<b>₹</b>	Yes	t child becaus	sactions, or liabilities of a spouse or dependent child because vith the Committee on Ethics.	d" income, trans irst consulted w	<b>EXEMPTION</b> —Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spo they meet all three tests for exemption? Do not answer "yes" unless you have first consulted with the Committee on Ethics.	EXEM they n
₹  X	e you Yes	sclosed. Have	d certain other "excepted trusts" need not be dis	e on Ethics and dependent chil	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?	TRUSTS- excluded
S S	Yes			ublic Offering?	-Did you purchase any shares that were allocated as a part of an Initial Public Offering?	IPO—
S	E QUESTION:	)F THES	MATION — ANSWER EACH OF THESE QUESTIONS	T INFOR	EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION	EXCL
the onse.	answered and ach "Yes" respo	must be led for ea	Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.	No	V. Did you, your spouse, or a dependent child have any reportable liability (more than \$10,000) during the reporting period?  Yes X  If yes, complete and attach Schedule V.	V. Did liability <b>If yes,</b>
<u>₹</u>	t with	· arrangement	IX. Did you have any reportable agreement or arrangement with an outside entity?  If yes, complete and attach Schedule IX.	<b>₹</b>	IV. Did you, your spouse, or a 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.	IV. Did or exc \$1,000 <b>If yes,</b>
8	Yes X	or before the	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.	S	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.	III. Did income reports <b>If yes</b> ,
8	Yes	d receive any in the reportir e)?	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.	× S	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.	II. Did lieu of reporti <b>If yes</b> ,
N <sub>S</sub>	re Yes	d receive any gregating mor	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.	□ S	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?  Yes X	I. Did y fees) c
			E QUESTIONS	OF THESE	PRELIMINARY INFORMATION — ANSWER EACH	PREL
nore thai	against anyone who files more than 30 days late.	against anyc 30 days late.	Termination Date:	-	Annual (May 15, 2013)	Reg Ty
assessec	\$200 penalty shall be	A \$200 L	Employing Office:	Officer or Employee	House of Representatives District:	Filer Status
	(Office Use-Only)	b S. a.C.35		÷.		
7 3	2013111/1 17 AST 11:47	12.62	Daytime Telephone:	Daytime T	e: Lucille Roybal - ALLARD	Name:
		•				
	HAND DELIVERED	HAN	Form A For use by Members, officers, and employees	MENT	UNITED STATES HOUSE OF REPRESENTATIVES CALENDAR YEAR 2012 FINANCIAL DISCLOSURE STATEMENT	CALI
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## SCHEDULE I—EARNED INCOME

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) totalling \$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. See examples below.

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

							SELECTIVE SERVICE SYSTEM	Ontario County Board of Education	Civil War Roundtable (Oct. 2nd)	State of Maryland	Keene State	Source
					The state of the s							
							SPOUSE SALMAY	Spouse Salary	Spouse Speech	Legislative Pension	Approved Teaching Fee	Туре
							NA	NA	\$1,000	\$9,000	\$6,000	Amount

Name
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# SCHEDULE II—PAYMENTS MADE TO CHARITY IN LIEU OF HONORARIA

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 an honorarium. A separate confidential list of charities receiving such payments must be filed directly with the Committee on Ethics. A green envelope for transmitting the list is included in each Member's filing package.

The second secon			
Source	Activity	Date	Amount
Association of American Associations, Washington, DC	Speech	Feb. 2, 2012	\$2,000
Examples: XYZ Magazine	Article	Aug. 13, 2012	\$500

59	95	98	92		4	۲	DC,	SP,	Ple Sa	tha ne	무盖공	2 Pa	no Pr	ਜ਼ <b>ਰੂ ੜ</b> ਪੁਰੂ	
CREDIT UNION	RETIREMENT FUND **	NENT PUND	* }	Z I	E 9	₽		SP Mega Corp. Stock	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.  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.  For a detailed discussion of Schedule III requirements, please refer to the instruction booklet.	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.	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.	For <b>all IRAs</b> and other retirement plans (such as 401(k) plans) provide the value for each asset held in the account that exceeds the reporting thresholds.	Provide complete names of stocks and mutual funds (do not use ticker symbols.)	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 sources of income which generated more than \$200 in "unearned" income during the year.	Asset and/or Income Source
*	*	*	×	*	*	×	Indefinite	×	None \$1 - \$1,000 \$1,001 - \$15,000 \$15,001 - \$50,000 \$50,001 - \$100,000 \$100,001 - \$250,000 \$250,001 - \$500,000	A BB C D E F		* This column is for assets held solely by your spouse or dependent child.	If an asset was sold during the reporting year and is included only because it generated income, the value should be "None."	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.	Value of Asset
									\$250,001 - \$300,000 \$500,001 - \$1,000,000 \$1,000,001 - \$5,000,000 \$5,000,001 - \$25,000,000 \$25,000,001 - \$50,000,000 Over \$50,000,000 Spouse/DC Asset over \$1,000,000*	I - C ×		held solely by your	uring the reporting year because it generated d be "None."		f Asset
×	<b>Z</b>	2 >	×	CA. LES	×	×	Royaities	×	NONE DIVIDENDS RENT INTEREST CAPITAL GAINS EXCEPTED/BLIND TRUST TAX-DEFERRED Other Type of Income (Specify: e.g., Partnership Income or Farm Inc	come)	reporting period.		IRAs), you may check the "Tax- Deferred" column. Dividends, inter- est, and capital gains, even if rein-	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	Type of Income
×	2 >	2	×	×	×	×		×	None \$1 - \$200 \$201 - \$1,000 \$1,001 - \$2,500 \$2,501 - \$5,000 \$5,001 - \$15,000 \$15,001 - \$50,000 \$50,001 - \$100,000 \$100,001 - \$1,000,000 \$1,000,001 - \$5,000,000 Over \$5,000,000 Spouse/DC Income over \$1,000,000*		dependent child.	et * This column is for income generated by assets held solely by your spouse or		or For assets for which you checked "Tax- ot Deferred" in Block C, you may check the "None" column. For all other assets, indicate the category of income by checking the or appropriate how below <b>Dividencts</b> interest	Amount of Income
							; ; ; ; ; ; ; ; ; ; ; ; ; ; ; ; ; ; ;	S (partial)	(S) (partial) See below for exam- P, S,		If only a			asset had purchases (P), sales (S), or exchanges	Transaction

SCHEDULE III—ASSETS AND "UNEARNED" INCOME Continuation Sheet (if needed)

Name LUCILLE ROYBAL- ALLAGO

Page S of 10

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NOT SELF DIRECTED FUNDS			-											SANK OF AMBRICA	LABORATE - OLGHASI GONE LAGAREN TANAMAN TANAMAN LAGAREN TANAMAN LAGAREN TANAMAN LAGAREN LAGARE	PRIOENTIAL ( HILL RETREMENT FIND) PART A - PRU JENNION	# x dmy information following the surfament		BLOCK A  Asset and/or Income Source
			<del>                                     </del>															None ≻	
			<del> </del>	t	-				 <u> </u>	╁	Ì	<b></b>	<u> </u>	×				\$1 – \$1,000	
			⇈	<del>                                     </del>				<b> </b>					<u> </u>		×	×		\$1,001 – \$15,000 O	
			▎														×	\$15,001 \$50,000	<
	ļ																	\$50,001 – \$100,000 m	BLOCK B Year-End Value of Asset
																		\$100,001 - \$250,000	BLOCK B Year-End ue of As:
																		\$250,001 – \$500,000	<b>₹ 6</b>
												Ī						\$500,001 - \$1,000,000 ±	B Ss(
																		\$1,000,001 - \$5,000,000 -	ě
																		\$5,000,001 - \$25,000,000 -	
				<u> </u>														\$25,000,001 - \$50,000,000	
									 									Over \$50,000,000	
																		Spouse/DC Asset over \$1,000,000*	
																		NONE	287 1
			<del> </del>		-				 				<u> </u>					DIVIDENDS	
			┪															RENT	0
														×	Z	2	2	INTEREST	
		`	1				<b>-</b>					<b></b>			>	A	>	CAPITAL GAINS	BLOCK C Type of Incon
							<u> </u>											EXCEPTED/BLIND TRUST	ر me
					 													TAX-DEFERRED	
			<u> </u>															Other Type of Income (Specify: e.g., Partnership Income or Farm Income)	
																		None -	
				Ī								Ī	T	><				\$1 - \$200 =	
																		\$201 - \$1,000	<u> </u>
																		\$1,001 - \$2,500	<u> </u> န
																		\$2,501 - \$5,000 <	int P
Ι.															Z	Ŋ	×	\$5,001 - \$15,000 <b>≤</b>	nt of Ir
															Þ	4	<b>~</b>	\$15,001 \$50,000 \( \leq \)	<b>]</b>
																		\$15,001 - \$50,000 \( \leq \) \( \leq \)	BLOCK D  Amount of Income
																		\$100,001 - \$1,000,000	ne
																		\$1,000,001 - \$5,000,000	
																		Over \$5,000,000	
																		Spouse/DC income over \$1,000,000* ≚	
																		מר לא עם	BLOCK E

# SCHEDULE IV— TRANSACTIONS

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ROYBAL- ALLAND Page 6 of 10

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												SP	SP, DC, JT	apital Ga 200, chec This colu	ncome. If (	xclude tra	eport any ependent eld for inv
												Example:		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.	income. If only a portion of an asset is sold, please so indicate (i.e., "partial sale"). See example below.	in a capital loss. Provide a brief description of any exchange transaction. Exclude transactions between you, your sources or dependent children, or the principles of sale of your personal residence indeed it generates containing the providence of the providence contains the providence of the provid	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
												L		ales transacti   gains" box a   ets solely he	n of an asse e below.	de a briet di tween you, y	ale, or excha the reporting exceeded \$
												Mega Corporation Common Stock (partial sale)	Asset	ion resulted and disclose Id by your s	it is sold, p	escription o	nge transac g period of 1,000. Inclu
										·	<u>;</u>	ommon St	_	in a capital this incom pouse or d	lease so in	t any exch or depende	tions by yo any securit de transact
												ock (partial		gain in ex e on Scheo ependent c	dicate ( <i>i.e</i>	ange trans int children	u, your spo y or real po ions that re
												sale)		cess of dule III. shild.	""par-	action. , or the	
			_											PURCH	IASE		Type of Transaction
L					 							×		SALE	•		Type ansac
								•						EXCHA	NGE		tion
														Check E Gain Ex			
												10-12-12		Bi-weekly, if applicable	or Quarterly,	(MO/DAY/YR)	Date
Γ														\$1,001- \$15,000		>	
												×		\$15,001- \$50,000		<b>0</b>	
														\$50,001- \$100,000		ဂ	<b>A</b>
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L	_												_	\$50,000,000 Over \$1,000,00		د	
L						 <u> </u>						L.		(Spouse/DC As		~	

## SCHEDULE V— LIABILITIES

Name Lucille Royant - ALLARD

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close of the preceding calendar year exceeded \$10,000. \*This column is for liabilities held solely by your spouse or dependent child. 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 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

37	JT	T	SP		SP, JT	
CHASE	WELLS FARFO	REFI FROM USAA TO PFOX (MARIL)	AMERICAN EXPRESS	Example: First Bank of Wilmington, DE	Creditor	
1011 Nov	1598	1993	2012	May 1998	Date Liability Incurred Mo/Year	
RESIDENCE, DOWNEY, CA	RESIDENCE, LOS AMBLES, CA	MORTHAUE ON PERSONAL RESIDENCE, WASHINFRY, DC	REVOLVING ACCOUNT	Mortgage on 123 Main St., Dover, DE	Type of Liability	
			×		\$10,001- \$15,000	
	-			<u></u>	\$15,001- \$50,000	
×					\$50,001- \$100,000	
				×	\$100,001- \$250,000	Αn
	×	×			\$500,000 m	Amount of Liability
				_	\$1,000,001	of Lia
				_	\$5,000,001.	bility
				$\vdash$	\$25,000,000 <del>*</del> \$25,000,001-	
					\$50,000,000 <b>—</b> Over	
				$\vdash$	\$50,000,000 C Spouse/DC Liability Over \$1,000,000°	

### SCHEDULE VI— GIFTS

Report the source, a brief description, and the value of all gifts totalling more than \$350 received by you, your spouse, or a dependent child from any source during the year. relationship to you. Gifts with a value of \$140 or less need not be added towards the \$350 disclosure threshold. 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

Note: The gift rule (House Rule 25, clause 5) prohibits acceptance of gifts except as specifically provided in the rule

T	- T	Ì				
	Example: Mr. Joseph H. Smith, Anytown, Anystate					
	Mr. Josep					
Source	h H. Smith			ļ		
	, Anytown		•			
	, Anystate					
					:	
	Silv		!			
	Silver Platter (determination on personal friendship received from Committee on Ethics)	:				
	(determin					
	ation on po					
Descr	ersonal frie					
Description	ndship red					-
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ue	75					

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# SCHEDULE VII — TRAVEL PAYMENTS AND REIMBURSEMENTS

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

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.

,		Т			Was a Family	
Source	Date(s)	City of Departure—Destination— City of Return	(Y/N)	(Y/N)	Member Included? (Y/N)	at sponsor's expense
Chicago Chamber of Commerce	Mar. 2	DC—Chicago—DC	z	z	Z	None
	Aug. 6–11	DC—Los Angeles—Cleveland	Υ	Υ	Υ	2 Days
<b>,</b> '	Jule 30,	CHECH REPUBLIC	γ	Y	Y	О
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## **SCHEDULE VIII—POSITIONS**

Name LUCILLE ROYBAL- ALLAND

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organization, or any educational or other institution other than the United States. proprietor, representative, employee, or consultant of any corporation, firm, partnership, or other business enterprise, any nonprofit organization, any labor Report all positions, compensated or uncompensated, held during the current calendar year as an officer, director, trustee of an organization, partner,

Exclude: Positions listed on Schedule I; 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
DEPUTY DIRECTOR (SPOUSE)	SELECTIVE SERVICE SYSTEM
(Sec Attached List)	
,	
2 222	

## SCHEDULE IX—AGREEMENTS

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. 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

Date	Parties To	Terms of Agreement

### Congresswoman Lucille Roybal-Allard BOARDS AND ADVISORY COUNCILS 2012

**Angelus Plaza Activity Center Advisory Council** 

Archdiocesan Youth Employment Services of Catholic Charities Honorary Advisory Board

**Belmont Community Adult School Advisory Council** 

Center for Asian Americans United for Self Empowerment (CAUSE) Honorary Advisory Council

**Congressional Hispanic Caucus Institute Board Member** 

**Huntington Park-Bell-Gage Community Adult School Advisory Council** 

**Korean American Coalition Honorary Board Member** 

LINC TELACU Education Foundation - National Advisory Board

**NALEO Educational Fund Board of Directors** 

Neighborhood Music Settlement Advisory Council

Para Los Niños Advisory Board

Rio Hondo Boy & Girls Club Advisory Council

Roosevelt Community Adult School Advisory Council