

Please type or print in ink.

NAME OF FILER (LAST) (FIRST) (MIDDLE)
SANCHEZ ESTHER CHRISTINA

1. Office, Agency, or Court

Agency Name (Do not use acronyms)
Oceanside City Council
Division, Board, Department, District, if applicable
Your Position
Council Member

► If filing for multiple positions, list below or on an attachment. (Do not use acronyms)

Agency: Oceanside Harbor District Board of Directors Position: Director

2. Jurisdiction of Office (Check at least one box)

State Judge or Court Commissioner (Statewide Jurisdiction)
 Multi-County _____ County of _____
 City of Oceanside Other _____

3. Type of Statement (Check at least one box)

Annual: The period covered is January 1, 2013, through December 31, 2013.
-or-
The period covered is _____, through December 31, 2013.
 Leaving Office: Date Left ____/____/____ (Check one)
 The period covered is January 1, 2013, through the date of leaving office.
 The period covered is _____, through the date of leaving office.
 Assuming Office: Date assumed ____/____/____
 Candidate: Election year _____ and office sought, if different than Part 1: _____

4. Schedule Summary

Check applicable schedules or "None." ► Total number of pages including this cover page: 3
 Schedule A-1 - Investments - schedule attached Schedule C - Income, Loans, & Business Positions - schedule attached
 Schedule A-2 - Investments - schedule attached Schedule D - Income - Gifts - schedule attached
 Schedule B - Real Property - schedule attached Schedule E - Income - Gifts - Travel Payments - schedule attached
-or-
 None - No reportable interests on any schedule

5. Signature

I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Date Signed 04/01/2014
(month, day, year)

**SCHEDULE D
Income – Gifts**

Name
ESTHER C SANCHEZ

▶ NAME OF SOURCE (Not an Acronym)
Oceanside Firefighters Association

ADDRESS (Business Address Acceptable)
P.O. Box 537, Oceanside, CA 92049

BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>07 / 27 / 13</u>	<u>\$ 175.00</u>	<u>Ticket to OMA Ball</u>
<u> / / </u>	<u>\$</u>	<u> </u>
<u> / / </u>	<u>\$</u>	<u> </u>

▶ NAME OF SOURCE (Not an Acronym)
Water Education for Latino Leaders Conference

ADDRESS (Business Address Acceptable)
930 Colorado Blvd, Bdg 2, Los Angeles, CA 90041

BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>03 / 21 / 13</u>	<u>\$ 100.00</u>	<u>3 Meals</u>
<u> / / </u>	<u>\$</u>	<u> </u>
<u> / / </u>	<u>\$</u>	<u> </u>

▶ NAME OF SOURCE (Not an Acronym)

ADDRESS (Business Address Acceptable)

BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u> / / </u>	<u>\$</u>	<u> </u>
<u> / / </u>	<u>\$</u>	<u> </u>
<u> / / </u>	<u>\$</u>	<u> </u>

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<u> / / </u>	<u>\$</u>	<u> </u>
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Comments: _____