EXEMPTION —Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption? Do not answer "yes" unless you have first consulted with the Committee on Ethics.	TRUSTS—Details regarding "Qualified Blind Trusts" approved by the Committee on Ethics and certain other "except excluded from this report details of such a trust benefiting you, your spouse, or dependent child?	IPO —Did you purchase any shares that were allocated as a part of an Initial Public Offering?	EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFO	V. Did you, your spouse, or a dependent child have any reportable liability (more than \$10,000) during the reporting period? Yes No	IV. Did you, your spouse, or a dependent child purchase, sell, or exchange any reportable asset in a transaction exceeding \$1,000 during the reporting period? If yes, complete and attach Schedule IV.	III. Did you, your spouse, or a dependent child receive "unearned" income of more than \$200 in the reporting period or hold any reportable asset worth more than \$1,000 at the end of the period? If yes, complete and attach Schedule III.	II. Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? If yes, complete and attach Schedule II.	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? Yes No	PRELIMINARY INFORMATION — ANSWER EACH OF THESE	Report (Annual (May 15, 2013) Amendment	Filer Member of the U.S. State: CA Status House of Representatives District: L3 Employee	Name: ACLYSON T. SCHWMPCT2 Daytime	UNITED STATES HOUSE OF REPRESENTATIVES CALENDAR YEAR 2012 FINANCIAL DISCLOSURE STATEMENT
ransactions, or liabilities of a spouse or dependent child becand with the Committee on Ethics.	and certain other "excepted trusts" need not be disclosed. Have you child?	9?	INFORMATION — ANSWER EACH OF THESE QUESTIONS	Each question in this part must be answered and the appropriate schedule attached for each "Yes" response	IX. Did you have any reportable agreement or arrangement with an outside entity?If yes, complete and attach Schedule IX.	VIII. Did you hold any reportable positions on or before the date of filing in the current calendar year? If yes, complete and attach Schedule VIII.	VII. Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than \$350 from one source)? If yes, complete and attach Schedule VII.	VI. Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than \$350 and not otherwise exempt)? If yes, complete and attach Schedule VI.	SE QUESTIONS	Termination 30 days late.	Employing Office:	շ s. են	Form A For use by Members, officers, and employees 20:3
yes No	ve you Yes No	Yes No	SE QUESTIONS	e answered and the ach "Yes" response	nt with Yes No X	e date Yes No	ting Yes No	ore Yes No		late.	A \$200 penalty shall be assessed	S. BOUSE OF RESENTATIVES HAND POELIWEREA 1/9	2013 113 Y 15 PM 2: 57

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21 212 21 212 22	SCHWARTZ

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.

							University of Bunsufvanie Hugh- System	Pa.	Ontario County Board of Education			Source
		:				Ç	Snowso July	lepslative poveroni	Spouse Salary	Legislative Pension	Approved Teaching Fee	Туре
							NA	18,340.	NA	\$9,000	\$6,000	Amount

Page 3 of 9

dennity (a) each asset held for investment or production indicate value of asset at close of reporting of income with a fair market value, please specify the method more than \$200 in "unearned" income during the year. For all RAs and other reliefment plans (such as 401(k) plans) provide the value for each asset led on the stoke symbols.) For rental or other real property held for investment, provide a complete address of a description, e.g. "rental property held for investment, provide a complete address of a description, e.g. "rental property held for investment, provide a complete address of a description, e.g. "rental property held for investment, provide a complete address of a description, e.g. "rental property held for investment, provide a complete address of a description, e.g. "rental property held for investment, provide a complete address of a description, e.g. "rental property held for investment, provide a complete address of a description, e.g. "rental property held for investment in the spouse of dependent child. Exclude: Your personal residence, including second forms the reporting period) any deposits to income advance in the form of the business them and vesicial more during the exporting period) any deposits to income advance in the drown spouse (IT), in the sample of the business and any financial fineset for income acure is that drown source is that for the instruction bookeat. Set I Fuller H. Grant K. Milater Milater Milater Spouse (IT), in the spouse (IT), in the source is that drown source is that for the instruction bookeat. Set I Fuller H. Grant K. Milater Milat	Asset and/or Income Source
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asset had purchases (P), sales (S), or exchanges (E) exceeding \$1,000 in reporting year. If only a portion of an asset is sold, please indicate as follows: (S) (partial) See below for example. S (partial)	
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SCHEDULE III—ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

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SCHEDULE III—ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

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SCHEDULE IV— TRANSACTIONS

Name ALYSIN Y. SCHWARTZ

SP, DC, JT 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. income. If only a portion of an asset is sold, please so indicate (i.e., purchase or sale of your personal residence, unless it generates rental income. If only a portion of an asset is sold, please so indicate (i.e., "par-Exclude transactions between you, your spouse or dependent children, or the in a capital loss. Provide a brief description of any exchange transaction. 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 resulted tial sale"). See example below. This column is for assets solely held by your spouse or dependent child 5 7 \lesssim 35 UIHS Vangual Target Potroement 2010 Malkin Strategic Copilled, Cl Alliance Beinstein High From Malkin Startey Cop. 1 th, Co Malkin Storatesic Capital II, LP Drivers SA/JASS - Nell Allecation Example: VARSUAL Messan Georth First izasle slobal Texpleton 9/161/ Sond Transferred 110,000 Transferred 10,000 Mega Corporation Common Stock (partial sale) Asset 70 70 son, 2 6 of Transaction X × X X X **PURCHASE** (9,7) X SALE X **EXCHANGE** Check Box if Capital Gain Exceeded \$200 (MO/DAY/YR) 3/21/10 14/5/12 4/15/12 4 hr/12 4/25/12 Bi-weekly, if 3/12/12 11/5/12 FIRTH Monthly, or 10-12-12 applicable Quarterly, Pelle Date \$1,001-\$15,000 \times \triangleright \$15,001- \times X X ш X \$50,000 \$50,001-O \$100,000 Amount of Transaction \$100,001 O \$250,000 \$250,001-Ш \$500,000 \$500,001-Π \$1,000,000 \$1,000,001-Ω \$5,000,000 \$5,000,001-I \$25,000,000 \$25,000,001-\$50,000,000 Over \$50,000,000 Over \$1,000,000° ㅈ (Spouse/DC Asset)

SCHEDULE V— LIABILITIES

Name Maxxor Y. SCHWARTZ PO

Page 8 st 9

residence (unless it is rented out or you 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 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. *This column is for liabilities held solely by your spouse or dependent child. during the year. Members: Members are required to report all liabilities secured by real property including mortgages on their personal residence. Exclude: Any mortgage on your personal 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

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		4	LC		SP, DC, JT	
		Bent of Monte	But of Amonta	Example: First Bank of Wilmington, DE	Creditor	
		Mr. 05	Avs. '05	May 1998	Liability Incurred Mo/Year	Date
	•	As of Marting or 116 N. Cardina Provided	Mrs. 105 Mortgage on 973 Frazion 20' 2NA	Mortgage on 123 Main St., Dover, DE	Type of Liability	
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					Over \$1,000,000*	

SCHEDULE VI— GIFTS

Report the source, a brief description, and the value of all gifts totalling 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 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 \$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 rule

		Example:		
		Example: Mr. Joseph H. Smith, Anytown, Anystate	Source	
		Silver Platter (determination on personal friendship received from Committee on Ethics)	Description	
	2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	\$375	Value	
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Name
ALLYSAN Y.
SCHWAPETZ
Page 2 of 5

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 \$350 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	Date(s)	City of Departure—Destination— City of Return	Lodging? (Y/N)	Food? (Y/N)	Was a Family Member Included? (Y/N)	Number of days <u>not</u> at sponsor's expense
Examples: Chicago Chamber of Commerce	Mar 2	DC—Chicago—DC	< z	< z	< Z	None
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