UNITED STATES HOUSE OF REPRESENTATIVES LORETTA SANCHEZ District: 46 State: _ CA Daytime Telephone: <u>202. みなら、み965</u> For Use by Members, Officers, and Employees Form A Employee Officer or Employing Office: HAND DELIVERED, Z MC 2014 MAY 13 PH 3: 05 U.S. HOUSE OF THE CLERK LEGISLATIVE RESOURCE CENTER

Name:

2013 FINANCIAL DISCLOSURE STATEMENT

PRELIMINARY INFORMATION - ANSWER EACH OF THESE QUESTIONS

REPORT TYPE

2013 Annual (Due: May 15, 2014)

Amendment

Termination Date:

FILER STATUS

U.S. House of Representatives Member of or Candidate for

Yes No X	her "excepted trusts" need not be disclosed. Have you excluded from	mittee on Ethics and certain of ent child?	TRUSTS - Details regarding "Qualified Blind Trusts" approved by the Committee on Ethics and certain other "excepted trusts" need not this report details of such a trust that benefits you, your spouse, or dependent child?
Yes No X	porting period? If you answered "yes" to this question, please contact	ial Public Offering during the re	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.
ONS	ATION - ANSWER EACH OF THESE QUESTIONS	OR TRUST INFORM	IPO, EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION - ANSWER
YOU ANSWER "YES"	ATTACH THE CORRESPONDING SCHEDULE IF YOU ANSWER "YES"	Yes No	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	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?	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	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?	Yes No	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?
Yes No	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?	Yes No X	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	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?	Yes No	A. 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. Make more than \$200 in uneamed income from any reportable asset during the reporting period?

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.

Yes

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**E	104		3	SAVINGS AUSCKING	SCHOOL FIRST FOU-	ABC Hedge Fund	Simon & Schuster	Mega Corp. Stock	If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC), or jointly held with anyone (JT), in the optional column on the far left. For a detailed discussion of Schedule A requirements, please refer to the instruction booklet.	If you have a privately-traded fund that is Excepted Investment Fund, please check the " box.	Exclude: Your personal residence, including second fromes and vacation fromes (unless there was rental income during the reporting period); and any financial interest in, or income derived from, a federal retirement program, including the Thrift Savings Plan.	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 and other real property held for investment, provide a complete address or description, e.g., "rental property," and a city and state.	For bank and other cash accounts, total the amount in all interest-bearing accounts. If the total is over \$5,000, list every financial institution where there is more than \$1,000 in interest bearing accounts.	For all IRAs 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 only ticker symbols).	exceeding \$1,000 at the end of the reporting period, and (b) any other reportable asset or source of income that generated more than \$200 in "uneamed" income during the year.	Identify (a) each asset held for investment or production of income and with a fair market value	Asset and/or Income Source	BLOCK A	SCHEDULE A – ASSETS & "UNEARNED INCOME"
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<u> </u>	_	4		22		_	<u> </u>		\$100,001,\$250,000			3, 2, 5		· 11	1	*Column M is for assets held by your spouse or dependent child in which you have no interest.	used. If an asset was sold during the reporting period and is included only because it generated income, the value should be "None."	Indicate value of asset at close of the reporting period. If you use a valuation method other than fair market value, please specify the method	Value of Asset	BLOCK B	Ž
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						Partnership Income	Koyames	D	Other Type of Income (Specify: e.g., Partnershi	Income or F	arm Income)		· ·			if the asset generated no income during the reporting period.	5.24 accounts), you may check the "lax-belened; column. Dividends, interest, and capital galins, even if reinvested, must be disclosed as income for assets held in taxable accounts. Check "None"	Check all columns that apply. For accounts that generate tax-deferred income (such as 401(k), IRA, or			M S.
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	\perp		_						Over \$5,000,000		· ·			. (j	-	is for assets held by your spouse or dependent		For assets for which you checked "Tax-Deferred" in Block C, you may check the "None" column. For all other assets indicate the	,		
	\perp							1	Spouse/DC Asset with In	come over \$1	1,000,000			<u>¥</u>						4	읔
								S(part)	P, S. S(p					Leave this column blank if there are no transactions that exceeded \$1,000.	an asset was sold, please indicate as follows: (S (part)).	in the reporting period.	purchases (r), sales (S), or exchanges (E) exceeding \$1,000	Indicate if the asset had	Transa	BLOCK E	$\ \ ^{\mathcal{T}_1}$
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1-\$15,000 C	\$15,00	\$1-\$1, \$1,001 \$15,00	ASSET NAME S1-51, \$15,001	SANTA ASSET NAME ASSET NAME ASSET NAME None \$1.51, \$15.00	SANTA ANA HONE STANTA ANA HONE None \$1-51,001	SANTA AND HONE None \$1500	SANTA AND HOME STANTA AND HOME S15100	SANTA AND HOME STANTA AND HOME	SANTA ASSET NAME SANTA AND HOME PARTY OF THE STANTA ASSET NAME STANTA AND HOME STANTA A	SANTA AND HONE None \$1500 \$1500	SANTA ASSET NAME ASSET NAME CPA None \$1-51,001	SANTA AND HOME None \$150.00	SANTA AND HONE None \$1-51,001	SANTA AND HOME CA None \$1.51.	SANTA AND HOME STANTA AND HOME None \$1-\$1,001	SANTA AND HONE None \$1.51.
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Name: Log.	Spouse/DC Asset NONE DIVIDENDS RENT INTEREST CAPITAL GAINS	DIVIDENDS RENT INTEREST	DIVIDENDS RENT INTEREST	DIVIDENDS RENT INTEREST	DIVIDENDS RENT INTEREST	DIVIDENDS RENT INTEREST CAPITAL GAINS	DIVIDENDS RENT INTEREST CAPITAL GAINS	DIVIDENDS RENT INTEREST CAPITAL GAINS	DIVIDENDS RENT INTEREST CAPITAL GAINS	DIVIDENDS RENT INTEREST CAPITAL GAINS	DIVIDENDS RENT INTEREST CAPITAL GAINS	DIVIDENDS RENT INTEREST CAPITAL GAINS	DIVIDENDS RENT INTEREST CAPITAL GAINS	DIVIDENDS RENT INTEREST CAPITAL GAINS	DIVIDENDS RENT INTEREST CAPITAL GAINS	DIVIDENDS RENT INTEREST CAPITAL GAINS
BLOCK C Type of Income ome or Farm Income)	EXCEPTED/BLIND TRUST TAX-DEFERRED Other Type of Income (Specify: e.g., Partnership Income)	TAX-DEFERRED Other Type of Income	TAX-DEFERRED Other Type of Income	TAX-DEFERRED Other Type of Income	EXCEPTED/BLIND TRUST TAX-DEFERRED Other Type of Income	EXCEPTED/BLIND TRUST TAX-DEFERRED Other Type of Income	EXCEPTED/BLIND TRUST TAX-DEFERRED Other Type of Income	EXCEPTED/BLIND TRUST TAX-DEFERRED Other Type of Income	EXCEPTED/BLIND TRUST TAX-DEFERRED Cither Type of Income	EXCEPTED/BLIND TRUST TAX-DEFERRED Other Type of Income	EXCEPTED/BLIND TRUST TAX-DEFERRED Other Type of Income	EXCEPTED/BLIND TRUST TAX-DEFERRED Other Type of Income	EXCEPTED/BLIND TRUST TAX-DEFERRED Other Type of Income	EXCEPTED/BLIND TRUST TAX-DEFERRED Other Type of Income	EXCEPTED/BLIND TRUST TAX-DEFERRED Cither Type of Income	EXCEPTED/BLIND TRUST TAX-DEFERRED Cther Type of Income
SANCH EZ	None \$1-\$200 \$201-\$1,600	\$1-\$200	\$1-\$200	\$1-\$200	\$1-\$200	\$1-\$200	\$1-\$200	\$1-\$200	\$1-5200	\$1-5200	\$1-\$200	\$1-5200	\$1-\$200	\$1-5200	\$1-5200	\$1-5200
BLOCK D Amount of Income	\$1,001-\$2,500 \$2,501-\$5,000 \$5,001-\$15,000 \$15,001-\$50,000	\$2,501-\$5,000 \$5,001-\$15,000	\$2,501-\$5,000 \$5,001-\$15,000	\$2,561-\$5,000	\$2,501-\$15,000	\$2,561-\$5,000	\$2,561-\$5,000	\$2,501-\$15,000	\$2,501-\$5,000	\$2,561-\$5,000	\$2,501-\$15,000	\$2,561-\$5,000 \$5,001-\$15,000	\$2,561-\$5,000	\$2,501-\$15,000	\$2,561-\$5,000 \$5,001-\$15,000	\$2,561-\$5,000
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sset with Income over \$1,000,000° BLOCK E Transaction		Spouse/DC As P. S. S(part), or E		1							<u> </u>	<u> </u>		<u> </u>	<u> </u>	

SCHEDULE C - EARNED INCOME

Name: LORETTA SANCHEZ Page 4 of 7

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

INCOME LIMITS and PROHIBITED INCOME: The 2013 limit on outside earned income for Members and employees compensated at or above types of income (notably honoraria, director's fees, and payments for professional services involving a fiduciary relationship) were totally prohibited.	ated at or above the "senior staff" rate was \$26,955. In addition, certain otally prohibited.	was \$26,955. In addition, certain
Source (include date of receipt for honoraria)	Туре	Amount
Keene State	Approved Teaching Fee	\$6,000 \$18,000
Examples: Civil Yet Foundable (Oct. 2) Onlano County Board of Education	Spouse Selary Spouse Salary	\$1,000 N/A
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		The state of the s
ADJUNET PROFESSOR	Appaved Teaching Fee	\$5,000-
GREEN BERG THURIG ETIAL EAST FIRM WASH DO.	Sause Salary	NA
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SCHEDULE D - LIABILITIES

Name: LORETTA SANCHEZ

> Page_ 3 `₽

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 tout 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 liabile); 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.

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SCH							SP. DC.JT	
EDULE	Semy;	(f)	STEP4	54 kg	us B	Example		
	祭	<u>ر</u>	STEPHEN BRIKEY III	OY/13 to NATIONSTAR	us Bank-OHIO refinanted obli	First Bank of Wilmington, DE	Creditor	
-	04/2012	•	06/09	oy/s	ed 06/13	5/98	Date Liability Incurred MO/YR	
POE CH	CHADIA Mortgage on Via ACME	Pue, ca	Note on Via Arriba	alos N. Towners	Martinage on	Mortgage on Rental Property, Dover, DE	Type of Liability	
	76		3		, i		\$10,601- \$15,000	
			×				\$15,001- \$50,000	
		2	9				\$50,001- \$100,000	
			20		1.1	×	\$100,001- \$250,000	<u>≯</u>
	X		T	×	94		\$250,001- \$300,000	Amount of Liability
			>				\$500,001- \$1,000,000	of Lia
	·	ء	5	٠. ٩			\$1,000,001- \$5,000,000	bility
			701				\$5,000,001- \$25,000,000	
	(\$2).) i		1			\$25,000,001- \$50,000,000	
							Over \$50,000,000	
							Over \$1,000,000* (Spouse/DC Liability)	

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.

00 00 00 00 00 00 00 00 00 00 00 00 00		TRUSTEE	Position
		CHAPMAN UNIVERSITY, I UNIVERSITY DR ORANGE CA.	Name of Organization

SCHEDULE F - AGREEMENTS

Name: LORETTA SANCHEZ Page_ 0 <u>`</u>

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.

	To a summa summa	
Date	Parties to Agreement	Terms of Agreement
Nev 2007	NO 2007 LORETTA SANCHEZ, LINDAT SÉNICHE / DREAM IN COUNE	"DREAM IN COUR" BOOK CONTRACT
	RICHARD BUSKIN, GRAND >	
	SENTERAL PARTISHING	
Feb 2012	Februal Loretta SANCHEZ, LINDAT, SANCHEZ "DREAM IN	HEY "DREAM IN COLOR" RIGHTS FOR
	26 th Street Development INC	MEDIA SERIES
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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

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

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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.

			ASPEN INSTITUTE GONGRESSIONIAL AUG 13-24 LAX-Addis Ablaba, Ethiopia- 4		TRUST AT SUNNYLAND SANTA ANA	THE ANNENBERG FOUNDATION April 4-7 SANTA ANA-PALM SPRING- Y		GERMAN MARSHALL FUND OF THE US FOB 15-24 WASHING PANDE - MUNICH - Y	Examples: Habitat for Humaniky (charity fundraiser) War. 3-4 DC-Boston-DC Y	Government of China (MECEA) Aug. 6-11 DC-Beijing, China - DC	Source Date(s) City of Departure - Destination — Lodging? City of Return (Y/N)
			4	• ••			3	У	Υ	Υ	Lodging? (Y/N)
			9			9	*	4	Υ	٧	Food? (Y/N)
			ις			7		4	٧	R	Family Member Included? (Y/N)