

**UNITED STATES HOUSE OF REPRESENTATIVES**  
**2013 FINANCIAL DISCLOSURE STATEMENT**

For Use by Members, Officers, and Employees

Form A

**HAND DELIVERED**

LEGISLATIVE RESOURCE CENTER

2014 MAY -8 PM 12:44

OFFICE OF THE CLERK  
 U.S. HOUSE OF REPRESENTATIVES  
 (Office Use Only)

*MLC*

Name: Lucille Royal - Allard Daytime Telephone: 202-225-1766

FILER STATUS	<input checked="" type="checkbox"/> Member of or Candidate for U.S. House of Representatives	State: <u>CALIFORNIA</u>	Officer or Employee	Employing Office:
REPORT TYPE	<input checked="" type="checkbox"/> 2013 Annual (Due: May 15, 2014)	District: _____	<input type="checkbox"/> Employee	Termination Date: _____
	<input type="checkbox"/> Amendment		<input type="checkbox"/> Termination Date: _____	

**PRELIMINARY INFORMATION - ANSWER EACH OF THESE QUESTIONS**

<p>A. Did you, your spouse, or your dependent child:</p> <p>a. Own any reportable asset that was worth more than \$1,000 at the end of the reporting period? <u>or</u></p> <p>b. Make more than \$200 in unearned income from any reportable asset during the reporting period?</p> <p>Yes <input checked="" type="checkbox"/> No <input type="checkbox"/></p>	<p>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?</p> <p>Yes <input type="checkbox"/> No <input checked="" type="checkbox"/></p>
<p>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?</p> <p>Yes <input type="checkbox"/> No <input checked="" type="checkbox"/></p>	<p>G. Did you, your spouse, or your dependent child receive any reportable gift(s) totaling more than \$350 in value from a single source during the reporting period?</p> <p>Yes <input type="checkbox"/> No <input checked="" type="checkbox"/></p>
<p>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?</p> <p>Yes <input checked="" type="checkbox"/> No <input type="checkbox"/></p>	<p>H. Did you, your spouse, or your dependent child receive any reportable travel or reimbursements for travel totaling more than \$350 in value from a single source during the reporting period?</p> <p>Yes <input type="checkbox"/> No <input checked="" type="checkbox"/></p>
<p>D. Did you, your spouse, or your dependent child have any reportable liability (more than \$10,000) at any point during the reporting period?</p> <p>Yes <input checked="" type="checkbox"/> No <input type="checkbox"/></p>	<p>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?</p> <p>Yes <input type="checkbox"/> No <input checked="" type="checkbox"/></p>
<p>E. Did you hold any reportable positions during the reporting period or in the current calendar year up through the date of filing?</p> <p>Yes <input checked="" type="checkbox"/> No <input type="checkbox"/></p>	<p><b>ATTACH THE CORRESPONDING SCHEDULE IF YOU ANSWER "YES"</b></p>

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

<p>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.</p> <p>Yes <input type="checkbox"/> No <input checked="" type="checkbox"/></p>
<p>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?</p> <p>Yes <input type="checkbox"/> No <input checked="" type="checkbox"/></p>
<p>EXEMPTION - 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.</p> <p>Yes <input type="checkbox"/> No <input checked="" type="checkbox"/></p>



**SCHEDULE A - ASSETS & "UNEARNED INCOME"**

Name: **Lucille Royal - Allard**

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BLOCK A Asset and/or Income Source		BLOCK B Value of Asset													BLOCK C Type of Income							BLOCK D Amount of Income												BLOCK E Transaction		
SP, DC, JT	ASSET NAME	A	B	C	D	E	F	G	H	I	J	K	L	M	NONE	DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED/BLIND TRUST	TAX-DEFERRED	Other Type of Income (Specify: e.g., Partnership Income or Farm Income)	I	II	III	IV	V	VI	VII	VIII	IX	X	XI	XII	P, S, S(part), or E	
	<i>None</i>																																			
	<i>\$1-\$1,000</i>																																			
	<i>\$1,001-\$15,000</i>																																			
	<i>\$15,001-\$50,000</i>																																			
	<i>\$50,001-\$100,000</i>																																			
	<i>\$100,001-\$250,000</i>																																			
	<i>\$250,001-\$500,000</i>																																			
	<i>\$500,001-\$1,000,000</i>																																			
	<i>\$1,000,001-\$5,000,000</i>																																			
	<i>\$5,000,001-\$25,000,000</i>																																			
	<i>\$25,000,001-\$50,000,000</i>																																			
	<i>Over \$50,000,000</i>																																			
	<i>Spouse/DC Asset over \$1,000,000*</i>																																			
	<i>NONE</i>																																			
	<i>DIVIDENDS</i>																																			
	<i>RENT</i>																																			
	<i>INTEREST</i>																																			
	<i>CAPITAL GAINS</i>																																			
	<i>EXCEPTED/BLIND TRUST</i>																																			
	<i>TAX-DEFERRED</i>																																			
	<i>Other Type of Income (Specify: e.g., Partnership Income or Farm Income)</i>																																			
	<i>None</i>																																			
	<i>\$1-\$200</i>																																			
	<i>\$201-\$1,000</i>																																			
	<i>\$1,001-\$2,500</i>																																			
	<i>\$2,501-\$5,000</i>																																			
	<i>\$5,001-\$15,000</i>																																			
	<i>\$15,001-\$50,000</i>																																			
	<i>\$50,001-\$100,000</i>																																			
	<i>\$100,001-\$1,000,000</i>																																			
	<i>\$1,000,001-\$5,000,000</i>																																			
	<i>Over \$5,000,000</i>																																			
	<i>Spouse/DC Asset with Income over \$1,000,000*</i>																																			

*Defined Benefit Pension*

Use additional sheets if more space is required.

# SCHEDULE B – TRANSACTIONS

Name: **Lucille Royal - Almond** Page **4** of **10**

SP, DC, JT	Asset	Type of Transaction				Check Box if Capital Gain Exceeded \$200	Date (MONTH) or Quarterly, Monthly, or Bi- weekly, if applicable	Amount of Transaction												
		Purchase	Sale	Partial Sale	Exchange			A \$1,001- \$5,000	B \$5,001- \$15,000	C \$15,001- \$50,000	D \$50,001- \$100,000	E \$100,001- \$250,000	F \$250,001- \$500,000	G \$500,001- \$1,000,000	H \$1,000,001- \$5,000,001	I \$5,000,001- \$25,000,000	J Over \$25,000,000	K Over \$50,000,000		
SP	Example Mega Corp. Stock			X		X	3/6/13		X											

Use additional sheets if more space is required.

**SCHEDULE C - EARNED INCOME**

Name: **LUCILLE ROYBAL-ALLARD**

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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 reporting period. 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.  
**INCOME LIMITS and PROHIBITED INCOME:** The 2013 limit on outside earned income for Members and employees compensated at or above the "senior staff" rate was \$26,955. In addition, certain types of income (notably honoraria, director's fees, and payments for professional services involving a fiduciary relationship) were totally prohibited.

Source (include date of receipt for honoraria)	Type	Amount
Examples: Keene State State of Maryland Civil War Roundtable (Oct. 2) Ontario County Board of Education	Approved Teaching Fee Legislative Pension Spouse Speech Spouse Salary	\$5,000 \$18,000 \$1,000 N/A
<b>SELECTIVE SERVICE SYSTEM</b>	<b>SPOUSE SALARY</b>	<b>N/A</b>

Use additional sheets if more space is required.

**SCHEDULE D - LIABILITIES**

Name: **Lucille Roybal - Allard**

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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 your dependent child. Mark the highest amount owed during the reporting period. 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 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 reporting period exceeded \$10,000. \*Column K is for liabilities held solely by your spouse or dependent child.

SP, DC, JT	Creditor	Date Liability Incurred MO/YR	Type of Liability	Amount of Liability										
				A \$10,001-\$15,000	B \$15,001-\$50,000	C \$50,001-\$100,000	D \$100,001-\$250,000	E \$250,001-\$500,000	F \$500,001-\$1,000,000	G \$1,000,001-\$5,000,000	H \$5,000,001-\$25,000,000	I \$25,000,001-\$50,000,000	J Over \$50,000,000	K Over \$1,000,000* (Spouse/DC Liability)
Example	First Bank of Wilmington, DE	5/98	Mortgage on Rental Property, Dover, DE				X							
SP	AMERICAN EXPRESS	2013	REVOLVING ACCOUNT	X										
JT	PENNYW FEDERAL CREDIT UNION	2012	MORTGAGE ON RESIDENTIAL RESIDENCE WASHINGTON DC					X						
JT	WELLS FARGO	1998	MORTGAGE ON RESIDENTIAL RESIDENCE LOS ANGELES, CA					X						
JT	CHASE	NOV 2011	MORTGAGE ON RESIDENTIAL RESIDENCE, DOWNEY, CA			X								

**SCHEDULE E - POSITIONS**

Report all positions, compensated or uncompensated, held during the current or prior calendar year 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 listed in Schedule C; positions held in any religious, social, fraternal, or political entities (such as political parties and campaign organizations); and positions solely of an honorary nature.

Position	Name of Organization
DEBARY DIRECTOR (SPOUSE)	SELECTIVE SERVICE SYSTEM

**SCHEDULE F - AGREEMENTS**

Name: Lucille Royal - Allard

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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
1992	Myself AND the State of California	Continued Participation IN Pension Plan

**SCHEDULE G - GIFTS**

Report the source (including name, city, and state), 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 from 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. Note: The gift rule (House Rule 25, clause 5) prohibits acceptance of gifts except as specifically provided in the rule.

Source	Description	Value
Example: Mr. Joseph Smith, Arlington, VA	Silver Platter (determination of personal friendship received from the Ethics Committee)	\$400

**SCHEDULE H – TRAVEL PAYMENTS and REIMBURSEMENTS**

Name: **LUCLIDE ROYER - ALLARD**

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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 your dependent child during the reporting period. Indicate whether a family member accompanied the traveler at the sponsor's expense. Disclosure is required regardless of whether the expenses were paid directly by the sponsor or were paid by you and reimbursed by the sponsor.

**EXCLUDE:** Privately-sponsored travel approved by the Ethics Committee, if post-travel disclosure was filed with the Clerk; 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 (FGDA, 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 the filer.

Source	Date(s)	City of Departure – Destination – City of Return	Lodging? (Y/N)	Food? (Y/N)	Family Member Included? (Y/N)
<i>Examples:</i> Government of China (MECEA)	Aug 8-11	DC-Beijing, China - DC	Y	Y	N
Habitat for Humanity (charity fundraiser)	Mar. 3-4	DC-Boston-DC	Y	Y	Y



# SCHEDULE I - PAYMENTS MADE TO CHARITY IN LIEU OF HONORARIA

Name: **Jucille Rowan - Alland** Page 9 of 10

List the source, activity (i.e., speech, appearance, or article), date, and amount of any payment made by the sponsor of an event to a charitable organization in lieu of paying an honorarium to you. A separate confidential list of charities receiving such payments must be filed directly with the Committee on Ethics.

Source	Activity	Date	Amount
<i>Examples:</i> Association of American Associations, Washington, DC XYZ Magazine	Speech Article	Feb. 2, 2013 Aug. 13, 2013	\$2,000 \$500

**FILER NOTES**  
(Optional)

Name: *Lucille Rose - Alamo*

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NOTE NUMBER	NOTES

Use additional sheets if more space is required.