

UNITED STATES HOUSE OF REPRESENTATIVES
2019 FINANCIAL DISCLOSURE STATEMENT

For Use by Members, Officers, and Employees

Form A

HAND
DELIVERED

(Office Use Only)

MC

Name: Don Ray Lujen Daytime Telephone: 202-225-6190

2020 HHS-10-PH-1-27
A \$200 penalty shall be assessed against any individual who files more than 30 days late.

FILER STATUS	<input checked="" type="checkbox"/> Member of the U.S. House of Representatives	State: _____	Officer or Employee: _____	Staff Filer Type: (If Applicable) <input type="checkbox"/> Shared <input checked="" type="checkbox"/> Principal Assistant <input type="checkbox"/>
REPORT TYPE	<input checked="" type="checkbox"/> 2019 Annual (Due: May 15, 2020)	<input type="checkbox"/> Amendment	<input type="checkbox"/> Termination	Date of Termination: _____

PRELIMINARY INFORMATION – ANSWER EACH OF THESE QUESTIONS

A. 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? <input checked="" type="checkbox"/> b. Receive more than \$200 in unearned income from any reportable asset during the reporting period?	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	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?	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
B. Did you, your spouse, or your dependent child purchase, sell, or exchange any securities or reportable real estate in a transaction exceeding \$1,000 during the reporting period?	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	G. Did you, your spouse, or your dependent child receive any reportable gift(s) totaling more than \$300 in value from a single source during the reporting period?	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
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?	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	H. Did you, your spouse, or your dependent child receive any reportable travel or reimbursements for travel totaling more than \$300 in value from a single source during the reporting period?	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
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 <input type="checkbox"/> No <input checked="" type="checkbox"/>	I. Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article during the reporting period?	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
E. Did you hold any reportable positions during the reporting period or in the current calendar year up through the date of filing?	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	ATTACH THE CORRESPONDING SCHEDULE IF YOU ANSWER "YES"	

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 during the reporting period? If you answered "yes" to this question, please contact the Committee on Ethics for further guidance.

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?

EXEMPTION – Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or your 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 No

Yes No

Yes No

SCHEDULE A – ASSETS & “UNEARNED INCOME”

Name: Bruce L. Lippert

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		BLOCK A												
		BLOCK B												
		BLOCK C												
		BLOCK D												
		BLOCK E												
Assets and/or Income Sources														
Identify (a) such assets held for investment or holding value at close of the reporting period. If you use an income valuation method other than fair market value, please specify the method. (b) assets held at the end of the reporting period, used, consumed, or sold; and (c) any other, especially gains or losses of income that generated more than \$200 in “Unearned Income” during the year.														
Provide descriptive nature of assets and special funds (do not use only “check open”).														
For all gains and other earnings, place (such as 401(k)) where provided the value for each asset held in the account first extends the reporting deadline.														
For bank and other cash accounts, total the amount by all denominating accounts. If the total is over \$6,000, list every financial institution where there is more than \$1,000 in check-bearing accounts.														
For personal and other real property held for investment, provide a complete, detailed description, e.g., “Titled property” and a city and state.														
For all partnership interests in privately-held business that is not publicly traded, state the name of the business, the nature of the venture, and the geographic location in Block A.														
Business: Your personal residence, including second homes and vacation homes (unless there was no record date in the reporting period); and any financial interest, fr., or income derived from a pension or retirement program, including the Thrift Savings Plan if you expect to withdraw funds from that fund. Complete information, please indicate “Eligible”.														
If you do choose, you may indicate below your name or income source, if that of your spouse, step-son or dependent child (DC), or jointly held with anyone (J), in the optional column on the far left.														
For a detailed discussion of Schedule A requirements, please refer to the instruction booklet.														
		Value of Asset												
		A	B	C	D	E	F	G	H	I	J	K	L	M
		Type of Income												
		I	II	III	IV	V	VI	VII	VIII	IX	X	XI	XII	XIII
		Amount of Income												
		I	II	III	IV	V	VI	VII	VIII	IX	X	XI	XII	XIII
		Transaction												
		I	II	III	IV	V	VI	VII	VIII	IX	X	XI	XII	XIII
		Block A												
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SCHEDULE F – AGREEMENTS

Identify the date, parties to, and general terms of any agreement or arrangement that you have 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 Agreement	Terms of Agreement
12/31/07	Unifor Local 100 and N.M. Public Employees Retired NM Public Employees Retirement Plan - Benefit maintained by State of New Mexico	

SCHEDULE G - GIFTS

Report the source (by name), a brief description, and the value of all gifts totaling more than \$200 received by you, your spouse, or your dependent child from any source during the year. Exclude: Gifts from relatives, gifts of personal hospitality from an individual (which may not include a registered lobbyist or foreign agent), 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 \$156 or less need not be added towards the \$200 disclosure threshold. Note: The gift rule (House Rule 25, clause 5) prohibits acceptance of gifts except as specifically provided in the rule and some gifts require prior approval of the Committee on Ethics.

Use additional sheets if more space is required.