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UNITED STATES HOUSE OF REPRESENTATIVES 2017 FINANCIAL DISCLOSURE STATEMENT		Form A For Use by Members, Officers, a	and Employees	LEGISLATIVE	LEGISLATIVE RESOURCE CENTER 18 MAY 14 PM 4:57 MA
				U.S. HOUSE OF	U.S. HOUSE OF REPRESENTATIVES
Name: Den Ray Lujan	Daytime Telep	Daytime Telephone: (20じ) に	2-6190	A \$200 penalty shall be individual who files in	A \$200 penalty shail be assessed against any individual who files more than 30 days late.
FILER Member of the U.S. State:		Officer or Employee	or Employing Office:		Staff Filer Type: (If Applicable) Shared Principel Assistant
TYPE 2017 Annual (Due: May 15, 2018)	Amendment		Termination Date of Termination:	nination:	
PRELIMINARY INFORMATION - ANSWER EACH OF T	THESE QUESTIONS				
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?	Yes 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?	portable agreement or arrangement with an e reporting period or in the current calendar te of filing?	arrangement with an the current calendar	Yes No
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 No X	G. Did you, your spouse, or your dependent child receive any reportable gift(s) totaling more than \$390 in value from a single source during the reporting period?	e, or your dependent o g more than \$390 in v ting period?	child receive any alue from a single	Yes No X
C. Did you or your spouse have "earned" income (e.g., salarles, honoraria, or pension/IRA distributions) of \$200 or more during the reporting period?	Yes No	H. Did you, your spouse, or your dependent child receive any reportable travel or reimbursements for travel totaling more than \$390 in value from a single source during the reporting period?	e, or your dependent child receive any nobursements for travel totaling more that ngle source during the reporting period?	child receive any lotaling more than reporting period?	Yes No
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	I. Did any individual or or lieu of paying you for a reporting period?	organization make a donation to charity in speech, appearance, or article during the	onation to charity in or article during the	Yes No X
E. Did you hold any reportable positions during the reporting period or in the current calendar year up through the date of filing?	Yes No X	m	RRESPONDING	3 SCHEDULE IF YO	CORRESPONDING SCHEDULE IF YOU ANSWER "YES"
IPO AND EXCLUSION OF SPOUSE, DEPENDEN	DEPENDENT, OR TRUST INFORMATION -	A	SWER EACH	SWER EACH OF THESE QUESTIONS	STIONS
IPO – Did you purchase any shares that were allocated as a part of an Initial Public Offering during the reporting period? If you an the Committee on Ethics for further guidance.	al Public Offering during the r	eporting period? If you ans	swered "yes" to this qu	swered "yes" to this question, please contact	Yes No X
TRUSTS - Details regarding "Qualified Blind Trusts" approved by the Committee on Ethics and certain other "excepted trusts" need this report details of such a trust that benefits you, your spouse, or dependent child?	nittee on Ethics and certain ont child?	other "excepted trusts" need	not be disclosed. Ha	I not be disclosed. Have you excluded from	Yes #0 X
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.	med" income, transactions, c	r liabilities of a spouse or y thics.	our dependent child b	ecause they meet all	Y

SCHEDULE A - ASSETS & "UNEARNED INCOME"

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	I savinas	Wells Froza Checking		El Rendo home (NM)	and resound texan Cleat Which	ABC Hedge Fund	Examples: Simon & Schaster	SP Maga Corp. Stock	d other cash accounts, total the stabaling accounts, if the total every financial institution where 1,000 in interest-bearing accounts of other real property held for invocamplets actives or descriptionly, and a city and state. The publicy traded, state the name of the nature of its activities, ocation in Block A. The personal residence, including waction homes (unless there we waction homes (unless there we yet the reporting particult; and any or income derived from, a region, including the fruit Sewin at Inchaining the fruit Sewin at privately and any or income derived from, a region, including the fruit Sewin at privately fruit Sewin at privately fruit sewin and the vestment Fund, please check to the first that an order, you may indicate that an order, you may indicate that an order, you may indicate that with private column on the far left, please rater to the instruction of Sche	for all maps and other retienment pears (such as 401(k) plans) provide the value for each asset held in the account that exceeds the reporting thresholds.	(do not use only ticker symbols).	nouse county are you.	income that generated more than \$200 in "uneamed	exceeding a root as the exist of the reporting period; and (b) any other reportable asset or source of	production of income and with a fair market value		Assets and/or income Sources	BLOCK A		SCHEDOLE A - ASSELS & CHEARNED INCOME	C C フ I I I I I I I I I I I I I I I I I
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П						T	7		\$15,001-\$50,000	1	ģ	"Column M is for assets held by your spouse or dependent child in which	because it generated income, the value should be "None."	5	valuation method other than fair market value, please specify the method					Ź	į
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				┢		T	十		TAX-DEFERRED	1		9	ted, must be disclosed in taxable accounts C		Š.	r	Type of Income	n		_	
						income		Romaties	Other Type of Income (Specify: a.g., Partnership Income or Farm Income)			if the asset generated no income during the reporting	Check None	capital gains,	generate tax-deferred income (auch es 401(k), IRA, or	A PROPERTY HAND			4	ex jan	
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		_		_		↓-	_	×	\$1,001-\$2,500		*Column XII is for assets held by your child in which you have no interest.	3		Dividenda, interest, and capital gains, even	5	5	}				
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						t			Spouse/DC Asset with Income over \$1,000,000*		endent	9	2			ဂ ၌				 약	
								Spart	Leave this column blank if there are no transactions that exceeded \$1,000.	please indicate as follows: (S (part)).	If only a portion of an asset was sold.	in the reporting	exceeding \$1,000	sales (S), or		_	Transaction	BLOCK E		4	•

SCHEDULE F - AGREEMENTS

Name: Ben Ru

Identify the data, 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	Parties to Agreement	Terms of Agreement
1431/07	Ben Kay Lyán and NM Public Employees Tension	Ben Ray Linjún and NM Public Employees Pension NM Public Employees Pension Plan-Benefit maintained by State of New Plans

SCHEDULE G – GIFTS

Report the source (by name), a brief description, and the value of all gifts totaling more than \$390 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, 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 \$390 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.

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

SCHEDULE H - TRAVEL PAYMENTS and REIMBURSEMENTS

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	Name: Ben R
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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 \$390 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.

the filer. EXCLUDE: Travel-related expenses provided by federal, state, and local governments, or by a foreign government required to be separately reported under the Foreign Giffs 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

	Source	Date(s)	City of Departure-Destination-City of Return	Lodging? (Y/N)	Food? (Y/N)	Family Member Included? (Y/N)
	Government of China (MECEA)	11-9 ·Gng	DC-Belling, China-DC	*	۲	z
Examples:	Hebitat for Humanity (cherity fundrateer)	Mar. 3.4	DC-Boston-DC	۲	Υ	Υ
American	American Israel Education Foundation	Amost 1-9	Newart, Nt - Fl Aviv - Albuquegae	Y	У	て
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