HAND	LEGISLATIVE RESOURCE CENTER	Office Use Only) 12. OFFICE OF THE CLERK USE OF REPORTSENTATIVES A \$200 penalty shall be assessed against any individual who files more than 30 days late.	:0	n mination:
	Form A For Use by Members, Officers, and Employees	ephone:	Officer or Employing Office: Employee	Termination Date of Termination:
	UNITED STATES HOUSE OF REPRESENTATIVES For Use	Name: <u> </u>	Member of or Candidate for State: 2.4 U.S. House of Representatives District: 4.6	2015 Annual (Due: May 16, 2016) Amendment
:	UNITED S	Name:	FILER STATUS	REPORT TYPE

PRELIMINARY INFORMATION – ANSWER EACH OF THESE QUESTIONS

 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? <u>or</u> b. Make more than \$200 in uneamed income from any reportable asset 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 purchase, sell, or xchange any securities or reportable real estate in a transaction xceeding \$1,000 during the reporting period?	Yes No	G. Did you, your spouse, or your dependent child receive any reportable gift(s) totaling more than \$375 in value from a single source during the reporting period?	Yes No Sey
. Did you or your spouse have "eamed" income (e.g., salaries, onoraria, or pension/IRA distributions) of \$200 or more during the sporting period?	Yes	H. Did you, your spouse, or your dependent child receive any reportable travel or reimbursements for travel totaling more than \$375 in value from a single source during the reporting period?	Yes No No
. Did you, your spouse, or your dependent child have any reportable ability (more than \$10,000) at any point during the reporting period?	Yes No	 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 Sey
. Did you hold any reportable positions during the reporting period or in the current calendar year up through the date of filing?	Yes No	ATTACH THE CORRESPONDING SCHEDULE IF YOU ANSWER "YES"	YOU ANSWER "YES"

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

X	X °N	Ž
Xes ☐ 80×	Yes No X	Yes No X
IPO - Did you purchase any shares that were allocated as a part of an Initial Public Offering during the reporting period? If you answered "yes" to this question, please contact the Committee on Ethics for further guidance.	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?	EXEMPTION – Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or your dependent child because they meet all three tests for exemption? Do not answer "yes" unless you have first consulted with the Committee on Ethics.

SCHEDULE A - ASSETS & "UNEARNED INCOME"

Name: LORETTH SANCHET

BLOCKE	Transaction	Indicate if the asset had purchases (P), sales (S), or exchanges (E) exceeding \$1,000 in the reporting period.	an asset was sold, please indicate as follows: (S (part)).	Leave this column blank if there are no transactions that exceeded \$1,000.						P, S, S(part), or E	S(part)								
		For assets for which you checked "Tax-Deferred" in Block C, you may check the "None" column. For all other assets indicate the altegory of income by dredding the appropriate box below. Dividends, interest, and capital gains, even if reinvested, must be disclosed as income for assets held in taxable accounts. Check "None" if no income was earned or generated. Column XII is for assets held by your spouse or dependent child Column XII is for assets.		₹			.000'00	10,18 1evo en	nooni ritiw JessA	Spouse/DC									
		and Tax-Deferred* in Block C, you For all other assets, indicate the figure appropriate box below. It all gains, even if retirested, ne for assets held in taxable if no income was earned or your spouse or dependent child		8					900	Over \$5,000	ļ	Ш	:						
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		Indicate value of asset 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 fire asset was sold during the reporting period and is included only vocause 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.							000	91\$-100'1\$		直	_	$\vdash \downarrow$			7	4	71147
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	Ass	Identify (a) each asset held for investment or production of income and 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 that generated more than \$200 in "unearned" income during the year. Provide complete names of stocks and mutual funds (do not use only 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 recording thresholds.	For bank and other cash accounts, total the amount in all interest-bearing accounts. If the total is over \$5,000, list every financial institution where there is more than \$1,000 in interest-bearing accounts.	For rental and other real property held for investment, provide a complete address or 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.); and any financial inferest in, or income derived from, a federal relinement program, including the Thrift Savings Plan.	If you have a privately-traded fund that is an Excepted investment Fund, please check the "EIF" box.	If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC), or jointly held with anyone (JT), in the optional column on the far left.	For a detailed discussion of Schedule requirements, please refer to the instruction booklet		Examples:		SCHOOLS FIRST FOUR	3	NAVY	đ	PUE CH HOUSERS	5
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Name: LORETTH SANCHEZ

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Name: LORETTH SANCHEZ Page Y

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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 dependent dark for investment or the production of income. Include transactions the resulted in a capital loss. Provide a brief description of an exchange transaction. Exclude transactions between you, you spouse, or dependent relations or the proton of an asset is sold, please choose 'partial sale' as the type of transaction. Capital Galles: if a sale of your passonal residence, unless if generated rental income. If only a portion of an asset is sold, please choose 'partial sale' as the type of transaction. Capital Galles: if a sales 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.		סי	_		2		- 1		-+					\dashv	
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SCHEDULE C - EARNED INCOME

SANCHEZ LORE.TTH Name:

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 2015 limit on outside earned income for Members and employees compensated at or above the "senior staff" rate was \$27,225. In addition, certain types of income (notably honoraria, director's fees, and payments for professional services involving a fiduciary relationship) were totally prohibited.	Social Security Act. ansated at or above the "senior staff" rate e totally prohibited.	was \$27,225. In addition, certain
Source (include date of receipt for honoraria)	Туре	Amount
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SCHEDULE D - LIABILITIES

Name: LORETTH SANCHEZ PR

Page 6 of 7

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 liable); 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 the reporting period exceeded \$10,000. *Column K is for liabilities held solely by your spouse or dependent child. Report liabilities of over \$10,000 owed to any one creditor at any time during the reporting period by you, your dependent child. Mark the highest amount owed during the reporting

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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 held in any religious, social, fratemal, or political entities (such as political parties and campaign organizations); and positions solely of an honorary nature.

Position	Name of Organization
TRUSTEE	CHAPMAN UNIVERSITY
	I UNIVERSITY DR., ORANGE CA 92866

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Name: LONETTH SANCHET Page 7 of 7	eement or arrangement that you have with respect to: future employment, a leave of absence during the period of government service; it employer other than the U.S. government; or continuing participation in an employee welfare or benefit plan maintained by a former employer.	reement Terms of Agreement	NOV ZOON LORETTH SANCHEZ, LINDA T. SANCHEZ "DREAM IN COLOPR" BOOK CONTRACT	I, GRAND	LISHING		
SCHEDULE F - AGREEMENTS	Identify the date, parties to, and general terms of any agreement or a continuation or deferral of payments by a former or current employer	Parties to Agreement	LORETTH SANCHEZ	RICHARD BUSKIN, GRAND	CENTRAL PUBLISHING		
SCHEDU	Identify the dat continuation or	Date	100 200J				

SCHEDULE G - GIFTS

Report the source (by name), a brief description, and the value of all gifts totaling more than \$375 received by you, your spouse, or your 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 \$150 or less need not be added towards the \$375 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 Smith, Arlington, VA	Silver Platter (determination of personal friendship received from the Ethics Committee)	\$400
	Ø		