Yes No X	, or liabilities of a spouse or dependent child because	income, transactions	<b>EXEMPTION</b> —Have you excluded from this report any other assets, "unearned" income, transactions, or liabilitie they meet all three tests for exemption?
Yes No X	ial Conduct and certain other "excepted trusts" need not or dependent child?	on standards of Offic g you, your spouse, o	<b>TRUSTS</b> —Details regarding "Qualified Blind Trusts" approved by the Committee on standards of Official Conduct and ce be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child?
UESTIONS	ON — ANSWER EACH OF THESE QUESTIONS	INFORMATION	EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION
wered and the "Yes" response.	Each question in this part must be answered and the appropriate schedule attached for each "Yes" response	No ap	V. Did you, your spouse, or a dependent child have any reportable liability (more than \$10,000) during the reporting period?  **Yes**, complete and attach Schedule V.**
Yes No	IX. Did you have any reportable agreement or arrangement with an outside entity?  If yes, complete and attach Schedule IX.	No X If yes,	IV. Did you, your spouse, or a dependent child purchase, sell, or exchange any reportable asset in a transaction exceeding \$1,000 during the reporting period?  If yes, complete and attach Schedule IV.
Yes No	VIII. Did you hold any reportable positions on or before the date of filing in the current calendar year?  If yes, complete and attach Schedule VIII.	No VIII. Di	III. Did you, your spouse, or a dependent child receive "unearned" income of more than \$200 in the reporting period or hold any reportable asset worth more than \$1,000 at the end of the period?  If yes, complete and attach Schedule III.
Yes No	VII. Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than \$305 from one source)?  If yes, complete and attach Schedule VII.	No No reporta	II. Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period?  If yes, complete and attach Schedule II.
Yes No	VI. Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than \$305 and not otherwise exempt)?  If yes, complete and attach Schedule VI.	No No than \$:	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?  Yes  If yes, complete and attach Schedule I.
	ESTIONS	OF THESE QUESTIONS	PRELIMINARY INFORMATION - ANSWER EACH C
against anyone who lies more man 30 days late.	Termination Date: against anyon Termination		. (
alty shall be assessed		Officer or El	Filer  Member of the U.S.  State: CA  Status  House of Representatives District: 29
PH 4: 18 Mceluseipnly)	2002) 225-6676 2008 MAY 15 PH 4: 18	(2	UNDA T. SANCHEZ
JURCE CENTER	LEGISLATIVE RESOURCE CENTER		
HAND DELIVERED	Form A For use by Members, officers, and employees  DEL	For use	2008 FINANCIAL DISCLOSURE STATEMENT For 2007 Calendar Year Reporting Period
			UNITED STATES HOUSE OF REPRESENTATIVES

CAKEMOOD, CA CAKEMOOD, CA 20019 WARDHAM AVE	SP Mega Corp. Stock  DC, Examples: Simon & Schuster  1st Bank of Paducah, KY Accounts	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.	BLOCK A  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), provide the value and income information on
	Indefinite X	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       □         \$25,000,001 - \$50,000,000       □         \$25,000,001 - \$50,000,000       □	Value of Asset  Indicate value of asset at close of reporting year. It 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 Royalties	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 IflAs, 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       -         \$1 - \$200       =         \$201 - \$1,000       ≡         \$1,001 - \$2,500       ⋜         \$2,501 - \$5,000       ≤         \$5,001 - \$15,000       ≦         \$15,001 - \$50,000       ≦         \$50,001 - \$100,000       ≦         \$100,001 - \$1,000,000       X         \$1,000,001 - \$5,000,000       X         Over \$5,000,000       X	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 IRAs, indicate the category of income below. Dividends and interest, even if reinvested, should be listed as income. Check "None" if no income was received.
	S (partial)		Transaction Indicate if the asset had purchases (P), sales (S), or exchanges (E) exceeding \$1000 in reporting year.

### SCHEDULE V— LIABILITIES

Name Page 3

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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 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 cards) only if the balance at the close of the preceding calendar year exceeded \$10,000. 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

SP, DC,					
Creditor	Example: First Bank of Wilmington, Delaware	NEUNET COLORADO	SCHOOLS FIRST FEDERAL CREDIT	UNION, CA	
Type of Liability	Mortgage on 123 Main St., Dover, Del.	STUDENT LOAN	CREDIT CARD BAJANCE		
\$1,001- \$15,000					
\$15,001- \$50,000		×	X		
\$50,001- \$100,000	_				
\$100,001- m \$250,000 m	×	<u> </u>			 
\$250,001- \$500,000	_				
\$100,001- \$250,000- \$250,000- \$500,000- \$1,000,001-					 
\$5,000,000	_				 
\$5,000,001- \$25,000,000 \$25,000,001-					
\$50,000,000 Over	_				 
\$50,000,000					

#### SCHEDULE VI— GIFTS

relationship to you. Gifts with a value of \$122 or less need not be added towards the \$305 disclosure threshold 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 Report the source, a brief description, and the value of all gifts totalling more than \$305 received by you, your spouse, or a dependent child from any source during the year.

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	
1			\$325	Value	

# SCHEDULE VII — TRAVEL PAYMENTS AND REIMBURSEMENTS

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 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 Identify the source and list travel itinerary, dates, and nature of expenses provided for travel and travel-related expenses totalling more than \$305 received by

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

spouse or dependent child that is totally independent of his or her relationship to you.

Source	Date(s)	City of Departure—Destination— City of Return	Lodging? (Y/N	Food?	Was a Family Member Included? (Y/N)	Number of days not at sponsor's expense
Examples: Chicago Chamber of Commerce	Mar. 2	DC—Chicago—DC	z	2	Z	None
Roycroft Corporation	Aug. 6–11	DC—Los Angeles—Cleveland	<b>~</b>	~	Y	2 Days
CONSUMER ATTORNEYS ASS'N	5-pt-7-9	SEPT. 7-9 BC - PHYSberg - LAS Vegus		丫	Z	1 Day
OF LOS ANCIELES	7007	2007 Las Vegas - DC				
			_			

### SCHEDULE VIII—POSITIONS

Name UNDA T. 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; and positions solely of an honorary nature.

Position	Name of Organization

## SCHEDULE IX—AGREEMENTS

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. 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
		IBEW PENSION	Parties To
		VESTED PENSION TO BE PAID UPON	Terms of Agreement