Yes No	child because	nsactions, or liabilities of a spouse or dependent cl with the Committee on Ethics.	" income, trans rst consulted v	<b>EXEMPTION</b> —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 No No	losed. Have you	d certain other "excepted trusts" need not be discliid?	on Ethics and dependent chi	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?
UESTIONS	F THESE Q	MATION — ANSWER EACH OF THESE QUESTIONS	T INFOR	EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION
wered and the Yes" response.	nust be ansi	Each question in this part must be answered and the appropriate schedule attached for each "Yes" response	S □	V. Did you, your spouse, or a dependent child have any reportable liability (more than \$10,000) during the reporting period?  Yes X  If yes, complete and attach Schedule V.
Yes No	rrangement with	IX. Did you have any reportable agreement or arrangement with an outside entity?  If yes, complete and attach Schedule IX.	No X	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	r before the date		No	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	receive any the reporting )?	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.	No No	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	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.	<b>8</b>	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 complete and attach Schedule I.
		E QUESTIONS	OF THES	PRELIMINARY INFORMATION — ANSWER EACH OF THESE QUESTIONS
against anyone who files more than 30 days late.	against anyon 30 days late.	Termination Date:	1	Annual (May 16, 2011)
A \$200 penalty shall be assessed	A \$200 penal	Employing Office:	Officer or	Filer Member of the U.S. State: CA Status House of Representatives District: 47
U.S. HOUSE CYCHRONICAS ONLY) ILS MC	057107	red as Ji G 183		
PM 2: 50	2011 MAY 16 PM 2: 50	Davtime Telephone: ジルス コンニ ユタ&ニー	Davtime 1	Name: Lobetta Savicus
HAND DELIVERED	HAND	Form A For use by Members, officers, and employees	MENT	UNITED STATES HOUSE OF REPRESENTATIVES CALENDAR YEAR 2010 FINANCIAL DISCLOSURE STATEMENT

PALOS VERDES HOME	1624 VIA ARRIBA	CONGRESSIONAL CREDIT UNON	SAVINGS & CHECKING	S.CHOOL FIRST CROWN UNDON	JT 1st Bank of Paducah, KY Accounts	:	SP, Mega Corp. Stock	ment accounts which are not self-directed, provide only the name of the institution holding the account and its value at the end of the reporting period.  For rental or other real property held for investment, provide a complete address.  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 accounts, 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.	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 sources 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) 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 for each asset held in the account that exceeds the reporting thresholds. For retire-
**		X	×	×		Indefinite	×	None  \$1 - \$1,000  \$1,001 - \$15,000  \$15,001 - \$15,000  \$50,001 - \$50,000  \$100,001 - \$250,000  \$250,001 - \$500,000  \$1,000,001 - \$5,000,000  \$1,000,001 - \$5,000,000  \$1,000,001 - \$5,000,000  \$25,000,001 - \$5,000,000  \$25,000,001 - \$50,000,000  \$25,000,001 - \$50,000,000  \$25,000,001 - \$50,000,000  \$25,000,000   \$25,000,000   \$25,000,000   \$25,000,000   \$25,000,000   \$25,000,000   \$25,000,000   \$25,000	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."
<b>X</b>		×	*	8	×	Royalties	×	NONE DIVIDENDS RENT INTEREST CAPITAL GAINS EXCEPTED/BLIND TRUST  Other Type of Income (Specify: e.g., Partnership Income or Farm Income)	BLOCK C  Type of Income  Check all columns that apply. For retirement accounts that do not allow you to choose specific investments or that generate tax-deferred income (such as 401(k) plans or IRAs), you may check the "None" 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.
<b>X</b>					×	×	X	None       -         \$1 - \$200       =         \$201 - \$1,000       ≡         \$1,001 - \$2,500       ₹         \$2,501 - \$5,000       ₹         \$5,001 - \$15,000       ₹         \$15,001 - \$50,000       ₹         \$100,001 - \$1,000,000       ₹         \$1,000,001 - \$5,000,000       ₹         Over \$5,000,000       ₹	Amount of Income  Amount of Income  For retirement accounts that do not allow you to choose specific investments or that generate tax-deferred income (such as 401(k) plans or IRAs), 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.
							S (partial)	portion of an asset is sold, please indicate as follows:  (S) (partial) See below for example.  P, S, E	BLOCK E 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

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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 business in which you own an interest (unless you are personally liable); 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.

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				SP, SP,	
	STEPH	BANKO	Example:		
	STEPHEN BRIXEY III	BANK OF AMERICA	First Bank of Wilmington, DE	Creditor	
	Start 3004	SEPT JOO!	May 1998	Date Liability Incurred Mo/Year	
	SEPT JOOH NOTE ON 1634 VIN ARRIST	SEPT 2004 MORTEBEE ON 1624 VIA ARRISA	Mortgage on 123 Main St., Dover, DE	Type of Liability	
·				\$10,001- \$15,000	1
		<u> </u>		\$15,001- \$50,000	١
				\$50,001- \$100,000	
	<b>×</b>		×	\$100,001- \$250,000 B	
		×	_	\$500,000 M	
			-	\$1,000,000	
			-	\$5,000,000	
			-	\$25,000,000 <b>\$25,000,001-</b>	
<u> </u>		<del>                                     </del>	1	\$50,000,000 Over	

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

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
, make		

Name
LORETTA
SANCHEZ

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# SCHEDULE VII — TRAVEL PAYMENTS AND REIMBURSEMENTS

or were paid by you and reimbursed by the sponsor. 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

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

Source	Date(s)	City of Departure—Destination— City of Return	Lodging? (Y/N)	Food? (Y/N)	Was a Family Member Included? (Y/N)	Number of days <u>not</u> at sponsor's expense
Chicago Chamber of Commerce	Mar. 2	DC—Chicago—DC	z	z	Z	None
	Aug. 6–11	DC—Los Angeles—Cleveland	Υ	Υ	· ~	2 Days
WA SO FUSSED NINA	July 3-10	DC-ROME-DC	ک	ح	Z	3 days
SEMESTER AT SEA						
				-		
		200				
				:		
						<i>;</i>

### **SCHEDULE VIII—POSITIONS**

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

zations); and positions solely of an honorary nature. Exclude: Positions listed on Schedule I; 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. government service; continuation or deferral of payments by a former or current employer other than the U.S. Government; or 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

			~		
			Nov 2007	Date	
	Pallshap J	RICHARD BUSKIN, GRAND CENTRAL APPROVED	NOW JOOF LORETTA SANCHEZ, LINDAT, SANCHEZ, "DREMM IN COLOR", BOOK CONTRACT	Parties To	
	<u>ر</u> .	APPROVED BY ETHICS COMMITTEE	"DREAM IN COLOR" BOOK CONTRACT	Terms of Agreement	