PRELIMINARY INFORMATION — EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST 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. or exchange any reportable asset in a transaction exceeding \$1,000 during the reporting period? IV. Did you, your spouse, or a dependent child purchase, sell **EXEMPTION**—Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child? TRUSTS—Details regarding "Qualified Blind Trusts" approved by the Committee on standards of Official Conduct and certain other "excepted trusts" need not liability (more than \$10,000) during the reporting period? If yes, complete and attach Schedule V. V. Did you, your spouse, or a dependent child have any reportable If yes, complete and attach Schedule III. reportable asset worth more than \$1,000 at the end of the period? income of more than \$200 in the reporting period or hold any Name: CALENDAR YEAR 2008 FINANCIAL DISCLOSURE STATEMENT UNITED STATES HOUSE OF REPRESENTATIVES they meet all three tests for exemption? Do not answer "yes" unless you have first consulted with the Committee on Standards of Official Conduct If yes, complete and attach Schedule IV. If yes, complete and attach Schedule II. lieu of paying you for a speech, appearance, or article in the Did you, your spouse, or a dependent child receive "unearned" reporting period? II. Did any individual or organization make a donation to charity in Heport Status Filer LINDA Member of the U.S. House of Representatives Innual (May 15) \bigcirc State: ___ District: _ ANSWER EACH 39 Amendment Yes X Yes Yes Yes **Yes** OF THESE **Daytime Telephone:** (2cc)Z O 8 <u>8</u> N_O ö Officer or Employee X X X an outside entity? If yes, complete and attach Schedule IX. IX. Did you have any reportable agreement or arrangement with If yes, complete and attach Schedule VIII period (worth more than \$335 from one source)? VII. Did you, your spouse, or a dependent child receive any of filing in the current calendar year? VIII. Did you hold any reportable positions on or before the date If yes, complete and attach Schedule VII. reportable travel or reimbursements for travel in the reporting If yes, complete and attach Schedule VI. than \$335 and not otherwise exempt)? VI. Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more For use by Members, officers, and employees QUESTIONS appropriate schedule attached for each "Yes" response **Employing Office:** Each question in this part must be answered and the Termination Termination Date: 225-6676 2009 JUN 15 PM 5: 54 against anyone who files more than 30 days late. A \$200 penalty shall be assessed S. HOUSE OF (REPRESENTATIVES HAND DELIVERED HESOUNCE CENTER Yes Yes Yes X Yes Yes X Yes

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REAL PROPERTY LAKEWOOD, CA ZOGIA WARDHIAM AVE.	SP, Mega Corp. Stock DC, Examples: Simon & Schuster 1st Bank of Paducah, KY Accounts	each asset in the account that exceeds the reporting threshold. For retirement plans that are not self-directed, name the institution holding the account and its value at the end of the reporting period. For an active 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 additional information, see the instruction booklet. Exclude: Your personal residence(s) (unless there is rental income); any debt owed to you by your spouse, or by you or your spouse's child, parent, or sibling; any deposits totalling \$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.	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 sources of income which generated more than \$200 in "unearned" income during the year. For rental property or land, provide a complete address. Provide full names of stocks and mutual funds (do not use ticker symbols). For all IRAs and other retirement plans (such as 401(k) plans) that are self directed (i.e., plans in which you have the power, even if not exercised, to select the specific investments).
*	Indefinite X	None \$1 - \$1,000 \$1,001 - \$15,000 \$15,001 - \$50,000 \$50,001 - \$100,000 \$100,001 - \$250,000 \$250,001 - \$1,000,000 \$500,001 - \$1,000,000 \$1,000,001 - \$5,000,000 \$5,000,001 - \$5,000,000 \$5,000,001 - \$5,000,000 \$25,000,001 - \$50,000,000 \$25,000,001 - \$50,000,000	BLOCK B Value of Asset Indicate 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 during the reporting year and is included only because it generated income, the value should be "None."
*	X X Hoyaties	NONE DIVIDENDS RENT INTEREST CAPITAL GAINS EXCEPTED/BLIND TRUST Other Type of Income (Specify: For Example, Partnership Income or Farm Income)	BLOCK C Type of Income Check all columns that apply. For retirement plans or accounts that do not allow you to choose specific investments, you may write "NA." For all other assets including all IFAs, indicate the type of income by checking the appropriate box below. Dividends and interest, even if reinvested, should be listed as income. Check "None" if asset did not generate any income during calendar year.
*	×	None	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, including all IHAs, indicate the category of income below. Dividends and interest, even if reinvested, should be listed as income. Check "None" if no income was earned or generated.
	S (partial)	oportion of an asset is sold, please indicate as follows: (S) (partial) See below for example. P, S, E	BLOCK E Transaction Indicate if the asset had purchases (P), sales (S), or exchanges (E) exceeding \$1000 in reporting year.

SCHEDULE V— LIABILITIES

Name LINDA T. SANCHEZ

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cards) only if the balance at the close of the preceding calendar year exceeded \$10,000. 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 it is rented out); loans secured by automobiles, household furniture, or appliances; liabilities of a business in which you own an interest; and liabilities owed to a spouse, or the child, parent, or sibling of you or your spouse. Report revolving charge accounts (i.e., credit

Type of Liability Type of Liability Delaware Mortgage on 123 Main St., Dover, Del. \$10,001- \$15,000 \$50,000 \$50,000	Type of Liability Type of Liability BB C D	NELNET, COLURADO	Example: First Bank of Wilr	SP, DC, JT	
\$10,001- b \$15,000 \$15,001- 0 \$50,000- 0	\$10,001- w \$15,000	ADO	nington, Delaware	reditor	
\$15,000 \$15,001- \$50,000-	\$15,000 \$15,001- \$50,000 \$50,001- \$100,000	STUDENT LOAN		Type of Liability	
\$50,000	\$50,000 \$50,001- \$100,000	\ \		\$15,000	
# 1,004,00,000	\$100,000			\$50,000 \$ 50,001 -	
\$250,001- TO S500,000				\$500,001- \$1,000,000	f Liab
\$250,001- \$500,000 TI \$500,000 G \$1,000,000 G	\$500,001- \$1,000,000 Ω			\$1,000,001- ±	₹
\$250,001- \$500,000 OF \$1,000,000- \$1,000,001-	\$500,001- G \$1,000,000- I \$5,000,000- I			\$5,000,001- \$25,000,000	
\$5,000,000 \$5,000,001- \$25,000,000	\$5,000,000 \$5,000,001- \$25,000,000			\$50,000,000	
\$5,000,000 \$5,000,001- \$25,000,001- \$50,000,000	\$5,000,000 \$5,000,001- \$25,000,000 \$25,000,001- \$50,000,000			\$50,000,000	<u> </u>

SCHEDULE VI — GIFTS

Report the source, a brief description, and the value of all gifts totalling more than \$335 received by you, your spouse, or a dependent child from any source during the year.

Exclude: Gifts from relatives, gifts of personal hospitality of 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 \$134 or less need not be added towards the \$335 disclosure threshold.

Note: The gift rule (House Rule 25, clause 5) prohibits acceptance of gifts except as specifically provided in the rule.

	_		_		
			Example: Mr. Joseph H. Smith, Anytown, Anystate	Source	
			Silver Platter (determination on personal friendship received from Committee on Standards)	Description	
			\$345	Value	

Name
LINDA
T. S
SANCHE

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SCHEDULE VII — TRAVEL PAYMENTS AND REIMBURSEMENTS

Identify the source and list travel itinerary, dates, and nature of expenses provided for travel and travel-related expenses totalling more than \$335 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 paid directly by the sponsor

spouse or dependent child that is totally independent of his or her relationship to you. 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 (5 U.S.C. § 7342); political travel that is required to be reported under the Federal Election Campaign Act; travel provided to a

Examples: Roycroft Corporation Chicago Chamber of Commerce Source Aug. 6-11 Date(s) Mar. 2 City of Departure—Destination— DC—Los Angeles—Cleveland DC—Chicago—DC City of Return Lodging? (Y/N Z Food? < z Was a Family Member Included? (Y/N) z Number of days <u>not</u> at sponsor's expense 2 Days None

SCHEDULE VIII—POSITIONS

Name LINDA + SANCHEZ

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organization, or any educational or other institution other than the United States. proprietor, representative, employee, or consultant of any corporation, firm, partnership, or other business enterprise, any non profit organization, any labor Report all positions, compensated or uncompensated, held during the current calendar year as an officer, director, trustee of an organization, partner,

Exclude: Positions listed on Schedule I; 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 (
			Name of Organization	

SCHEDULE IX—AGREEMENTS

employee welfare or benefit plan maintained by a former employer. government service; continuation or deferral of payments by a former or current employer other than the U.S. Government; or continuing participation in an Identify the date, parties to, and general terms of any agreement or arrangement with respect to: future employment; a leave of absence during the period of

				Date	
			TBEN PENSION	Parties To	
		7	VESTED PENSION TO BE PAID AND NOON	Terms of Agreement	