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OFFICE OF THE CLERK U.S. HOUSE OF REPRESENTATIVES

UNITED STATES HOUSE OF REPRESENTATIVES CALENDAR YEAR 2009 FINANCIAL DISCLOSURE STATEMENT

FORM A For use by Members, officers, and employees

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Ben R. Lujan (Full Name)

505-699-9074 (Daytime Telephone)

(Office Use Only)

Filer Status

Member of the U.S. House of Representatives

State: NM District: 03

Officer Or Employee

Employing Office: U.S. House of Reps.

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

Report Type

Annual (May 15)

Amendment

Termination

Termination Date:

PRELIMINARY INFORMATION - ANSWER EACH OF THESE QUESTIONS

Form with 11 numbered questions regarding financial disclosures, including income, gifts, travel, and liabilities. Includes checkboxes for Yes/No and a section for 'EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION'.

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

Form with sections for 'Trusts' and 'Exemptions' regarding financial disclosures. Includes checkboxes for Yes/No.

**SCHEDULE III - ASSETS AND "UNEARNED" INCOME**

Name Ben R. Lujan

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BLOCK A <b>Asset and/or Income Source</b> 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 assets or sources of income which generated more than \$200 in "unearned" income during the year. For rental property or land, provide a complete address. Provide full names of stocks and mutual funds (do not use ticker symbols). For all IRAs and other retirement plans (such as 401(k) plans) that are self-directed (i.e., plans in which you have the power, even if not exercised, to select the specific investments), provide the value and income information on each asset in the account that exceeds the reporting threshold. For retirement plans that are not self-directed, name the institution holding the account and its value at the end of the reporting period. For an active 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 additional information, see the instruction booklet.  Exclude: Your personal residence(s) (unless there is rental income); any debt owed to you by your spouse, or by your or your spouse's child, parent or sibling; any deposits totaling \$5,000 or less in personal savings accounts; any financial interest in or income derived from U.S. Government retirement programs.  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 (JT), in the optional column on the far left.	BLOCK B <b>Year-End Value of Asset</b> at close of reporting year. If you use a valuation method other than fair market value, please specify the method used. If an asset was sold and is included only because it is generated income, the value should be "None."	BLOCK C <b>Type of Income</b> Check all columns that apply. For retirement plans or accounts that do not allow you to choose specific investments, you may write "NA." For all IRAs, indicate the type of income by checking the appropriate box below. Dividends and interest, even if reinvested, should be listed as income. Check "None" if asset did not generate any income during the calendar year.	BLOCK D <b>Amount of Income</b> For retirement plans or accounts that do not allow you to choose specific investments, you may write "NA" for income. For all other assets, including all IRAs, indicate the category of income by checking the appropriate box below. Dividends and interest, even if reinvested, should be listed as income. Check "None" if no income was earned or generated.	BLOCK E <b>Transaction</b> Indicate if asset had purchases (P), sales (S), or exchanges (E) exceeding \$1,000 in reporting year.
New Mexico Public Employees Retirement Plan, State Pension Plan	\$15,001 - \$50,000	N/A	N/A	
Wells Fargo Bank, NM Checking Account	\$1,001 - \$15,000	N/A	N/A	