		IERRA TO
UNITED STATES HOUSE OF REPRESENTATIVES 2015 FINANCIAL DISCLOSURE STATEMENT	Form A For Use by Members, Officers, and Employees	Page of 11
Name: DAVID SCHWEIKERT	Telenhone: 202-225-2059	Office Use One
Name: DAVID SCHWEINER!	Daytime Telephone: 202-225-2059 A \$200 pena individual w	A \$200 penalty shall be assessed against any individual who files more than 30 days late.
FILER X Member of or Candidate for State: AZ U.S. House of Representatives District: 06	Officer or Employing Office: Employee	
REPORT         2015 Annual (Due: May 16, 2016)         X	Amendment Termination  Date of Termination:	
PRELIMINARY INFORMATION - ANSWER EACH OF THESE	SE 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?      b. Make more than \$200 in uneamed income from any reportable asset during the reporting period?	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?	than Yes X No
B. Did you, your spouse, or your dependent child purchase, sell, or exchange any securities or reportable real estate in a transaction     Yes exceeding \$1,000 during the reporting period?	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?	e Yes No X
C. Did you or your spouse have "earned" income (e.g., salaries, honoraria, or pension/IRA distributions) of \$200 or more during the reporting period?	× vo	an Yes X No
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?	the Yes No X
E. Did you hold any reportable positions during the reporting period or in Yes the current calendar year up through the date of filing?	× No	E IF YOU ANSWER "YES"
IPO AND EXCLUSION OF SPOUSE, DEPENDENT,	OR TRUST INFORMATION - ANSWER EACH OF THESE	QUESTIONS
<b>IPO</b> – Did you purchase any shares that were allocated as a part of an Initial Public Offering during the reporting period? the Committee on Ethics for further guidance.	blic Offering during the reporting period? If you answered "yes" to this question, please contact	ontact Yes No X
TRUSTS - Details regarding "Qualified Blind Trusts" approved by the Committee on this report details of such a trust that benefits you, your spouse, or dependent child?	e on Ethics and certain other "excepted trusts" need not be disclosed. Have you excluded from hild?	from Yes No X
<b>EXEMPTION</b> — Have you excluded from this report any other assets, "uneamed" income, transactions, or liabithree 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 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.	et all Yes No X

Name:	
DAVID SCHWEIKERT	

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SET VALU		OMIS V	RON G	PLAN-		pies:	8	ijed discus er to the ir	choose, y ource is t child (DC onal colum	e a private it Fund, pi	Your pers d vacation ining the re n, or inc program,	For an ownership in that is not publicly business, the nature location in Block A.	and other complete a and a city	and other of the and other of the and other of the and at in interest-be	ns) provid nt that exc	omplete na e only tick *As and	a) each of Incon y \$1,000 a y other rey rated more year.	ets and
AZ STATE RETIREMENT - EORP - NO SET VALUE - PENSION PLAN		LOOMIS VAL N (LSVNX)	BARON GR INST (BGRIX)	457 PLAN - AZ RETIREMENT	ABC Hedge Fund	Simon & Schuster	Waga Corp. Stock	For a detailed discussion of Schedule A requirements, please refer to the instruction booklet.	If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (CD), or jointly held with anyone (JT), in the optional column on the far left.	If you have a privately-traded fund that is an Excepted investment Fund, please check the "EIF" box.	Exclude: Your personal residence, including second tomes and vacation homes (unless there was rental income during the reporting period); and any financial interest in, or income derived from, a federal retirement program, including the Traffi Savings Plan.	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.	For rental and other real property held for investment, provide a complete address or description, e.g., "renta property," and a city and state.	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.	401(k) plans) provide the value for each asset held in the account that exceeds the reporting thresholds.	Provide complete names of stocks and mutual funds (do not use only ticker symbols).  For all IRAs and other retirement plans (such as	Identity (a) each asset haid for investment or production of income and with a fair market value exceeding \$1,000 at the end of the reporting period, and (t) any other reportable asset or source of income that generated more than \$200 in "uneamed" income during the year.	Assets and/or income Sources
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-					_			None							>	you have no imerest.	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 because it generated income, the value should be "None."  *Column M is for assets held by your spouse or dependent child in which	
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. <b>x</b>		×	×		ŀ			TAX-DEFE	RRED								Check all columns that apply. For a generate tax-deferred income (such as 45 529 accounts), you may check the "column. Dividends, interest, and capita if reinvested, must be disclosed as assets held in taxable accounts. Check asset generated no income during the rep	¥
PENSION					Permership Income	Royalties		Other Type (Specify: e.		ncome o	or Farm Income)		· · · ·				Check all columns treat apply. For accounts that of a generate trax-deferred income (such as 401(k), IRA, or 529 accounts), you may check the "Tax-Deferred column. Dividends, interest, and capital galins, even if reinvested, must be disclosed as income for assets held in taxable accounts. Check 'None' if he asset generated no income during the reporting period.	
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		<u> </u>	Ŀ	ļ	<u> </u>			Over \$5,00	· · · · · · · · · · · · · · · · · · ·		··· -				×	"Column XII is for assets field by your spouse or dependent child In which you have no Interest.	or assets for which you checked : ax-uereined in block u, you may check the Nope' column. For all other assets indicate the category of income by checking the appropriate box below. Dividends, Inferest, and capital gains, even if retinvested, must be disclosed as income for assets held in taxable accounts. Check 'None' if no income was samed or generated.	<del>}</del>
4	<u> </u>		ļ		_				Asset with Inco	Yeko enk	\$1,000,000*			Ae5	≱			_
		ס	ס				S(part)	P, S, S(part), or E						blank if there are no transections that exceeded \$1,000.	follows: (S (part)).	penod. If only a portion of an asset was sold, blease Indicate as	asset had purchases (P), sales (S), or exchanges (E) exceeding \$1,000 in the reporting	Transaction

# SCHEDULE A - ASSETS & "UNEARNED INCOME"

Name: DAVID SCHWEIKERT

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BlackRock US Govt Bond Inv A (CIGAX)	BlackRock Adv Lrg Cap Val Inv A (MDLVX)	BlackRock International Inv A (MDILX)	BlackRock Global Allocation Inv A (MDLOX)	BlackRock Small Cap Growth II Inv A (MDSWX	SESC - 401(K)		SFT IDX 500 C2	SFT MTG SEC C2	SFT CORE BOND C2	SFT IVY GROWTH	INSURANCE - VARIABLE LIFE		PUT VT GRWTH & INCM	PUT VT VOYAGER	PUTNAM IRA	ASSET NAME		BLOCK A Assets and/or Income Sources
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# SCHEDULE A - ASSETS & "UNEARNED INCOME"

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		None	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	\$5,000,001-\$25,000,000	\$25,000,001-\$50,000,000	Over \$50,000,000	Spouse/DC Asset over \$1,0	NONE	DIVIDENDS	RENT	NTEREST CABLE	CAPITAL GAINS  EXCEPTED/BLIND TRUST	TAX-DEFERRED				\$1-\$200	\$201-\$1,000	\$1,001-\$2,500	•4,000	\$5,001-\$15,000	\$15,001-\$50,000	\$50,001-\$100,000	\$100,001-\$1,000,000	\$1,000,001-\$5,000,000	Over \$5,900,000 :	Spouse/DC Asset with Inco	P. S. S(part), or E
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### SCHEDULE B - TRANSACTIONS

Name: DAVID SCHWEIKERT Page 5 of 11

								SP 401(k	401(k SP - RE4		SHER			457 PI		457 P	Sp Example	SP, DC, JT	Capital Gains: If check the "capital disclose the capital disclose the capital and Column K is for a	Exclude transaction purchase or sale or only a portion of transaction.	dependent child for resulted in a capital	Report any purcha
								401(k) - BlackRock US Government Bond Pt A (CIGAX) - REALLOCATION	401(k) - BlackRock Small Cap Growth II inv B (MDSWX) - REALLOCATION		SHERIDAN EQUITIES LLC - 64TH STREET RENTAL UNIT		CAPITAL GAINS	457 PLAN - BARON GR INST (BGRIX) - REINVESTED	DIVIDENDS AND CAPITAL GAINS	457 PLAN - LOOMIS VAL N (LSVNX) - REINVESTED	nple Mega Corp. Stock	Asset	Capital Gains: 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.	Exclude transactions between you, your spouse, or dependent children, or the purchase or sale of your personal residence, unless it generated rental income. If only a portion of an asset is sold, please choose 'partial sale' as the type of transaction.	reporting period or any security or real property read by you, your spouse, or you dependent child for investment or the production of income, include transactions that resulted in a capital joss. Provide a brief description of an exchange transaction,	Report any purchase, sale, or exchange transactions that exceeded \$1,000 in the reported of any security or real property held by you you'r source or your
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								6/30/2015	6/30/2015		1/29/2015			12/3/15		12/23/15	3/9/16		weekly, if sppicable	(MO/DAYR) or Quarterly,		Date
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1											-			-	ŀ			-	Over \$1,000,00 (Spouse/DC Ar		~	

## SCHEDULE C - EARNED INCOME

Name: DAVID SCHWEIKERT Page 6 of 11

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 an	INCOME LIMITS and PROHIBITED INCOME: The 2016 limit on outside earned income for Members and employees compensated at or above the "senior staff" rate was \$27,495. The 2017 limit is \$27,765. In addition, certain types of income (notably honoraria, director's fees, and payments for professional services involving a fiduciary relationship) are totally prohibited.	ed at or above the "senior staff" rate was sy relationship) are totally prohibited.	527,495. The 2017 limit is \$27,765.
	Source (include date of receipt for honoraria)	Туре	Amount
	Keene State	Approved Teaching Fee	\$6,000
Examples:	State of Maryland	Legislative Pension Spouse Speach	\$18,000 \$1,000
	Ontario County Board of Education	Spouse Salary	AW
		SPOUSE SALARY	
,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		STATE PENSION	\$45,294
STATE OF ME INCREMENT - FORM	EN I - ECON		
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Name: DAVID SCHWEIKERT

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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 spouse, or your dependent child. Mark the highest amount owed during the reporting 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

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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, fraternal, or political entities (such as political parties and campaign organizations); and positions solely of an honorary nature.

Position	Name of Organization
MANAGING MEMBER	SHERIDAN EQUITIES LLC
MANAGING MEMBER	SHERIDAN EQUITIES HOLDINGS LLC

#### SCHEDULE F - AGREEMENTS

Name: DAVID SCHWEIKERT Page 8 of 11

employer. 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

Date	Parties to Agreement	Terms of Agreement
11/2010	SHERIDAN EQUITIES HOLDINGS LLC AND SWARTZ AND BROUGH	Sheridan Equities Holdings LLC has an agreement with Swartz and Brough for a portion of resident equity on the
		Partnership formally managed/participated in by Sheridan Equities. Now controlled by Swartz & Brough upon
		the completion issue.
1/2004	STATE OF AZ RETIREMENT SYSTEM - EORP AND ME	STATE PENSION PLAN

#### 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

# SCHEDULE H - TRAVEL PAYMENTS and REIMBURSEMENTS

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Name:

Identify the source and list travel tinerary, dates, and nature of expenses provided for travel and travel-related expenses totaling more than \$375 received by you, your spouse, or your dependent child during the reporting period. Indicate whether a family member accompanied the traveler at the sponsor's expense. Disclosure is required regardless of whether the expenses were paid directly by the sponsor or were paid by you and reimbursed by the sponsor.

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 (FGDA, 5 U.S.C. § 7342); political travel that is required to be reported under the Federal Election Campaign Act; travel provided to a spouse or dependent child that is totally independent of his or her relationship to the filer.

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	Source	Date(s)	City of Departure-Destination-City of Return	Lodging? (Y/N)	Food? (Y/N)	Family Member Included? (Y/N)
	Government of China (MECEA)	Ацд. 6-11	DC-Beljing, China-DC	~	~	z
Examples:	fabitation Humanity (charity fundralser)	Mar. 3-4	DC-Bostor-DC	*	۲	*
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## SCHEDULE ! - PAYMENTS MADE TO CHARITY IN LIEU OF HONORARIA

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Source Activity Date Amou Speech Feb. 2 2016 \$2,000 Activity Nashington, DC Speech Article Article \$2,000 Artic
Amount \$2,000 \$500

#### FILER NOTES (Optional)

Name: David Schweikert Page of

-								NOTE NUMBER
			For all 401(k) transactions, we have been unable to confirm the dates for any reinvestment transactions due to poor reports from the managing brokerage firm. We selected 6/30 of the year to be the set date to report these transactions.	For the AZ Retirement System , there is no valuation due to the fact that this is a pension plan rather than a 401(k) or equivalent.	For the MN Insurance asset valuation, statements providing the value of the policy as of August 31st of the report year were used as a reasonable fair market assessment for the 12/31 reporting requirement.	rnanager	Please note that the added brokerage transactions are due to reinvested dividends or capital gains or reallocations determined and executed by financial advisors. These were NOT a result of any action taken on the part of the Member rather just a typical re-balancing of the accounts by asset	NOTES