

HAND DELIVERED

LEGISLATIVE RESOURCE CENTER

2013 OCT 16 PM 4: 2'

OFFICE OF THE CLERK
U.S. HOUSE OF REPRESENTATIVES

October 15, 2013



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: 6.14.13

This response is to the letter from the Committee on Ethics dated September 17, 2013, requesting additional information for Schedule III of CY 2012 Form A. Please see attached 9 pages with revisions to Schedules III and IX, as well as a copy of the original Form A.

Sincerely,

Mark Sanford

Enclosures

MS/mgd

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**UNITED STATES HOUSE OF REPRESENTATIVES
CALENDAR YEAR 2012 FINANCIAL DISCLOSURE STATEMENT**

Form A
For use by Members, officers, and employees

LEGISLATIVE RESOURCE CENTER
203 OCT 16 PM 4:47

Name: Marshall C. Sanford

Daytime Telephone: 202.225-3176

OFFICE OF THE CLERK
U.S. HOUSE OF REPRESENTATIVES

(Office Use Only)

Filer Status	<input checked="" type="checkbox"/> Member of the U.S. House of Representatives	State: <u>SC</u>	District: <u>01</u>	<input type="checkbox"/> Officer or Employee	Employing Office:
Report Type	<input type="checkbox"/> Annual (May 15, 2013)	<input checked="" type="checkbox"/> Amendment	<input type="checkbox"/> Termination	Termination Date:	

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

PRELIMINARY 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.	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	VI. Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than \$350 and not otherwise exempt)? If yes, complete and attach Schedule VI.	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
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 <input type="checkbox"/> No <input checked="" type="checkbox"/>	VII. Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than \$350 from one source)? If yes, complete and attach Schedule VII.	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
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 <input type="checkbox"/> No <input checked="" type="checkbox"/>	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.	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
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 <input type="checkbox"/> No <input checked="" type="checkbox"/>	IX. Did you have any reportable agreement or arrangement with an outside entity? If yes, complete and attach Schedule IX.	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
V. Did you, your spouse, or a dependent child have any reportable liability (more than \$10,000) during the reporting period? If yes, complete and attach Schedule V.	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.	

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

IPO—Did you purchase any shares that were allocated as a part of an Initial Public Offering?	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
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 benefiting you, your spouse, or dependent child?	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
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 <input type="checkbox"/> No <input checked="" type="checkbox"/>

SCHEDULE III—ASSETS AND "UNEARNED" INCOME

Name Marshall C. Sanford

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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 reportable asset or source of income which generated more than \$200 in "unearned" income during the year.

Provide complete names of stocks and mutual funds (do not use ticker symbols.)

For all IRAs and other retirement plans (such as 401(k) plans), provide the value for each asset held in the account that exceeds the reporting thresholds.

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

For an ownership interest in a privately-held business that is not publicly traded, state the name of the business, the nature of its activities, and its geographic location in Block A.

Exclude: Your personal residence, including second homes and vacation homes (unless there was rental income during the reporting period); any deposits totaling \$5,000 or less in a personal checking or savings account; and any financial interest in, or income derived from, a federal retirement program, including the Thrift Savings Plan.

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 with your spouse (JT), in the optional column on the far left.

For a detailed discussion of Schedule III requirements, please refer to the instruction booklet.

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."

* This column is for assets held solely by your spouse or dependent child.

BLOCK C

Type of Income

Check all columns that apply. For retirement accounts that do not allow you to choose specific investments (such as 401(k) plans, or IRAs), you may check the "Tax-Deferred" column. Dividends, interest, and capital gains, even if reinvested, must be disclosed as income. Check "None" if the asset generated no income during the reporting period.

BLOCK D

Amount of Income

For assets for which you checked "Tax-Deferred" in Block C, you may check the "None" column. For all other assets, indicate the category of income by checking the appropriate box below. Dividends, interest, and capital gains, even if reinvested, must be disclosed as income. Check "None" if no income was earned or generated.

* This column is for income generated by assets held solely by your spouse or dependent child.

BLOCK E

Transaction

Indicate if the asset had purchases (P), sales (S), or exchanges (E) exceeding \$1,000 in reporting year.

			property," and a city and state.													For an ownership interest in a privately-held business that is not publicly traded, state the name of the business, the nature of its activities, and its geographic location in Block A.												Exclude: Your personal residence, including second homes and vacation homes (unless there was rental income during the reporting period); any deposits totaling \$5,000 or less in a personal checking or saving account; and any financial interest in, or income derived from, a federal retirement program, including the Thrift Savings Plan.												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 with your spouse (JT), in the optional column on the far left.												For a detailed discussion of Schedule III requirements, please refer to the instruction booklet.											
SP	SP	Mega Corp. Stock														None																										S (partial) P, S, E																					
DC, Examples:	Simon & Schuster														\$1 - \$1,000																																																
JT	1st Bank of Paducah, KY Accounts														\$1,001 - \$15,000																																																
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															CAPITAL GAINS																																																
															EXCEPTED/BLIND TRUST																																																
															TAX-DEFERRED																																																
															Other Type of Income (Specify: e.g., Partnership Income or Farm Income)																																																
															None																																																
															\$1 - \$200																																																
															\$201 - \$1,000																																																
															\$1,001 - \$2,500																																																
															\$2,501 - \$5,000																																																
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															Over \$5,000,000																																																
															Spouse/DC Income over \$1,000,000*																																																

Continuation Sheet (if needed)

Marshall C. Sanford

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Continuation Sheet (if needed)

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Continuation Sheet (if needed)

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BLOCK A Asset and/or Income Source		BLOCK B Year-End Value of Asset													BLOCK C Type of Income								BLOCK D Amount of Income												BLOCK E Transaction	
		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)	I	II	III	IV	V	VI	VII	VIII	IX	X	XI	XII	P, S, JT	
<u>Brick 21, LLC</u>		None																																		
	339 Palm Cove Way, York SC	\$1 - \$1,000																																		
	1688 Avalon Dr, Rock Hill, SC	\$1,001 - \$15,000																																		
	1418 Shethland D. Road Hill, SC	\$15,001 - \$50,000																																		
	14 Trilwind Trail, Beaufort, SC	\$50,001 - \$100,000																																		
	18 Trilwind Trail, Beaufort, SC	\$100,001 - \$250,000																																		
	2304 S. Pine Ct #10, Beaufort, SC	\$250,001 - \$500,000																																		
	311 Sea Is Pkwy *A, Beaufort, SC	\$500,001 - \$1,000,000																																		
	311 Sea Is Pkwy *B, Beaufort, SC	\$1,000,001 - \$5,000,000																																		
	301 Sea Is Pkwy, Beaufort, SC	\$5,000,001 - \$25,000,000																																		
	307 Sea Is Pkwy, Beaufort, SC	\$25,000,001 - \$50,000,000																																		
		Over \$50,000,000																																		
		Spouse/DC Asset over \$1,000,000*																																		
		NONE																																		
		DIVIDENDS																																		
		RENT																																		
		INTEREST																																		
		CAPITAL GAINS																																		
		EXCEPTED/BLIND TRUST																																		
		TAX-DEFERRED																																		
		Other Type of Income (Specify: e.g., Partnership Income or Farm Income)																																		

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Continuation Sheet (if needed)

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SCHEDULE VIII—POSITIONS

Report all positions, compensated or uncompensated, held during the current 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, any nonprofit organization, any labor organization, or any educational or other institution other than the United States.

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.

Name Marshall C. Sanford Page 2 of 2

Position	Name of Organization

SCHEDULE IX—AGREEMENTS

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 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	Terms of Agreement
12/31/12	SC Deferred Compensation	Continued participation in benefit plan maintained by a former employer