UNITED STATES HOUSE OF REPRESENTATIVES 2013 FINANCIAL DISCLOSURE STATEMENT	Form A HAND DELIVERED 5	WERED 15
Name: Marshall C. Sanford Day	Daytime Telephone: 202-215-3176  US. HOUSE OF THE CLERK US. HOUSE OF ROMES-SULVINGS	D: 50 MC
FILER Member of or Candidate for State: SC STATUS U.S. House of Representatives District: Ø	Officer or Employing Office: Employee	
REPORT 2013 Annual (Due: May 15, 2014)	Amendment Termination Date:	
PRELIMINARY INFORMATION - ANSWER EACH OF THESE O	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 uneamed income from any reportable asset during the reporting period?	No P. Did you have any reportable agreement or arrangement with an outside entity during the reporting period or in the current catendar year up through the date of filing?	¥0 ☐
8. 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?	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?	N   N   N   N   N   N   N   N   N   N
C. Did you or your spouse have "earned" income (e.g., salaries, honoraria, or pension/IRA distributions) of \$200 or more during the Yes reporting period?	8	No
D. Did you, your spouse, or your dependent child have any reportable     Yes liability (more than \$10,000) at any point during the reporting period?	No I. Did any individual or organization make a donation to charity in itsu of paying you for a speech, appearance, or article during the reporting period?	: : : : : : : : :
E. Did you hold any reportable positions during the reporting period or in the current calendar year up through the date of filing?	ATTACH THE CORRESPONDING SCHEDULE IF YOU ANSWER "YES"	J ANSWER "YES"
IPO, EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION - ANSWER	ST INFORMATION - ANSWER EACH OF THESE QUESTIONS	S
IPO – Did you purchase any shares that were allocated as a part of an Initial Public Of the Committee on Ethics for further guidance.	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 Yes	*   *   <b>X</b>
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?	thics and certain other "excepted trusts" need not be disclosed. Have you excluded from Yes	es   No X
EXEMPTION - Have you excluded from this report any other assets, "unearned" income, transactions, or tests for exemption? Do not answer "yes" unless you have first consulted with the Committee on Ethics.	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 Yes tests for exemption? Do not answer "yes" unless you have first consulted with the Committee on Ethics.	No X

## SCHEDULE A - ASSETS & "UNEARNED INCOME"

For sill IRAs and other retirement plants (such as 401(t) plants) provide the value for each asset had in the ecocurit that exceeds the reporting thresholds.	Column M is for assets held by your spaces or dependent child in which If the asset generated no income during the reporting the	production of income and with a fair market value whitestion method other than fair market value, phase specify the method generated income (such as 401(k), RAL or in accessing \$1,000 at the end of the reporting period, used.  And (b) any other exportable asset or source of if an esset was sold during the reporting period and is included only column. Dividentia, interest, and capital gains, income that personaled more than \$200 in "unearned" because it generated income, the value structed because it generated income, the value structed because it generated income.	Asset and/or income Source  Value of Asset  Type of Income  Identify (a) which asset hald for investment or indicate value of ease of the asset for income.	Name: Marshall A.
	bide accounts. Check "None" eccounts. Check "None" if no income was aemed or exceeding \$1,000 in the reporting generated.  "Column XII is for assets held by your spouse or dependent is not a market of	I mpay, no scooline unit professession which you checked "lan-betweet in Book C, you indicate it is come (such as 401(s), IRA, or may check be "fore" coloren. Earl other seest include is as seat had say check the "lan-betweet" category of income by checking the appropriate box below (purchases (P), informat, and capital gains. Dividends, interest, and capital gains, even if retweeted, sales (S), or ust be disclosed as income must be disclosed as income for asserts had in transition confirmings (S).	of Income Success BLOCKE Amount of Income Transaction	rshall C. Sanford Page 2 of 15

For bent and other cash accounts, total the arround in all interest-bearing accounts. If the total is over \$5.000, but every financial institution whose times in more then \$1.000 in interest bearing accounts.

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Leave this column blank if there are no transactions that exceeded \$1,000.

For an ownership interset in a privately-hald busin that is not publicly traded, sinte the name of that hands the name of the settivities, and

For rental and other roal property held for investment, provide a complete address or description, e.g., rental property," and a city and state.

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Over \$5,000,000

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PB/DC Asset with Income over \$1,000,000\*

(Specify: e.g., Partnership income or Farm income)

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Spovee/DC Asset over \$1,000,000\*

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ide: Your pernonel residence, including second is end vacalion homes (whese there was renal as and vacalion homes (whese there was renal as defining the reporting period); and any fleancial at in, or income derived from, a federal st in, or income derived from, a federal ment program, including the Thrift Savings Plan.

Name: Marshall C. Sanford

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Name:

Marshall C. Sanford

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### Use additional sheets if more space is required.

## **SCHEDULE B – TRANSACTIONS**

Name: Marshall C. Sanford

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Southern Commons	1748 Shettand Dr.	Hess Auglon Dr.	19 Blake In.	51 Island way	509 King St.	Blm (	Kean		5% Burnally Bluff	Dak Kidak Dr. (5.0 Ac)	311 Middle St.	AF RISER ST.	BBS LOWING St.	Southchase (40.17 AC)	2304 Pine Ct. =75	5 Quintyne Ct	55 Blake In	Fl. Barnaby Bluff	SP Example Mega Corp. Strot.	5	Capitel Gains: If a sales transaction resulted in a capital gain in excess of \$200, check the Capital gains' box, unless it was an asset in a tax-deferred account, and dieclose the capital gain income on Schedule A. "Column K is for assets solely held by your spouse or dependent child.		reporting period of any security or real property had by you, your spouse, or your dependent child for investment or the production of income, include taxasticians had
×					×		×	×	×	×	×	×	×								Purchase	<b>48</b> 71	
		Ϋ́	×	×		×								×			×	×			Sale		Type of Transaction
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## SCHEDULE C - EARNED INCOME

Name: Marshall C. Sanford Page-L	
Page 10 of 15	

•		
	3 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5	Fees were earned prior to being swarn in.
		* \$10,360 of initial report was for yested stock)
34.731 *	Director's Fee	Lerding Tree
8 00D ·	Salary	By News
15,599.	Director's Fee	Coastal Forest Resources
81,000 NWA	Spouse Speedit Spouse Salary	Cred War recurrence (Oc. 2) Onlario County Board of Education
\$18,000	Approved Teaching Fee Legislative Panakan	Keene State State of Manyland
Amount	Туре	Source (include date of receipt for honoraria)
eporting period. For a spouse, list was \$26,955. In addition, certain	ment) totaling \$200 or more during the r stow. ocial Security Act. sated at or above the "senior staff" rate totally prohibited.	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.

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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 yourspouse. 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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		7	Example		
		Home	First Bank of Wilmington, DE	Creditor	
-			5/98	Date Liability Incurred MOY'R	
			Mortgage on Rentel Property, Dover, DE	Type of Liability	
				\$10,001- \$15,000	
				\$15,001- \$50,000	
				\$50,001- \$100,000	
			×	\$100,001- \$250,000	<sub>≽</sub>
				\$250,001- \$500,000	Amount of Liability
				\$500,001- \$1,000,000	야다
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				\$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, lebor 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
L'Exact Member / Director	Constal forest Resources
Carthibutac	for News
Board Manber Director	ending free
Member	an bendance and not
	Cotton tope Luc, Symbol Land B., Swith Toact L.C. Blind John L.C.
	King Pam IC Bir Tre Tod IC)

## SCHEDULE F - AGREEMENTS

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continuation or deferral of payments by a former or current employer other than the U.S. government; or continuing participation in an employee	dentify the date, parties to, and general terms of any agreement or arrangement that you have with respect to: future employment, a leave of abo	
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fare or benefit plan maintained by a former employer.		
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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 lowards 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 paracrist triendahlp received from the Ethics Committee)	\$400
None		

# SCHEDULE H - TRAVEL PAYMENTS and REIMBURSEMENTS

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identify the source and list travel timerary, 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.

	Зоитса	Date(#)	City of Departure Deathwallon City of Return	Lodging? (Y7M)	Food? (YAV)	Family Marriber Included? (Y/N)
	Government of Claims (MECIEA)	Aug. 6-11	OC-Beging, China - DC	۲	≺	z
	Habitat for Humaniky (charty fundralaer)	New. 3-4	DC-Soelon-DC	۲	≺	*
America	American Isaacl Education Foundation Rug. 10-18,2013 Charleston, Sc-Tel Ariv-(	hug.10-18,203	Charleston, sc-Tel Ariv-Charlest	4	У	V
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			TOTAL TOTAL			

## SCHEDULE I – PAYMENTS MADE TO CHARITY IN LIEU OF HONORARIA

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Fyamolas:	Source Association of American Associations, Washington, DC	Activity	Date Feb 2 2013
Examples:	XYZ Magazine	Speech Article	Feb, 2, 2013 Aug. 13, 2013
	None		

Use additional sheets if more space is required.

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## HAND DELIVERED

### Congress of the United States House of Representatives

Washington, **DC** 20515-4001

July 10, 2014

The Clerk, U.S. House of Representatives Legislative Resource Center B-106 Cannon House Office Building Washington, DC 20515-6612

RE: Sanford, Marshall C., MC

Type of Report: 2013 Financial Disclosure - Form A

This response is to the letter from the Committee on Ethics dated June 12, 2014, requesting additional information for Schedules A, B and C of the above-referenced report. Please see the attached pages with amendments noted in the left margin.

Sincerely.

Mark Sanford

Member of Congress

**Enclosure**