

2007 MAY 15 PM 2:53

Raul Manuel Grijalva
 (Full Name)

408 West Ohio Street Tucson, AZ 85714
 (Mailing Address)

202.225.2435
 Daytime Telephone:

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

Filer Status
 Member of the U.S. House of Representatives State: AZ District: 07
 Officer Or Employee Employing Office:

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

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? If yes, complete and attach Schedule I.	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	VI. Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than \$305 and not otherwise exempt)? If yes, complete and attach Schedule VI.	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
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.	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	VII. Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than \$305 from one source)? If yes, complete and attach Schedule VII.	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
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.	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	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.	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
IV. Did you, your spouse, or 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.	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	IX. Did you have any reportable agreement or arrangement with an outside entity? If yes, complete and attach Schedule IX.	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
V. Did you, your spouse, or a dependent child have any reportable liability (more than \$10,000) during the reporting period? If yes, complete and attach Schedule V.	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.	

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

Trusts-- Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct 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?	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
Exemptions-- 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?	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

CERTIFICATION -- THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended. The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct or its designee. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil penalties and criminal sanctions (See 5 U.S.C. app. 4, § 104 and U.S.C. § 1001).

Certification	Signature of Reporting Individual	Date (Month, Day, Year)
I CERTIFY that the statements I have made on this form and all attached schedules are true, complete and correct to the best of my knowledge and belief.	<i>Raul M. Grijalva</i>	05/15/2007

SCHEDULE I - EARNED INCOME

Name Raul Manuel Grijalva

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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 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.

Source	Type	Amount
City of Tucson Supplemental Retirement System	Spouse Pension	\$0

SCHEDULE III - ASSETS AND "UNEARNED" INCOME

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BLOCK A Asset and/or Income Source 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 asset or source of income which generated more than \$200 in "unearned" income during the year. For rental property or land, provide an address. Provide full names of any mutual funds. For a self directed IRA (i.e., one where you have the power to select the specific investments) provide information on each asset in the account that exceeds the reporting threshold and the income earned for the account. For an IRA or retirement plan that is not self-directed, name the institution holding the account and provide its value at the end of the reporting period. For an active business that is not publicly traded, in Block A state the nature of the business and its geographic location. For additional information, see instruction booklet for the reporting year. 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 Year-End Value of Asset 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 Type of Income Check all columns that apply. Check "None" if asset did not generate any income during the calendar year. If other than one of the listed categories, specify the type of income by writing a brief description in this block. (For example: Partnership income or Farm Income)	BLOCK D Amount of Income For retirement plans or accounts that do not allow you to choose specific investments, you may write "NA" for income. For all other assets, indicate the category of income by checking the appropriate box below. Dividends, even if reinvested, should be listed as income. Check "None" if no income was earned.	BLOCK E Transaction Indicate if asset had purchases (P), sales (S), or exchanges (E) exceeding \$1,000 in reporting year.
SP	10003 E. Country Shadows Dr; Tucson, AZ	\$50,001 - \$100,000	Other: Footnote 1	\$0	Other
JT	3426 S. 9th Avenue Tucson, AZ	\$50,001 - \$100,000	RENT	\$1 - \$200	Other
SP	Allianz Value Mark IV	\$15,001 - \$50,000	Other: Footnote 2	\$15,001 - \$50,000	Other
	Arizona State Retirement System	\$1,001 - \$15,000	INTEREST	\$1 - \$200	Other
SP	Citizens Communications Co	\$1,001 - \$15,000	CAPITAL GAINS	NONE	S
SP	Dell, Inc	\$1 - \$1,000	CAPITAL GAINS	NONE	S

SCHEDULE III - ASSETS AND "UNEARNED" INCOME

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SP	Fidelity Advisor Mid Cap Fund Class A	\$1,001 - \$15,000	DIVIDENDS	\$201 - \$1,000	Other
SP	Home Depot, Inc	\$1,001 - \$15,000	CAPITAL GAINS	NONE	S
SP	Humana Inc - New	\$1,001 - \$15,000	CAPITAL GAINS	\$201 - \$1,000	PS
SP	Japan Index Fund	\$1,001 - \$15,000	CAPITAL GAINS	\$1 - \$200	S
SP	John Hancock Regional Bank FD Class A	\$1,001 - \$15,000	DIVIDENDS	\$201 - \$1,000	
SP	Medicis Pharmaceutical Corp	\$1,001 - \$15,000	CAPITAL GAINS	NONE	S
	Public Safety Personnel Retirement System; Phoenix, AZ	\$15,001 - \$50,000	INTEREST	\$1 - \$200	Other
SP	Terex Corp -New	\$1,001 - \$15,000	CAPITAL GAINS	\$201 - \$1,000	PS
SP	Tucson Supplemental Retirement System; Tucson, AZ	\$50,001 - \$100,000	INTEREST	\$1,001 - \$2,500	Other
SP	Valero Energy Corp - New	\$1,001 - \$15,000	CAPITAL GAINS	\$201 - \$1,000	PS
SP	Washington Mutual Investors Fund Class A	\$1,001 - \$15,000	DIVIDENDS	\$201 - \$1,000	Other

SCHEDULE IV - TRANSACTIONS

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Report any purchase, sale or exchange by you, your spouse, or dependent child during the reporting year of any real property, stocks, bonds, commodities futures, or other securities when the amount of the transaction or series of transactions exceeded \$1,000. Include transactions that resulted in a loss. Do not report a transaction between you, your spouse, or your dependent child, or the purchase or sale of your personal residence, unless it is rented out. Provide a brief

SP, DC, JT	Asset	Type of Transaction	Date	Amount of Transaction
SP	Fidelity Advisor Mid Cap Fund Class A	Other	10/27/2003	\$1,001 - \$15,000
SP	Humana Inc - New	PS	3/20/06-8/24/06	\$1,001 - \$15,000
SP	Terex Corp -New	PS	8/11/06-10/3/06	\$1,001 - \$15,000
SP	Valero Energy Corp - New	PS	2/9/06-8/2/06	\$1,001 - \$15,000
SP	Dell, Inc	S	12/09/05 -3/29/06	\$1,001 - \$15,000
SP	Citizens Communications	S	8/12/05-6/27/06	\$1,001 - \$15,000
SP	Home Depot	S	7/15/05-5/14/06	\$1,001 - \$15,000
SP	Japan Index Fund	S	12/16/05-6/2/06	\$1,001 - \$15,000
SP	Medicis Pharmaceutical Corp	S	1/18/05-3/20/06	\$1,001 - \$15,000
SP	John Hancock Regional Bank FD Class A	P	10/27/03	\$1,001 - \$15,000
SP	Washington Mutual Investors Fund Class A	P	10/27/03	\$1,001 - \$15,000
SP	Allianz Value Mark IV	Other	12/22/2005	\$15,001 - \$50,000

SCHEDULE V - LIABILITIES

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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 dependent child. Mark the highest amount owed during the year. Exclude: Any mortgage on your personal residence (unless all or part of it is rented out); loans secured by automobiles, household furniture, or appliances; 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 close of the preceding calendar year exceeded \$10,000.

SP, DC, JT	Creditor	Type of Liability	Amount of Liability
	Wright Patman Credit Union	Credit Card	\$10,001 - \$15,000

SCHEDULE VII - TRAVEL PAYMENTS AND REIMBURSEMENTS

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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 \$305 received by 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 the amount of time, if any, that was not at the sponsor's expense. Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor. 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.

Source	Date(s)	Point of Departure-- Destination--Point of Return	Lodging? (Y/N)	Food? (Y/N)	Was a Family Member Included? (Y/N)	Days not at sponsor's expense
National Education Association	June 30- July 2, 2006	DC-Orlando-Tucson	Y	Y	N	None

FOOTNOTES

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Number	Section / Schedule	Footnote	This note refers to the following item
1	Schedule II	Mrs. Grijalva just became aware that she is not on the deed of this rental property, and thus not liable for it.	Property at 10003 E. Country Shadows Dr.
2	Schedule II	An Annuity	Allianz Value Mark IV