



Filing ID #10009674

# FINANCIAL DISCLOSURE REPORT

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## FILER INFORMATION

**Name:** Mr. Carlos J. Sanchez  
**Status:** Congressional Candidate  
**State/District:** CA51

## FILING INFORMATION

**Filing Type:** Candidate Report  
**Filing Year:** 2016  
**Filing Date:** 04/4/2016

## SCHEDULE A: ASSETS AND "UNEARNED" INCOME

Asset	Owner	Value of Asset	Income Type(s)	Income Current Year to Filing	Income Preceding Year
AXA - Annuity		\$250,001 - \$500,000	Dividends	None	\$15,001 - \$50,000
DESCRIPTION: Distribution once at year end.					
Carlos J. Sanchez M.D., Inc. ⇒ Carlos J Sanchez M.D., Inc., 100% Interest		\$1 - \$1,000	Medical Services	\$100,001 - \$1,000,000	\$100,001 - \$1,000,000
LOCATION: Chula Vista/San Diego, CA, US DESCRIPTION: Gross Income					
Sanchez Family LP	JT	\$1,000,001 - \$5,000,000	Rent	\$50,001 - \$100,000	\$100,001 - \$1,000,000
LOCATION: Chula Vista/San Diego, CA, US					
Union Bank Money Market Account ⇒ Union Bank - Money Market		\$250,001 - \$500,000	Interest Bearing	\$1 - \$200	\$201 - \$1,000

\* Asset class details available at the bottom of this form.

## SCHEDULE C: EARNED INCOME

Source	Type	Amount Current Year to Filing	Amount Preceding Year
Carlos J. Sanchez M.D., Inc.	Salary	\$15,000	\$55,000
Sanchez Family LP	Managing General Partner	\$42,000	\$188,000

SCHEDULE D: LIABILITIES

None disclosed.

SCHEDULE E: POSITIONS

Position	Name of Organization
President	Carlos J. Sanchez M.D., Inc.
Managing Partner	Sanchez Family LP

SCHEDULE F: AGREEMENTS

Date	Parties To	Terms of Agreement
July 2000	Independent Contractors - Medical Doctors	Responsible for day to day operation of the Medical Center and is in force since July, 2000 to Present.

SCHEDULE J: COMPENSATION IN EXCESS OF \$5,000 PAID BY ONE SOURCE

None disclosed.

SCHEDULE A ASSET CLASS DETAILS

<ul style="list-style-type: none"><li>Carlos J. Sanchez M.D., Inc. (100% Interest) LOCATION: US DESCRIPTION: California S Corporation</li><li>Union Bank Money Market Account (100% Interest) LOCATION: US</li></ul>
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EXCLUSIONS OF SPOUSE, DEPENDENT, OR TRUST INFORMATION

**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 benefiting 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?  
☐ Yes ☒ No

## **CERTIFICATION AND SIGNATURE**

☒ I CERTIFY that the statements I have made on the attached Financial Disclosure Report are true, complete, and correct to the best of my knowledge and belief.

**Digitally Signed:** Mr. Carlos J. Sanchez , 04/4/2016