Name: E. Did you hold any reportable positions during the reporting period or in the current calendar year up through the date of filing? **C.** Did you or your spouse have "earned" income (e.g., salaries, honoraria, or pension/IRA distributions) of \$200 or more during the B. Did you, your spouse, or your dependent child purchase, sell, or A. Did you, your spouse, or your dependent child: UNITED STATES HOUSE OF REPRESENTATIVES **EXEMPTION** – Have you excluded from this report any other assets, "uneamed" income, transactions, or liabilities of a spouse or your dependent child because they meet all three tests for exemption? Do not answer "yes" unless you have first consulted with the Committee on Ethics. **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. D. Did you, your spouse, or your dependent child have any reportable liability (more than \$10,000) at any point during the reporting period? exceeding \$1,000 during the reporting period? exchange any securities or reportable real estate in a transaction PRELIMINARY INFORMATION - ANSWER EACH OF 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? IPO AND EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION - ANSWER <u>EACH</u> OF THESE QUESTIONS reporting period? REPORT FILER STATUS Make more than \$200 in unearned income from any reportable a. Own any reportable asset that was worth more than \$1,000 at the end of the reporting period? or asset during the reporting period? LORETTA Member of or Candidate for 2015/Annual (Due: May 16, 2016) U.S. House of Representatives SANCHEZ District: State: S Z THESE QUESTIONS ×es × X_s ×es No Yes Yes No 6 Daytime Telephone: Amendment Š For Use by Members, Officers, and Employees H. Did you, your spouse, or your dependent child receive any reportable travel or reimbursements for travel totaling more than \$375 in value from a single source during the reporting period? 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? G. Did you, your spouse, or your dependent child receive any reportable gift(s) totaling more than \$375 in value from a single I. Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article during the ATTACH THE CORRESPONDING SCHEDULE IF YOU ANSWER "YES" source during the reporting period? Employee Officer or Employing Office: Termination Date of Termination: A \$200 penalty shall be assessed against any Individual 80 who files more than 30 days late. LEGISLATIVE RESOURCE CENTE 20 United Usa only 1:33 4 ATTAINS SALAN AN SCOOL 7AN '0 5 Page 1 of 6 Yes Yes Yes ¥**8**\$ Yes ĕ Yes 6 X ₹ 8 Š ö ᇂ ö

SCHEDULE A - ASSETS & "UNEARNED INCOME"

Name: LORETTH SANCHEZ

r'anda)	PVCA 90274 -	(אפושאה הוע הבטון	Compressional Fell	Navy Federal CU	Schools First FCU	ABC Hedge Fund X	Examples: Simon & Schuster	DC, SP Mega Corp. Stock	a detailed discussion of Schedule uirements, please refer to the instruction bookle	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.	If you have a privately-traded fund that is an Excepted investment Fund, please check the "EIF" box.	Exclude: Your personal residence, including second homes and vacation homes (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).	and (b) any other reportable asset or source of income that generated more than \$200 in "unearned"	production of income and with a fair market value exceeding \$1,000 at the end of the reporting period.	Asset and/or income Source	BLOCK A
									None	<u> </u>			9.30		φ η μ	_			_		
				X					\$1-\$1,000						σ	<u>'</u>	*Column M is for assets held by your spouse or dependent child in which you have no interest.	If an asset was sold during the reporting period and is included only because it generated income, the value should be "None."	riculate value or asset at loose of the repolarist period, it you use a valuation method other than fair market value, please specify the method used.	<u>}</u>	
			X				Indefinite		\$1,001-\$1	5,000					c	•	l is for	t was	nethoo	<u> </u>	
							₹ 8		\$15,001-4	50,000					c	,	asset rest.	ated in	othe		
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		H		-	×			1	\$100,001	\$250,000					-	-	by yo	and the	tairn	Value of Asset	. 8
		╁┈			_	×			\$250,001-	\$500,000					G		our sp	e de la	narket	9	BLOCK B
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		~					-		\$1,000,00	1-\$5,000,000						1	or dep	beriod be	s, plex	*	•
	1			_			-	 	\$5,000,00	1-\$25,000,000						1	bende	None	ase st		
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		<u> </u>				-	-	\dagger	Over \$50.	000,000					-	┪	e E	clude	the n		
-		 		_			-		Spouse/D	C Asset over \$1,	000,000*						s ich	d on	rethou	•	
	,							1	NONE							1					
				-				×	DIVIDENC	s			· · · · · · · · · · · · · · · · · · ·			-	if the asset generated no income during period.	33	generate tax-deferred income (su 529 accounts), you may check	<u>.</u>	
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			-	<u> </u>	•				CAPITAL	GAINS							2 5	3 5		9	BLO
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						Partnership Income	Royallos	Powallies		a of Income i.g., Partnership	Income or F	arm Income)				-	ring the reporting	column. Dividends, interest, and capital gains, even if reinvested, must be disclosed as income for a season had in translations.	check an examins dat apply. For accounts ungleperate tax-deferred income (such as 401(k), IRA, or 529 accounts), you may check the "Tax-Deferred"		
									None							ln wh	generated. *Column X	Divid	may		
	<u> </u>		×	×					\$1-\$200						=	In which you have no interest.	generated. *Column XI	Dividends, interest, and capital gains, even if must be disclosed as income for assets held	may check the "None" column. category of income by check		
		<u> </u>	<u> </u>		×		×		\$201-\$1,0	00						T Pay	= & **		ਜੋ ਜੋ ਤੋਂ		
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		$oxed{oxed}$		<u> </u>		×		\perp	\$2,501-\$5						<	nteres	** :	and capital gal	다 기 전 기 전 기 전 기 전 기 전 기 전 기 전 기 전 기 전 기 전	Amount of Income	
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		_						ļ	1	1-\$5,000,000					×		apend 5		ᇥᇙ	<u> </u>	
		_				_	_	-	Over \$5,0	·		000 000±			2	-	4	ff reinvested,	ry desers of which you checked fax-betered in block by you may check the "None" column. For all other assets indicate the category of income by checking the appropriate box below.	.	
						L		+	<u> </u>	C Asset with Inco	ome over \$1	,000,000*			<u> </u>						_
								S. S.	P, S, S(part), or E		<u></u>				Leave this column blank if there are no transactions that exceeded \$1,000.	please indicate as follows: (S (part)).	in the reporting period.	sales (S), or exchanges (E)	asset had purchases (P),	Fransaction	BLOCKE

SCHEDULE C - EARNED INCOME

Name:	
LORETTA	
SMNCHEZ	
Page 3 of 6	

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 2015 limit on outside earned income for Members and employees compensated at or above the "senior staff rate was \$27,225. In addition, certain types of income (notably honoraria, director's fees, and payments for professional services involving a fiduciary relationship) were totally prohibited.

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)	Туре	Amount
Keene State State of Maryland	Approved Teaching Fee Legislative Pension	\$6,000 \$18,000
Exal (Iptes). Civil War Roundtable (Oct. 2) Ontario County Board of Education	Spouse Speech Spouse Salary	\$1,000 N/A
Law Offices of Einwechter and Huatt, 220	Spouse Salary	N/A
Italiewa, Hawaii	C	
		:

SCHEDULE D - LIABILITIES

Name: LORETTA	
SHNCHEZ	
Page 4 of 6	

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 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 youre spouse. Report a revolving charge account (i.e., credit card) only if the balance at the close of the reporting period exceeded \$10,000.

*Column K is for liabilities held solely by your spouse or dependent child.

		sp, DC, JT		
PNC,	Example			
PNC, PITTSBURGH PA	First Bank of Wilmington, DE	Creditor		
04/13	5/98	Date Liability Incurred MO/YR		
04 13 MORTGREE ON GREIBA	Mortgage on Rental Property, Dover, DE	Type of Liability		
ŞĘ.		\$10,001- \$15,000	>	
		\$15,001- \$50,000	60	
		\$50,001- \$100,000	c	
	×	\$100,001- \$250,000	ט	
×		\$250,001- \$500,000	m	Amount of Liability
×		\$500,001- \$1,000,000	77	t of Lia
		\$1,000,001- \$5,000,000	6	bility
		\$5,000,001- \$25,000,000	I	
		\$25,000,001- \$50,000,000	_	
		Over \$50,000,000		
		Over \$1,000,000* (Spouse/DC Liability)	*	

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 held in any religious, social, fratemal, or political entities (such as political parties and campaign organizations); and positions solely of an honorary nature.

Position	Name of Organization
TRUSTEE	CHAPMAN UNIVERSITY
	I UNIVERSITY DR. ORPNOE OF 92866

SCHEDULE F - AGREEMENTS

_	
	Name:
	LORETTA
	SANCHEZ
	Page 5 of 6

Name: LoRETTA spect to: future employment; a leave or continuing participation in an emp	Name: LoRETTA SANCHEZ Page 5 of 6. spect to: future employment; a leave of absence during the period of government service; 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 that you have with respect to: future employment continuation or deferral of payments by a former or current employer other than the U.S. government; or continuing participation in	
LoRETTA future employment; a leave uing participation in an emp	LORETTA SANCHEZ future employment; a leave of absence during the period o uing participation in an employee welfare or benefit plan ma	espect to: or contin	Name
	SANCHEZ of absence during the period of absence or benefit plan material plan materia	future employment; a leave uing participation in an emp	LORETTA

			Vov 2009	Date
	CENTRAL PUBLISHING	RICHARD BUSKIN, GRAND	NOW 2009 LORETTA SANCHEZ, LAUDA T, SANCHEZ "DRETHH /A	Parties to Agreement
			"DREAM IN COLOR" BUCK CONTRACT	Terms of Agreement

SCHEDULE G - GIFTS

Report the source (by name), a brief description, and the value of all gifts totaling more than \$375 received by you, your spouse, or your 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 \$150 or less need not be added towards the \$375 disclosure threshold. **Note**: The gift rule (House Rule 25, clause 5) prohibits acceptance of gifts except as specifically provided in the rule.

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

SCHEDULE H - TRAVEL PAYMENTS and REIMBURSEMENTS

Name:
LORETTA
SANCHEZ
Page 6 of 6

Identify the source and list travel itinerary, dates, and nature of expenses provided for travel and travel-related expenses totaling more than \$375 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: 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

								A OVA	схатрю:	•	
								A DUANCED LEADERSHIP FOUNDATION JUN 16-18 PLATE	Habitat for Humanity (charity fundraiser)	Government of China (MECEA)	Source
							•	1 Jan 16-18	Mar. 3-4	Aug. 6-11	Date(s)
					DC-Santiago-Ovense Sozin		See	Pl down from 19	DC-Boston-DC	DC-Beijing, China-DC	City of Departure-Destination-City of Return
					Sozin	•		y	Υ	٧	Lodging? (Y/N)
								ሃ	Y	٧	Food? (Y/N)
								y	Υ	Z	Family Member Included? (Y/N)