PRELIMINARY INFORMATION - ANSWER EACH OF THESE QUESTIONS Name: Marshall C. Sanford 2013 FINANCIAL DISCLOSURE STATEMENT UNITED STATES HOUSE OF REPRESENTATIVES REPORT TYPE FILER STATUS X 2013 Annual (Due: May 15, 2014) Member of or Candidate for U.S. House of Representatives District: State: SIZ Daytime Telephone: 202-25-3176 Amendment For Use by Members, Officers, and Employees Form A Employee Officer or Employing Office: Termination Date: LEGISLATIVE RESOURCE CENTER 2014 MAY 20 PM 12: 02 MAY 1 5 2014 Page 1 of 15

YOU ANSWER "YES"	ATTACH THE CORRESPONDING SCHEDULE IF YOU ANSWER "YES"	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 X	I. Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article during the reporting period?	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	H. Did you, your spouse, or your dependent child receive any reportable travel or reimbursements for travel totaling more than \$350 in value from a single source during the reporting period?	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 X	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?	Yes No	B. 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?
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	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 unearned income from any reportable asset during the reporting period?

IPO, EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION - ANSWER EACH OF THESE QUESTIONS

IPO – Did you purchase any shares that were atlocated as a part of an Initiat Public Offering during the reporting period? If you answered "yes" to this question, please contact the Committee on Ethics for further guidance.	Yes	š X
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	¥ _o
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? Do not answer "yes" unless you have first consulted with the Committee on Ethics.	Yes	¥ X

SCHEDULE A - ASSETS & "UNEARNED INCOME"

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Indicate if the asset had purchases (P), sales (S), or exchanges (E) exceeding \$1,000 in the reporting period.	791:92	d'in Bloc issets indi priale bon en if relid in was ea	For assets for which you checked Trax-Deferred" in timer check the "None" column. For all other assets category of Income by checking the appropriate Dividends, interset, and capital gains, even if must be disclosed as irroome for assets held secounts. Check "None" if no income was generated.	For assets for which you checked "Tax-Deferre may check the "None" column. For all other a cetegory of income by checking the appropriate of the content of the cetegory of income by checking the appropriate of declosed as income for exert accounts. Check "None" if no income generated.	apple and a sching a	colum by chi	which year None income interest, closed Check	Since	For assets may check category of Dividends must be accounts.		Check all columns that apply. For accounts that generate tax-deferred income (such as 401(k), IRA, or 529 accounts), you may check the "rax-Deferred column. Dividends, Interest, and capital gains, even if reinvested, must be disclosed as income for assets held in taxable accounts. Check "hore if the asset generated no income during the reporting period.	For a with as 4.0 k the "I and call listing of buring in during in the second s	Check all columns that apply, generate tax-deferred income (st 529 accounts), you may check column. Dividends, Interest, even if reinvested, must be dror easets held in taxable account if the easet generated no incomperiod.	ared in texas in texa	II colurr tax-derie xunts), : Divida sinvest s held i st gener	eck all verate) acco Jmn Mn # m assets le asset od		metho ed onl	Indicate value of esset at close of the reporting period. If you use a valuation method other than fair market value, please specify the method used. If an asset was sold during the reporting period and is included only because it generated income, the value should be "None." *Column M is for assets held by your spouse or dependent child in which you have no interest.	specification is in the second control of th	ing pa teasse e Nor	neporti ikue, pi g peri suktibi se or d	the l	ise of ir men the re he veh he veh	et clo hen fe uning - orne, t	esset other t sold of led inc	Indicate value of as valuation method oth valuation method oth valuation method oth valued. If an asset was solibecause it generated because it generated *Column M is for ass you have no interest.	ise its	Indica valuat valuad. If an becau *Colur you h		Identify (a) each asset held for investment or production of income and with a fair market value accepting \$1,000 at the end of the reporting period, and (b) any other reportable asset or source of income that generated more than \$200 in "uneamed" income that generated more than \$200 in "uneamed" income during the year. Provide complete names of stocks and mutual funds (do not use only licker symbole).	identify (a) each asset held production of income and with production of income and with succeeding \$1,000 at the end of and (b) any other reportable income that generated more that income during the year. Provide complete names of stoo (do not use only ticker symbola).	of inco \$1,000 \$1,000 my oth the imp the mplete	identify (a) each ass production of income a skeeding \$1,000 at the and (b) any other regimen that generated income that generated income during the year. Provide complete name (do not use only tickers)	zy gg-bxx
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Name: Marshall C. Sanford

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SCHEDULE A - ASSETS & "UNEARNED INCOME"

Name: Marshall C. Sanford

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SCHEDULE A - ASSETS & "UNEARNED INCOME"

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Name: Warshall C. Sanford

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SCHEDULE B - TRANSACTIONS

Name: Marshall C. Sanford	
Page of 15	

			Kina S	339 Balm Cape La.	273 Keans Neck	134 Bull Point	St Barrella Bluff	Oak Ridge Dr. (5.0 Ac)	311 Middle 外.	AP Right St.	1813 LOVE DU St.	Southphase (40.17 AC)	2304 Pine Ct. = 35	5 Quinture Ct	88 Bake In	71 Barnaby Bluff	SP Exemple Mega Corp. Shock	SP, DC, JT Asset	Capital Gains: If a seles 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 disclose the capital gain income on Schedule A. "Column K is for assets solely held by your spouse or dependent child.	dependent child for Investment or the production of income. Include transactions that resulted in a capital loss. Provide a brief description of an exchange transaction. Exclude transactions between you, your spouse, or dependent children, or the purchase or sale of your personal residence, unless it generaled remail income. If only a portion of an asset is soid, please choose "partial sale" as the type of transaction.	Report any purchase, sale, or exchange transactions that exceeded \$1,000 in the reporting period of any security or real property held by you, your spouse, or your
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SCHEDULE C - EARNED INCOME

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	Page 10 of 15

145,091	Director's Fre	Lending Tree
8 000.	Salary	Fox News
15,599.	Director's Fee	Poastal Forest Resources
\$1,000 WA	Spouse Speech Spouse Salary	EX8111D16S: Civil War Roundtable (Dct. 2) Ontario County Board of Education
\$6,000	Approved Teaching Fee	Keene State State of Maryland
Amount	Туре	Source (include date of receipt for honoraria)
totaling \$200 or more during the reporting period. For a spouse, list Security Act. at or above the "senior staff" rate was \$26,955. In addition, certain prohibited.	nment) totaling \$200 or more during the selow. Social Security Act. nsated 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.

SCHEDULE D - LIABILITIES

Name: Marshall C. Sanford	
Page of 5	

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 liabil); 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 reporting period exceeded \$10,000. *Column K is for liabilities held solely by your spouse or dependent child.

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				Jone	First Bank of Wilmington, DE	Creditor	
					5/98	Date Liability Incurred MO/YR	
					Morigage on Rental Property, Dover, DE	Type of Liability	
	t a said Hamadada				1.75	\$10,001~ \$15,000	
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						\$500,001- \$1,000,000	Amount of Liability
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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, labor 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.

		Member	Board Mamber / Director	Cartributas	Board Wamber / Director	Position	
J , J	King Plaza ILC Big True Pod ILC)	Various form real estate Durineships (Briek 21 LLC. Blue Creek (biorda) LLC.	ending free	TOX NEWS	Constal forest Resources	Name of Organization	

SCHEDULE F - AGREEMENTS

Name: Norshill C. Santard	
Page 12 of 15	

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
12/3/13	12/31/13 SC Deferred Compensation	Continued participation in benefit plan maintained by a
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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 towards 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 personal triendship received from the Ethics Committee)	\$400
None		

SCHEDULE H - TRAVEL PAYMENTS and REIMBURSEMENTS

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Identify the source and list travel itinerary, 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.

	Source	Date(s)	City of Departure Destination City of Return	Lodging?	Food? (Y/N)	Family Member Included? (Y/N)
	Government of China (MECEA)	Aug. 6-11	DC-Beijing, China - DC	۲	≺	Z
Exemples:	Habited for Humanity (charity fundration)	Mar. 3-4	DC-Boston-DC	۲	٧	٧
morand	American Israel Followston Foundation Aug. 10-18,2013 Charleston, Sc-Tel Aviv-Charleston	Aug. 10-18,203	Charleston Sc - Tel Hiv- Charlest	Y	У	V
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SCHEDULE I – PAYMENTS MADE TO CHARITY IN LIEU OF HONORARIA

Name:	
Jarshw []	
C. Sanford	
Page 14 of 15	

List the source, activity (i.e., speech, appearance, or article), date, and amount of any payment made by the sponsor of an event to a charitable organization in lieu of paying an honorarium to you. A separate confidential list of charities receiving such payments must be filed directly with the Committee on Ethics.	or of an event to a charitable organ	ization in lieu of paying an	honorarium to you. A
Source	Activity	Date	Amount
Association of American Associations, Washington, DC	Speech	Feb, 2, 2013	\$2,000
XYZ Magazine	Article	Aug. 13, 2013	\$500
None			
	,		

								NOTE NUMBER
							None	
•								NOTES