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UNITED STATES HOUSE OF REPRESENTATIVES 2013 FINANCIAL DISCLOSURE STATEMENT	Form A For Use by Members, Officers, and Employees	HAND Page 1 of 5
Name: Eric Sukiwali Day	Daytime Telephone (202) 225-5245	LECISLATIVE RESOURCE CENTER 2014 JUL 16 PM 4: 54 MC
FILER Member of or Candidate for State: CA STATUS U.S. House of Representatives District: 15	Officer or Employing Office	Employing Office: S. HOUSE OF REPRESENTATIVES
REPORT 2013 Annual (Due: May 15, 2014)	Amendment Termination Date:	n Date:
PRELIMINARY INFORMATION - ANSWER EACH OF THESE Q	QUESTIONS	
A. 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? or b. Make more than \$200 in unearned income from any reportable asset during the reporting period?	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?	r arrangement with an Yes No No
B. Did you, your spouse, or your dependent child purchase, sell, or exchange any securities or reportable real estate in a transaction Yes	No G. Did you, your spouse, or your dependent child receive any reportable gift(s) totaling more than \$350 in value from a single source during the reporting period?	child receive any Yes No No
C. Did you or your spouse have "earned" income (e.g., salaries, honoraria, or pension/IRA distributions) of \$200 or more during the Yes reporting period?	No H. Did you, your spouse, or your dependent child receive any reportable travel or reimbursements for travel totaling more than \$350 in value from a single source during the reporting period?	child receive any I totaling more than Yes No V
D. Did you, your spouse, or your dependent child have any reportable Yes liability (more than \$10,000) at any point during the reporting period?	No lieu of paying you for a speech, appearance, or article during the reporting period?	donation to charity in Yes No
E. Did you hold any reportable positions during the reporting period or in the current calendar year up through the date of filing?	П	CORRESPONDING SCHEDULE IF YOU ANSWER "YES"
IPO, EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION -	ANSV	VER EACH OF THESE QUESTIONS
IPO - Did you purchase any shares that were allocated as a part of an Initial Public Offering during the reporting period? If you the Committee on Ethics for further guidance.	ering during the reporting period? If you answered "yes" to this question, please contact	uestion, please contact Yes No V
TRUSTS - Details regarding "Qualified Blind Trusts" approved by the Committee on Ethics and certain other "excepted trusts" this report details of such a trust that benefits you, your spouse, or dependent child?	hics and certain other "excepted trusts" need not be disclosed. Have you excluded from	lave you excluded from Yes No V
EXEMPTION – Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse tests for exemption? Do not answer "yes" unless you have first consulted with the Committee on Ethics.	e, transactions, or liabilities of a spouse or dependent child because they meet all three writtee on Ethics.	use they meet all three Yes No No



Name: Eric Swalwell Page Z of S

CALPECS - Bet. Bessian Helebar Themparties	ABC Hedge Fund X	99, Elf DC, SP Maga Corp. Stock Elf JT Samples: Shook Schuster	Identity (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 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 reporting 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., ranks 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 formes and vacation homes (unless them was rental income during the reporting period); and any financial interest in, or income derived from, a federal retirement program, including the Thrift Savings Plan. If you have a privately-traded that is an Excepted Investment Fund, please check the "Elifbox." 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 A requirements, please refer to the instruction booklet.
		Indefinite X	None Valuation method other than fair markst value, please specify the method used. If an asset was sold during the reporting period and is included only because 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. **Spouse**DC Asset over \$1,000,000** **Spouse**DC Asset over \$1
	A Section of the sect	× × Arrange Ar	Check all columns that apply. For accounts that generate tax-deferred income (such as 401(k), IRA, or column. Dividencts, interest, and capital gains, even if reinvested, must be disclosed as located for taxable accounts. Check "Noroes" if the asset sheld in taxable accounts. Check "Noroes" if the asset generated no income during the reporting period. INTEREST EXCEPTED/BILIND TRUST Other Type of Income (Specify: e.g., Partnership Income or Farm Income)
			Amount of Income For assets for which you checked "Tax-Deferred" in Block C, you check the "None" column. For all other assets inclicate the calegory of income by checking the appropriate box below. Dividends, interest, and capital pains, even it reinvested, must be disclosed as income for assets held in turable accounts. Check "None" if no income was earned or child in which you have no interest. 1 I St. 2500 1 I V V II St. 2500 25,001-\$15,000,000 25,001-\$100,000 26,000,001-\$5,000,000 27,000,000 28,000,001-\$1,000,000 28,000,001-\$1,000,000 29,000,000 20,001-\$1,000,000 20,001-\$1,000,000 20,001-\$1,000,000 20,001-\$1,000,000 20,001-\$1,000,000
		S(part)	Transaction Indicate if the asset had purchases (P), sales (S), or suchasings (E) or exchanges (F) only a portion of an asset was sold, please indicate as follows: (S (part)). Leave this column blank if there are no transactions that exceeded \$1,000.

SCHEDULE B - TRANSACTIONS

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Page 3 of S

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		**************************************		 				<u></u>		1										Sale		of Tra
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SCHEDULE D - LIABILITIES

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you by a spouse or the child, parent, or sibling of you or your spouse. *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 spouse, or your dependent child. Mark the highest amount owed during the reporting period. Members: Members are required to report all liabilities secured by reaf property including mortgages on their personal residence. Exclude: Any mortgage on your personal residence (unless you rent it out or 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 of 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 reporting period exceeded \$10,000.

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Π 2 2 1			EDfinancial	Example			
SCHEDIII E E DOSITIONS			arcia	First Bank of Wilmington, DE	Creditor		
			5/2006	5/98	Date Liability Incurred MO/YR	_	
			Sheart trades	Mortgage on Rental Property, Dover, DE	Type of Liability		
ļ					\$10,001- \$16,900	>	
					\$15,001- \$50,000	ינט	
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i					\$250,001- \$600,000	m	Amount of Liability
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					Over \$50,000,000 Over \$1,000,000* (Sphuse/SC Linbilly)	<u>.</u>	

SCHEDOLE E - POSITIONS

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					Position	Report all positions, compensated or uncompensated, held diconsultant of any corporation, firm, partnership, or other busin listed in Schedule C; positions held in any religious, social, fra
					Name of Organization	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 listed in Schedule C; positions held in any religious, social, fratemal, or political entities (such as political parties and campaign organizations); and positions solely of an honorary nature.

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Self and state of California (LALPEPS)

Hersian for Service with Alameda County Destruit Attendy's Office

Pension for service with Hampels County Destrict Attorney's Office

Self and county of Alemada (CA) (ACEDA)

Date	Identify the dat continuation or	SCHEDUI
Parties to Agreement	Identify the date, parties to, and general terms of any agreement or arrangement that you have with respect to: future employment; a continuation or deferral of payments by a former or current employer other than the U.S. government; or continuing participation in a	SCHEDULE F - AGREEMENTS
Terms of Agreement	Identify the date, parties to, and general terms of any agreement or arrangement that you have with respect to: future employment; a leave of absence during the period of government service; continuation or deferral of payments by a former or current employer other than the U.S. government; or continuing participation in an employee welfare or benefit plan maintained by a former employer.	Name: Enc Supluc! Page 5 of 5
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SCHEDULE G - GIFTS

Report the source (including name, city, and state), a brief description, and the value of all gifts totaling more than \$350 received by you, your spouse, or a 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 \$140 or less need not be added towards the \$350 disclosure threshold. Note: The gift rule (House Rule 25, clause 5) prohibits acceptance of gifts except as specifically provided in the

Source	Description	Value
Example: Mr. Joseph Smith, Arlington, VA	Silver Platter (determination of personal friendship received from the Ethics Committee)	\$400