, must be disclosed as income. Check "None" if no income was earned or generated.</p> <p>* This column is for income generated by assets held solely by your spouse or dependent child.</p>	<p>Indicate if asset had purchases (P), sales (S), or exchanges (E) exceeding \$1,000 in reporting year.</p>
JT	3426 9TH AVE, TUCSON, AZ	\$50,001 - \$100,000	RENT	\$1,001 - \$2,500	N/A
	PUBLIC SAFETY PERSONNEL RETIREMENT SYSTEM (NOT SELF-DIRECTED)	\$15,001 - \$50,000	NONE	NONE	N/A
	ARIZONA STATE RETIREMENT SYSTEM (NOT SELF-DIRECTED)	\$1,001 - \$15,000	NONE	NONE	N/A
SP	ALLIANCE VALUE MARK IV ANNUITY	\$15,001 - \$50,000	None	NONE	N/A
SP	ALCOA	\$1,001 - \$15,000	DIVIDENDS	\$1 - \$200	P

SCHEDULE III - ASSETS AND "UNEARNED" INCOME

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SP	AMERICAN EXPRESS	\$1,001 - \$15,000	DIVIDENDS	\$1 - \$200	P
SP	DONNELLEY RR & SONS CO	\$1,001 - \$15,000	DIVIDENDS	\$1 - \$200	P
SP	PEPSICO	\$1,001 - \$15,000	DIVIDENDS	\$1 - \$200	P
SP	SCHLUMBERGER LTD	\$1,001 - \$15,000	DIVIDENDS	\$1 - \$200	P
SP	THE MOSAIC CO	\$1,001 - \$15,000	DIVIDENDS	\$1 - \$200	P
SP	WILLIAMS CO	\$1,001 - \$15,000	DIVIDENDS	\$1 - \$200	P
SP	BAC CAP TRUST V	None	INTEREST/CAPIT TAL GAINS	\$1 - \$200 / \$1 - \$200	S
SP	CITIBANK NA BANK DEPOSIT	\$1,001 - \$15,000	None	NONE	N/A

SCHEDULE IV - TRANSACTIONS

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Report any purchase, sale, or exchange transactions by you, your spouse, or dependent child during the reporting period of any security or real property held for investment that exceeded \$1,000. Include transactions that resulted in a capital loss. Provide a brief description of any exchange transaction. Exclude transactions between you, your spouse or dependent children, or the purchase or sale of your personal residence, unless it generates rental income. If only a portion of an asset is sold, please so indicate (i.e., "partial sale"). See example below.

Capital Gains — if a sales transaction resulted in a capital gain in excess of \$200, check the "capital gains" box and disclose this income on Schedule III.

* This column is for assets solely held by your spouse or dependent child.

SP, DC, JT	Asset	Type of Transaction	Capital Gain in Excess of \$200?	Date	Amount of Transaction
SP	BAC CAP TRUST V	S	No	11-5-12	\$1,001 - \$15,000
SP	ALCOA	P	N/A	3-1-12	\$1,001 - \$15,000
SP	AMERICAN EXPRESS	P	N/A	3-1-12	\$1,001 - \$15,000
SP	BAC CAP TRUST V	P	N/A	3-1-12	\$1,001 - \$15,000
SP	DONNELLEY RR & SONS	P	N/A	3-1-12	\$1,001 - \$15,000
SP	SCHLUMBERGER LTD	P	N/A	3-1-12	\$1,001 - \$15,000
SP	THE MOSAIC CO	P	N/A	3-1-12	\$1,001 - \$15,000
SP	WILLIAMS CO	P	N/A	3-1-12	\$1,001 - \$15,000
SP	PEPSICO	P	N/A	3-1-12	\$1,001 - \$15,000

SCHEDULE V - LIABILITIES

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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 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.

SP, DC, JT	Creditor	Date Liability Incurred	Type of Liability	Amount of Liability
	WRIGHT PATMAN CONGRESSIONAL FEDERAL CREDIT UNION	DECEMBE R 2010	CREDIT CARD / REVOLVING CHARGE ACCOUNT	\$10,001 - \$15,000
	WELLS FARGO BANK	2008	MORTGAGE ON 220 13TH ST SE, #4, WASHINGTON, DC 20003	\$250,001 - \$500,000

SCHEDULE VI - GIFTS

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Report the source, a brief description, and the value of all gifts totaling more than \$350 received by you, your spouse, or a dependent child from any source during the year. 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 \$134 or less need not be added towards the \$350 disclosure threshold. Note: The gift rule (House Rule 25, clause 5) prohibits acceptance of gifts except as specifically provided in the rule.

Source	Description	Value
FRIED, FRANK, HARRIS, SHRIVER & JACOBSON LLP	PRO BONO LEGAL FEES FOR AMICUS BRIEF (SHARED COST WITH OTHER MEMBERS)	\$5,000
HOLLAND & KNIGHT LLP	PRO BONO LEGAL FEES FOR AMICUS BRIEF (SHARED COST WITH OTHER MEMBERS)	\$1,081

SCHEDULE VII - TRAVEL PAYMENTS AND REIMBURSEMENTS

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Identify the source and list travel itinerary, dates, and nature of expenses provided for travel and travel-related expenses totaling more than \$350 received by 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 the amount of time, if any, that was not at the sponsor's expense. Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor. 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 spouse or dependent child that is totally independent of his or her relationship to you.

Source	Date(s)	Point of Departure-- Destination--Point of Return	Lodging? (Y/N)	Food? (Y/N)	Was a Family Member Included? (Y/N)	Days not at sponsor's expense
PROGRESSIVE CONGRESS	JAN 18-20	DC-BALTIMORE, MD-DC	Y	Y	N	NONE
FAMILY VALUES AT WORK	DEC 3-4	DC-NYC-DC	Y	Y	N	NONE
NATIONAL POSTAL MAIL HANDLERS UNION	AUG 6-7	TUCSON-PORTLAND- TUCSON	Y	Y	N	NONE

SCHEDULE VIII - POSITIONS

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Report all positions, compensated or uncompensated, held during the current calendar year as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm, partnership, or any business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States. Exclude: Positions held in any religious, social, fraternal, or political entities; positions solely of an honorary nature; and positions listed on Schedule I.

Position	Name of Organization
ADVISORY COUNCIL MEMBER	CONGRESSIONAL HISPANIC CAUCUS INSTITUTE
BOARD MEMBER	PROGRESSIVECONGRESS.ORG

SCHEDULE IX - AGREEMENTS

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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.

Date	Parties To	Terms of Agreement
DECEMBER 1998	ARIZONA STATE RETIREMENT SYSTEM (NOT SELF DIRECTED)	BENEFIT PLAN MAINTAINED BY A FORMER EMPLOYER
FEBRUARY 2002	PUBLIC SAFETY PERSONNEL RETIREMENT SYSTEM (NOT SELF DIRECTED)	BENEFIT PLAN MAINTAINED BY A FORMER EMPLOYER