

**UNITED STATES HOUSE OF REPRESENTATIVES**  
**2013 FINANCIAL DISCLOSURE STATEMENT**

Form A  
 For Use by Members, Officers, and Employees

Name: LORETTA SANCHEZ Daytime Telephone: 202.225.2965

**HAND DELIVERED**  
 Page 1 of 7  
 LEGISLATIVE RESOURCE CENTER  
 2014 MAY 13 PM 3:05  
 OFFICE OF THE CLERK  
 U.S. HOUSE OF REPRESENTATIVES

FILER STATUS	<input checked="" type="checkbox"/> Member of or Candidate for U.S. House of Representatives	State: <u>CA</u> District: <u>46</u>	<input type="checkbox"/> Officer or Employee	Employing Office: _____
REPORT TYPE	<input checked="" type="checkbox"/> 2013 Annual (Due: May 15, 2014)	<input type="checkbox"/> Amendment	<input type="checkbox"/> Termination Date: _____	

**PRELIMINARY INFORMATION - ANSWER EACH OF THESE QUESTIONS**

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 unearned income from any reportable asset during the reporting period?	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	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 <input checked="" type="checkbox"/> No <input type="checkbox"/>
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 <input type="checkbox"/> No <input checked="" type="checkbox"/>	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 <input type="checkbox"/> No <input checked="" type="checkbox"/>
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 <input checked="" type="checkbox"/> No <input type="checkbox"/>	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 <input checked="" type="checkbox"/> No <input type="checkbox"/>
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 <input checked="" type="checkbox"/> No <input type="checkbox"/>	I. 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 <input type="checkbox"/> No <input checked="" type="checkbox"/>
E. Did you hold any reportable positions during the reporting period or in the current calendar year up through the date of filing?	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	<b>ATTACH THE CORRESPONDING SCHEDULE IF YOU ANSWER "YES"</b>	

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

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.  
 Yes  No

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 that benefits you, your spouse, or dependent child?  
 Yes  No

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  No



# SCHEDULE A - ASSETS & "UNEARNED INCOME"

Name: **LORETTA SANCHEZ**

Page **3** of **7**

SP, DC, JT	ASSET NAME	EIF	BLOCK B Value of Asset													BLOCK C Type of Income							BLOCK D Amount of Income											BLOCK E Transaction						
			A	B	C	D	E	F	G	H	I	J	K	L	M	NONE	DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED/BLIND TRUST	TAX-DEFERRED	Other Type of Income (Specify: e.g., Partnership Income or Farm Income)	I	II	III	IV	V	VI	VII	VIII	IX	X		XI					
	<b>2105 N. TROWER SANTA ANA HOME CA</b>		None	\$1-\$1,000	\$1,001-\$15,000	\$15,001-\$50,000	\$50,001-\$100,000	\$100,001-\$250,000	\$250,001-\$500,000	<b>X</b> \$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*	NONE	DIVIDENDS	<b>X</b> RENT	INTEREST	CAPITAL GAINS	EXCEPTED/BLIND TRUST	TAX-DEFERRED	Other Type of Income (Specify: e.g., Partnership Income or Farm Income)	None	\$1-\$200	\$201-\$1,000	\$1,001-\$2,500	<b>X</b> \$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 Asset with Income over \$1,000,000*	P, S, S(part), or E				

Use additional sheets if more space is required.

**SCHEDULE C - EARNED INCOME**

Name: **LORETTA SANCHEZ**

Page **4** of **7**

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.  
**EXCLUDE:** Military pay (such as National Guard or Reserve pay), federal retirement programs, and benefits received under the Social Security Act.  
**INCOME LIMITS and PROHIBITED INCOME:** The 2013 limit on outside earned income for Members and employees compensated at or above the "senior staff" rate was \$26,955. In addition, certain types of income (notably honoraria, director's fees, and payments for professional services involving a fiduciary relationship) were totally prohibited.

Source (include date of receipt for honoraria)	Type	Amount												
<table border="1"> <tr> <td>Keene State</td> <td>Approved Teaching Fee</td> <td>\$6,000</td> </tr> <tr> <td>State of Maryland</td> <td>Legislative Pension</td> <td>\$18,000</td> </tr> <tr> <td>Civil War Roundtable (Oct. 2)</td> <td>Spouse Speech</td> <td>\$1,000</td> </tr> <tr> <td>Ontario County Board of Education</td> <td>Spouse Salary</td> <td>N/A</td> </tr> </table>	Keene State	Approved Teaching Fee	\$6,000	State of Maryland	Legislative Pension	\$18,000	Civil War Roundtable (Oct. 2)	Spouse Speech	\$1,000	Ontario County Board of Education	Spouse Salary	N/A		
Keene State	Approved Teaching Fee	\$6,000												
State of Maryland	Legislative Pension	\$18,000												
Civil War Roundtable (Oct. 2)	Spouse Speech	\$1,000												
Ontario County Board of Education	Spouse Salary	N/A												
CHAPMAN UNIVERSITY, 1 UNIVERSITY DR, ORANGE CT														
ADJUNCT PROFESSOR	Approved Teaching Fee	\$5,000 -												
GREENBERG THURIG, ETAL. LAW FIRM, WASH, DC.	Spouse Salary	N/A												
1H. Sourcing, Inc. COSTA MESA, CA	Spouse Salary	N/A												

Use additional sheets if more space is required.

**SCHEDULE D - LIABILITIES**

Name: **LORETTA SANCHEZ**

Page **5** of **7**

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 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 it out 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 liable); 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.

SP DC, JT	Creditor	Date Liability Incurred MO/YR	Type of Liability	Amount of Liability											
				A \$10,001- \$15,000	B \$15,001- \$50,000	C \$50,001- \$100,000	D \$100,001- \$250,000	E \$250,001- \$500,000	F \$500,001- \$1,000,000	G \$1,000,001- \$5,000,000	H \$5,000,001- \$25,000,000	I \$25,000,001- \$50,000,000	J Over \$50,000,000	K Over \$1,000,000* (Spouse/DC Liability)	
Example	First Bank of Wilmington, DE	5/98	Mortgage on Rental Property, Dover, DE				X								
	US Bank - OHIO refinanced	05/13	Mortgage on												
	04/13 to NATIONALSTAR	04/13	1105 N. TOWER					X							
	STEPHEN BRIDGES III	06/09	Note on Visa/Amex												
	(Former husband)		PVE, CA												
	Central Mortgage Bank	04/2012	Mortgage on Visa Amex												
	Central Mortgage Bank	04/2012	PVE, CA												

**SCHEDULE E - POSITIONS**

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.

Position	Name of Organization
TRUSTEE	CHAPMAN UNIVERSITY, 1 UNIVERSITY DR, ORANGE, CA.

Use additional sheets if more space is required.

**SCHEDULE F - AGREEMENTS**

Name: **LORETTA SANCHEZ**

Page **6** of **7**

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.

Date	Parties to Agreement	Terms of Agreement
Nov 2007	LORETTA SANCHEZ, LINDA T SANCHEZ RICHARD BUSKIN, GRAND CENTRAL PUBLISHING	"DREAM IN COLOR" BOOK CONTRACT
Feb 2012	LORETTA SANCHEZ, LINDA T SANCHEZ 26th Street Development, Inc	"DREAM IN COLOR" RIGHTS FOR MEDIA SERIES

**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 rule.

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

Use additional sheets if more space is required.

**SCHEDULE H - TRAVEL PAYMENTS and REIMBURSEMENTS**

Name: **LORETTA SAUCHEZ**

Page **7** of **7**

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.

Source	Date(s)	City of Departure - Destination - City of Return		Lodging? (Y/N)	Food? (Y/N)	Family Member Included? (Y/N)
		City of Departure	Destination			
Examples: Government of China (MECEA)	Aug 8-11		DC-Beijing, China - DC	Y	Y	N
Habitat for Humanity (charity fundraiser)	Mar-3-4		DC-Boston-DC	Y	Y	Y
GERMAN MARSHALL FUND OF THE US	Feb 15-24		WASHINGTON DC - MUNICH -	Y	Y	Y
THE ROBERT BOSCH STIFUNG (BOSE)			BERLIN - ROHE - WASH DC			
THE RANNENBERG FOUNDATION	April 4-7		SANTA ANA - PALM SPRINGS -	Y	Y	Y
TRUST AT SUNNYLAND			SANTA ANA			
ASPEN INSTITUTE CONGRESSIONAL PROGRAM	Aug 13-24		LAX - Addis Ababa, Ethiopia - LAX	Y	Y	Y

Use additional sheets if more space is required.