

# UNITED STATES HOUSE OF REPRESENTATIVES FINANCIAL DISCLOSURE STATEMENT

For New Members, Candidates, and New Employees

FORM B

Name: Antoinette Sedillo Lopez

Daytime Telephone: \_\_\_\_\_

## FILER STATUS



New Member of or Candidate for U.S. House of Representatives

State: NM  
District: 1st

Candidates - Date of Election: Nov. 6, 2018, Primary June 2018



Check if Amendment



New Officer or Employee

Employing Office: \_\_\_\_\_



Period Covered: January 1, \_\_\_\_\_ to \_\_\_\_\_

A \$200 penalty shall be assessed against any individual who files more than 30 days late.

## 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. Receive more than \$200 in unearned income from any reportable asset during the reporting period?

Yes ☒ No ☐

E. Did you hold any reportable positions during the reporting period or in the current calendar year up through the date of filing?

Yes ☒ No ☐

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 ☒ No ☐

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 ☒ No ☒

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 ☒ No ☐

J. Did you receive compensation of more than \$5,000 from a single source in the current year and two prior years?

Yes ☐ No ☒

ATTACH THE CORRESPONDING SCHEDULE IF YOU ANSWER "YES"

THIS FORM INCLUDES ONLY THE SCHEDULES THAT YOU ARE REQUIRED TO COMPLETE

## EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION - ANSWER BOTH OF THESE QUESTIONS

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, 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 ☒

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# SCHEDULE A - ASSETS & "UNEARNED INCOME"

Name: Antoinette Sedillo Lopez

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BLOCK A		BLOCK B													BLOCK C								BLOCK D																									
Assets and/or Income Sources		Value of Asset													Type of Income								Amount of Income																									
SP, DC, JT	ASSET NAME	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)	Current Year												Preceding Year													
																								I	II	III	IV	V	VI	VII	VIII	IX	X	XI	XII	I	II	III	IV	V	VI	VII	VIII	IX	X	XI	XII	
	<u>AXA Mutual Funds</u>																																															
	<u>- AXA Investor Edge Inst. CI</u>																																															
	<u>- Allianz Fds Multi Strat. RCM GIBI</u>																																															
	<u>- Fidelity Adv. VII Growth Inst. CI</u>																																															
	<u>- F.M.I. Int'l</u>																																															
	<u>- Morgan Stanley Inst. Frontiers Fds</u>																																															
	<u>- Nicholas Fund Inc.</u>																																															
	<u>- Nuveen Inv. Fds Inc. Small CI</u>																																															
	<u>- Pimco Fds Frn Bond Fd CI Div Dr Hdd</u>																																															



# SCHEDULE A - ASSETS & "UNEARNED INCOME"

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BLOCK A Assets and/or Income Sources		BLOCK B Value of Asset													BLOCK C Type of Income								BLOCK D Amount of Income																							
SP, DC, JT	ASSET NAME	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)	Current Year												Preceding Year											
		None	\$1-\$1,000	\$1,001-\$15,000	\$15,001-\$50,000	\$50,001-\$100,000	\$100,001-\$250,000	\$250,001-\$500,000	\$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*	I	II	III	IV	V	VI	VII	VIII	IX	X	XI	XII	I	II	III	IV	V	VI	VII	VIII	IX	X	XI	XII								
	<u>Merrill Edge (Spouse)</u>																																													
	<u>- Invesco Developing Markets Fund QY</u>		X																																											
	<u>- Loomis Sayles Strdy. INC FD CLY</u>		X																																											
	<u>- Nuveen Real Estate Securities Fund CL</u>			X																																										
	<u>- The Oak Equity Income Fund</u>			X																																										
	<u>- Thornburg Core Growth Class I</u>			X																																										
	<u>- Thornburg Invest Income Builder Fund CL</u>			X																																										
	<u>- 1919 Financial Serv Fund Class I</u>			X																																										

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**Use additional sheets if more space is required**

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

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**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:** Be advised that the income limit and prohibited income may apply to you after you are on House payroll. The 2016 limit on outside earned income for Members and employees compensated at or above the "senior staff" rate was \$27,495. The 2017 limit is \$27,765. In addition, certain types of income (notably honoraria, director's fees, and payments for professional services involving a fiduciary relationship) are totally prohibited for Members and senior staff.

[illegible]



# SCHEDULE D - LIABILITIES

Name: Antoinette Sedillo Lopez

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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. **New 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 your 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	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							
	Bank of America, NA	1/2016	Personal residence mortgage					X						
	Industrial Alliance of NV	7/2015	Rental mortgage, 6001 Montezuma, Albuquerque, NM						X					
	Blaine, NV Vacavours BC													

# SCHEDULE E - POSITIONS

Report all positions, compensated or uncompensated, 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, fraternal, or political entities (such as political parties and campaign organizations); and positions solely of an honorary nature. **New Members and second-year candidates** report positions held in the reporting period and the current calendar year. **First-year candidates and new employees** report positions held in the current calendar year and two previous years.

Position	Name of Organization
Exec, Director	Enlace Comunitario, Albug. NM
Board of Directors	Southwest Womens Law Ctr., Albug., NM
Board of Directors	Mexican Amer. Legal Defense and Educ. Fund (MALDEF)
Board of Directors	Valley Improvement Assoc., Belen, NM
Board of Trustees	Menhu School, Albug., NM
Partner/Member	Carmelita LLC (for management of rental property)
Partner/Owner	Carmelita Partners (ownership of rental property)

Use additional sheets if more space is required.

# **SCHEDULE F – AGREEMENTS**

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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
2/2014	NM Educational Retirement Bd and Antoinette Sedillo Lopez (recipient)	Recipient receives defined benefits for life,
	(Pension/Retirement benefits)	
	(Based on UNM Law retirement)	

## **SCHEDULE J – COMPENSATION IN EXCESS OF \$5,000 PAID BY ONE SOURCE**

Report sources of compensation received by you or your business affiliation for services provided directly by you during the current year and two prior years. This includes the names of clients and customers of any corporation, firm, partnership, or other business enterprise if you directly provided the services generating a fee or payment of more than \$5,000. Exclude: Payments by the U.S. government and any information considered confidential as a result of a privileged relationship recognized by law. Do not repeat information listed on Schedule C.

Source (Name and City/State)	Brief Description of Duties
Example: Doe Jones & Smith, Hometown, Homestate	Accounting Services

Name: \_\_\_\_\_ Page \_\_\_\_\_ of \_\_\_\_\_

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