PRELIMINARY INFORMATION — EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION — ANSWER EACH OF THESE QUESTIONS excluded from this report details of such a trust benefiting you, your spouse, or dependent child? \$1,000 during the reporting period?

If yes, complete and attach Schedule IV. IV. Did you, your spouse, or a dependent child purchase, sell or exchange any reportable asset in a transaction exceeding they meet all three tests for exemption? Do not answer "yes" unless you have first consulted with the Committee on Ethics. **EXEMPTION**—Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because TRUSTS—Details regarding "Qualified Blind Trusts" approved by the Committee on Ethics and certain other "excepted trusts" need not be disclosed. Have you If yes, complete and attach Schedule V. income of more than \$200 in the reporting period or hold any 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. 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 III. Name: reportable asset worth more than \$1,000 at the end of the period? II. Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the CALENDAR YEAR 2010 FINANCIAL DISCLOSURE STATEMENT Did you, your spouse, or a dependent child receive "unearned" ⊮ yes, complete and attach Schedule II. reporting period UNITED STATES HOUSE OF REPRESENTATIVES Type Status 티 Annual (May 16, 2011) Member of the U.S. House of Representatives Schweiker1 District: State: ANSWER EACH OF THESE QUESTIONS mendment Yes / Yes / Yes Yes Daytime Telephone: 202 225 2190 No No ö <u>2</u> No No S Officer or Employee an outside entity?
If yes, complete and attach Schedule IX. of filing in the current calendar year?

If yes, complete and attach Schedule VIII. period (worth more than \$335 from one source)? VII. Did you, your spouse, or a dependent child receive any Did you have any reportable agreement or arrangement with If yes, complete and attach Schedule VII. reportable travel or reimbursements for travel in the reporting If yes, complete and attach Schedule VI. VI. Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more VIII. Did you hold any reportable positions on or before the date than \$335 and not otherwise exempt)" For use by Members, officers, and employees appropriate schedule attached for each "Yes" response Employing Office: Each question in this part must be answered and the Termination Termination Date: U.S. HOUSE ... against anyone who files more than A \$200 penalty shall be assessed HAND DELIVERED A THY TO BOARDS BY AND A COLOR 2011 JUN 24 PM 4: 07 Office Use Only) Yes Ύes Yes Yes Yes 8 8 ٥ S <u>8</u> 중 7

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SCHEDULE I—EARNED INCOME

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) totalling \$200 or more during the preceding calendar year. 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.

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Source	Туре	Amount
Keene State	Approved Teaching Fee	\$6,000
- ;	Legislative Pension	\$9,000
Examples. Civil War Roundtable (Oct. 2nd)	Spouse Speech	\$1,000
Ontario County Board of Education	Spouse Salary	NA
Sheridan Fauities LLC	Business	44,000
Sheridan Equities Holdings LLC	BUSINESS	330,000
		-
Scottsdole Eye Surgery	Spause Salary	NA

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un (en	Brown Copilor 12000	DOLANGO COMO (294)	THE TOTAL STATE OF THE STATE OF	7	Sheridan Equition LIC		Examples:	P. 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.	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 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	×	SE E NOV COME			*	×	_	X	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 − \$1,000,000 \$1,000,001 − \$5,000,000 \$1,000,001 − \$5,000,000 \$5,000,001 − \$5,000,000 \$5,000,001 − \$50,000,000 \$25,000,001 − \$50,000,000 \$25,000,001 − \$50,000,000	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."
Y Retween	y Retirement			Business	Business	×	Royalties	X	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.
*	×				×	×	×	×	None - \$1 - \$200 = \$201 - \$1,000 ≡ \$1,001 - \$2,500 ≥ \$2,501 - \$5,000 ≥ \$5,001 - \$15,000 ≤ \$15,001 - \$50,000 ≦ \$50,001 - \$100,000 ≦ \$100,001 - \$1,000,000 ∑ \$1,000,001 - \$5,000,000 ∑ Over \$5,000,000 ∑	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)	1		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	S (partial)	If only a 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.

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၄ ၀၁	SCHEDULE III—ASSETS AND "UNEARNED" INCOME Continuation Sheet (if needed)	ئے	Ž	Ĺ.	Ŕ	Z	ä		Ž	8	Ž	m			•						Name Schwei	\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\		50	1,0	1			av	See .	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	 	Page 4 of 9
$\neg \neg$	BLOCK A Asset and/or Income Source				<u> </u>	ੂ ≺ _	e c	BLOCK B Year-End	BLOCK B Year-End Value of Asset	et								BLOCK C Type of Income	BLOCK C Type f Incom		ne			Αm	lou	int BEX	BLOCK D Amount of Income	5 6	<u>0</u>	me			BLOCK E Transaction
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j c		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 - \$1,000,000	\$1,000,001 - \$5,000,0	\$5,000,001 - \$25,000,	\$25,000,001 - \$50,000	Over \$50,000,000	NONE		DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED/BLIND TF	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	\$5,001 \$15,000	\$15,001 - \$50,000	\$50,001 - \$100,000	\$100,001 - \$1,000,000	\$1,000,001 - \$5,000,000	Over \$5,000,000	
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SCHEDULE V— LIABILITIES

Name Schwelkert, David

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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.

		Date		Α	<u>п</u>	0	I	Amo	Amount o	Amount of Liab	nount of I	Amount of Liability D E F G H	nount of Liability
SP, DC, JT	Creditor	Incurred Mo/Year	Type of Liability		\$15,000	\$15,000 \$15,001	\$15,000 \$15,001- \$50,000 \$50,001- \$100,000	\$15,000 \$15,001- \$50,000 \$50,001- \$100,000 \$100,001- \$250,000	\$15,000 \$15,001- \$50,000 \$50,001- \$100,000 \$100,001- \$250,000	\$15,000 \$15,001- \$50,000 \$50,001- \$100,000 \$100,001- \$250,000 \$250,001-	\$15,000 \$15,001- \$50,001- \$100,000 \$100,001- \$250,000 \$250,001- \$500,001- \$1,000,000	\$15,000 \$15,001- \$50,000 \$50,001- \$100,000 \$100,001- \$250,000 \$250,001- \$500,000 \$1,000,000	\$15,000 \$15,001- \$50,001- \$100,000 \$100,001- \$250,000 \$250,001- \$500,000 \$500,001- \$1,000,001- \$5,000,000 \$5,000,001-
	Example: First Bank of Wilmington, DE	May 1998	Mortgage on 123 Main St., Dover, DE					×	×	×	×	×	×
99	Chase	2005	NOTE- 11011 N 92 W					×	×	×	×	×	×
	Sallie Minx	2003	STUVENT Low				×	×	×	×	×	×	×
	Metro Phoenix Bank	2010	Note-Shevillan Equition	i	15		`` ×						
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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
-		

SCHEDULE VIII—POSITIONS

Name Schweisert DAM Page to of 9

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-

Position	Name of Organization
Broker (Moneying Menison)	Broker (Monoging Minister) Sheridan Equities LLC -
Managing Wember	Sheriban Equities Holdings LLC
Administrator	Scottsdare Eve Survey - Spouse -
	/ / /

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

		11/2	Date	
	SWAFTZ & Brongh Inc.	11/2010 Sheridan Equities Holdings 116	Parties To	
Sheriden Equities Holdings IIC Swailz & Brough Inc.	AGIREMENT with SWARTL + Bloughting the A PARTON of Resimual FRITT ON The Partnerships	Sheriday Equities Holdings, CLC has An	Terms of Agreement	

SCHEDULE IV- TRANSACTIONS

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															N/A	Example: Mega Corpo	SP, DC, JT Asset	cate (i.e., "partial sale"). See example below. Capital Gains — if a sales transaction resulted in a capital gain in excess of \$200, check the "capital gains" box and disclose this income on Schedule III.	resulted in a capital loss. Provide a brief description of any exchange transaction. Exclude transactions between you, your spouse or dependent children, or the purchase or sale of your personal residence, unless it generates containing the providence of an asset is sold, please so indicate containing the providence of an asset is sold, please so indicate containing the providence of an asset is sold, please so indicate containing the providence of an asset is sold.	Report any purchase, sale, or exchange transactions by you, your spouse, or dependent child during the reporting period of any security or real property held for investment that exceeded \$1,000. Include transactions that
														·				PURCHA	SE	of Tra
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	,											_						EXCHAN	GE	tion
									<u>.</u>									Check Box Gain Excee)
													19.5			10-12-10		Monthly, or Bi-weekly, if applicable	(MO/DAY/YR) or Ouarterly	Date
		_					ļ 											\$1,001- \$15,000	>	
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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	Examples: Chicago Chamber of Commerce		N/R	•								
Date(s)	Mar. 2	Aug. 6–11										
City of Departure—Destination— City of Return	DC—Chicago—DC	DC—Los Angeles—Cleveland						,	·			
Lodging? (Y/N)	Z	Υ								_		
Food? (Y/N)	Z	Y									_	
Was a Family Member Included? (Y/N)	N	Υ				,						
Number of days <u>not</u> at sponsor's expense		2 Days										

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SCHEDULE II—PAYMENTS MADE TO CHARITY IN LIEU OF HONORARIA

lope for transmitting the list is included in each Member's filing package. List the source, activity (i.e., speech, appearance, or article), date, and amount of any payment made by the sponsor of an event to a charitable organization in lieu of an honorarium. A separate confidential list of charities receiving such payments must be filed directly with the Committee on Ethics. A green enve-

	Activity	Data	Amount
		Ech 3 2010	20000
Examples: Association of American Associations, was:iiiigion, DC	Article	Aug. 13, 2010	\$500
NA			
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