<u>\$</u>	child because Yes	nsactions, or liabilities of a spouse or dependent child because with the Committee on Standards of Official Conduct.	d" income, tran first consulted	EXEMPTION —Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities they meet all three tests for exemption? Do not answer "yes" unless you have first consulted with the Committee o	EXEMI they m
Š	f trusts" need not Yes	ds of Official Conduct and certain other "excepted spouse, or dependent child?	e on Standard	TRUSTS—Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct 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?	TRUST be disc
S	NSWER EACH OF THESE QUESTIONS	- A	T INFOR	EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION	EXCL
the onse.	stion in this part must be answered and the schedule attached for each "Yes" response	Each question in this part rappropriate schedule attache	No	V. Did you, your spouse, or a dependent child have any reportable liability (more than \$10,000) during the reporting period? Yes X	V. Did y liability If yes,
<u>₹</u>	arrangement Yes	IX. Did you have any reportable agreement or arrangement with an outside entity? If yes, complete and attach Schedule IX.	× ×	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.	IV. Did or exch \$1,000 If yes,
8	or before the date Yes	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.	<u>8</u>	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.	income reportal
S S	receive any n the reporting Yes ()?	VII. Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than \$335 from one source)? If yes, complete and attach Schedule VII.	∑	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.	II. Did lieu of reportir If yes ,
\ <u>\\</u>	receive any egating more	VI. Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than \$335 and not otherwise exempt)? If yes, complete and attach Schedule VI.	Š	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.	I. Did y fees) o If yes ,
		SE QUESTIONS	OF THESE	PRELIMINARY INFORMATION - ANSWER EACH	PREL
assessed les more	A \$200 penalty shall be assessed against anyone who files more than 30 days late.	ee Termination Date:	Employee	Status House of Representatives District: 42 Report Annual (May 17, 2010) Amendment	Sta Rep Tyl
Ka	(Office Use Only)	elep	Daytime 1	LORETTA SANCH	Name:
an-	7010 Kay 11 54 0: 10				
6	DELIVERED 6	Form A For use by Members, officers, and employees	MENT	UNITED STATES HOUSE OF REPRESENTATIVES	CINIT
7					

PH-WS VIGEDES HOME	HAY VIA AREIBIA	CONGRESSIONAL CREATURION	SAVINS & CHECKING	- NOINT	SCHOOLS FLEST CREDIT	JT 1st Bank of Paducah, KY Accounts	,	SP, Sp Mega Corp. Stock	ridued, state the harne 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; and 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.	provide the value and income information on each asset in the account that exceeds the 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 that the name of the business that is	Asset and/or Income Source dentify (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 IFAs 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).
	*	X	*		×	×	Indefinite	×	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 - \$5,000,000 \$5,000,001 - \$5,000,000 \$5,000,001 - \$25,000,000 \$5,000,001 - \$25,000,000 \$0,001 - \$25,000,000 \$0,001 - \$25,000,000		Indicate 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."
	*	×	*		*	×	Royalties	×	NONE DIVIDENDS RENT INTEREST CAPITAL GAINS EXCEPTED/BLIND TRUST Other Type of Income (Specify: For Example, Partnership Income or	Farm Income)	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 IRAs, 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.
	×	>	*		*	×	X	×	None \$1 - \$200 \$201 - \$1,000 \$1,001 - \$2,500 \$2,501 - \$5,000 \$5,001 - \$15,000 \$50,001 - \$100,000 \$100,001 - \$1,000,000 \$1,000,001 - \$5,000,000 Over \$5,000,000		Amount of Income 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 by checking the appropriate box below. Dividends and interest, even if reinvested, should be listed as income. Check "None" if no income was earned or generated.
								S (partial)	as follows: (S) (partial) See below for example. P, S, E	If only a portion of an asset is sold, please indicate	Transaction Indicate if the asset had . purchases (P), sales (S), or exchanges (E) exceeding \$1,000 in reporting year.

SCHEDULE V- LIABILITIES

Name LORETTA SANCHEZ Page 3 of_

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

					SP,	
	ITI REKYAB SN BWWIS NOHO ILS		Bank of America	Example: First Bank of Wilmington, Delaware	Creditor	
VIA ARRIBA, PUE, CA	LOMM NOTE ON 1624	ARRIBY PUE, CA	Mortanes an 1691 VIB	Mortgage on 123 Main St., Dover, Del.	Type of Liability	
					\$10,001- \$15,000 m	1
					\$15,001- \$50,000 O	
					\$50,001- \$100,000 D \$100,001-	
	/			×	\$250,000 m \$250,001-	
	-		<u> </u>		\$100,001- \$250,000 m \$250,001- \$500,000 n \$1,000,000 n	
					\$1,000,000 \(\Omega\) \(\Ome	
					\$5,000,001- \$25,000,000	
					\$25,000,001- \$50,000,000 -	
					Over \$50,000,000 ズ	

SCHEDULE VI - GIFTS

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 \$335 received by you, your spouse, or a dependent child from any source during the year.

relationship to you. Gifts with a value of \$134 or less need not be added towards the \$335 disclosure threshold.

Note: The gift rule (House Rule 25, clause 5) prohibits acceptance of gifts except as specifically provided in the rule.

Source	Description	Value
Example: Mr. Joseph H. Smith, Anytown, Anystate	Silver Platter (determination on personal friendship received from Committee on Standards)	\$345

ame
LORETTA
SANCHEZ
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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 \$335 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.

Examples: UNIVERSITY SEMESTER Roycroft Corporation Chicago Chamber of Commerce Source OF VA AT SEA 06/26-07/0 Mar. 2 Aug. 6–11 Date(s) City of Departure—Destination— City of Return DC-Madrid - DC DC-Los Angeles-Cleveland DC—Chicago—DC Lodging? ۲ Z < Food? ب z Member Included? (Y/N) Was a Family Z < z at sponsor's expense of days Number of days not 2 Days None

SCHEDULE VIII—POSITIONS

10 LORGITTA SANCHEZ Page 5 of 5

Report all positions, compensated or uncompensated, held during the current calendar year as an officer, director, trustee of an organization, partner, 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

zations); and positions solely of an honorary nature. Exclude: Positions listed on Schedule 1; positions held in any religious, social, fraternal, or political entities (such as political parties and campaign organi-

SCHEDULE IX—AGREEMENTS

employee welfare or benefit plan maintained by a former employer; or publication of a book. government service; continuation or deferral of payments by a former or current employer other than the U.S. Government; continuing participation in an 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	
			Parties To	
			Terms of Agreement	