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UNITED STATES HOUSE OF REPRESENTATIVES	7	FORM B	THE 13 MINISPAGE 1 of 10
FINANCIAL DISCLOSURE STATEMENT	For New Members, Candidates, and No	ndidates, and New Employees	LEGISLATIVE RESOURCE CENTER
			2016 MAY 18 PM 12: 21
Name: Gail S Schwartz	Daytime Telephone:		CEFFOR DE THE CLERK
New Member of or Candidate for State: Colorado	rado]	HUUSE OF REPRESENTATIVES
Y U.S. House of Representatives District: 3rd Candidates – Date of Election: November 8,	2016	Check if Amendment	(Office Use Only)
New Officer or Employee Employing Office:		Period Covered: January 1, 2015 to April 30, 2016	A \$200 penaity shall be assessed against any individual who files more than 30 days late.
PRELIMINARY INFORMATION - ANSWER EACH OF THESE QUESTIONS	THESE QUESTIO	NS	
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?	X No E. Di	E. Did you hold any reportable positions during the reporting or in the current calendar year up through the date of filing?	rtable positions during the reporting period $$\operatorname{Yes}\left[X\right]$$ No $\begin{tabular}{c} \end{tabular}$
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?	X No F. D. outsi	F. Do 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?	arrangement with 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?	X No J. Di	J. Did you receive compensation of more than \$5,000 from a single source in the current year and two prior years?	n \$5,000 from a single Yes No X
ATTACH THE CORRESPONDING SCHEDULE IF YOU THIS FORM INCLUDES ONLY THE SCHEDULES THAT YOU ARE	ATTACH THE CORRESPONDING SCHEDULE IF YOU INCLUDES ONLY THE SCHEDULES THAT YOU ARE	OULE IF YOU ANSWER "YES" AT YOU ARE REQUIRED TO COMPLETE	S" COMPLETE
EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION - ANSWER BO	INFORMATION - A		TH OF THESE QUESTIONS
TRUSTS - Details regarding "Qualified Blind Trusts" approved by the Committee on Ethics and certain other "excepted trusts" need this report details of such a trust that benefits you, your spouse, or dependent child?	on Ethics and certain other "ex		not be disclosed. Have you excluded from Yes No X
EXEMPTION – Have you excluded from this report any other assets, "uneamed" income, or liabilities of a spouse or dependent child exemption? Do not answer 'yes' unless you have first consulted with the Committee on Ethics.	ncome, or liabilities of a spous tee on Ethics.	se or dependent child because they meet all three tests for	all three tests for Yes No X

SCHEDULE A - ASSETS & "UNEARNED INCOME"

401(k) plans) provide the value to each when the account that exceeds the reporting thresholds. For an ownership interest in a privately-held busin that is not publicly traded, state the name of business, the nature of its activities, and For bank and other cash accounts, total the amount in all interest-bearing accounts. If the total is over Provide complete names of stocks and mutual funds (do not use only ticker symbols). production of income and with a fair market value succeeding \$1,000 at the end of the reporting period, and (b) any other reportable asset or source or necessary which generated more than \$200 in or rental and other real property held for investment provide a complete address or description, e.g. \$5,000, list every For all IRAs and other retirement plans (such rental property," and a city and state. nore than \$1,000 in interest-bearing accounts. pusiness, the nature of its peographic location in Block A. dentify you have a privately-traded fund that is an Except westment Fund, please check the "EIF" box. stirement program, including the Thrift Savings Plan. come during the reporting period); and any financia terest in, or income derived from, a federal xclude: Your personal residence, including seco you so choose, you may indicate that an asset come source is that of your spouse (SP) pendent child (DC), or jointly held the optional column on the far left interest-bearing accounts. Assets and/or income Sources Colorado PERA DC Plan and vacation homes (unless there was (a) each detailed financial institution where there Simon & Schuster Mega Corp Stock discussion of Schedule refer to the instruction bookle ABC Hedge Fund BLOCK A of your spouse (SP pintly held with anyone value for each asset held for investment han \$200 먂 × . ≢ 🦠 if an asset was sold during the reporting period a included only because it generated income, the Indicate value of asset at close of the reporting period. It you use a valuation method other than fair market value please specify the method used. "Column M is for assets held by your spouse or depende child in which you have no interest. None ncluded only be should be "None." \$1-\$1,000 8 \$1,001-\$15,000 o 0 \$15,001-\$50-000 \$50,001-\$100,000 × Value of Asset Ŧ \$100,001-\$250,000 BLOCK B G × \$250,001-\$500,000 \$500,001-\$1,000,000 I \$1,000,001-\$5,000,000 \$5,000,001-\$25,000,000 \$25,000,001-\$50,000,000 * Over \$50,000,000 _ value, that generate bax-deferred income (such to defend a done). You mand is Check the Tax-Deferred column and is Dividends, interest, and capital gain a value even if neinvested, must be disclosed it income for assets held in taxab ₹ Spouse/DC Asset over \$1,000,000* Check all columns that apply. For account NONE enerated no DIVIDENDS × RENT Type of Income INTEREST Name: BLOCKC CAPITAL GAINS during the reports EXCEPTED/BLIND TRUST Gail S. Schwartz TAX-DEFERRED Parthershi Royalties Solume Other Type of Income (Specify: e.g., Partnership Income or Farm Income) For assets for which you checked "Tax-Deferred" in Block C, you may check the "None" column. For a 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 for assets held in taxable accounts. Check "None" if no income was samed or generated. Column XII is for assets held by your spouse or dependent child in which you have no interest \$1-\$200 = \$201-\$1,000 = ⋜ \$1,001-\$2,500 ٧ Current Year × \$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 × Amount of Income × Over \$5,000,000 BLOCKD Spouse/DC Income over \$1,000,000 ≚ Мопе = \$1-\$200 \$201-\$1,000 = Page ₹ \$1,001-\$2,500 Preceding Year < \$2,501-\$5,000 ≤ 2 × \$5,001-\$15,000 ≦ × \$15,001-\$50,000 ≦ \$50,001-\$100,000 잋 \$100,001-\$1,000,000 × 8 \$1,000,001-\$5,000,000 × Over \$5,000,000 × Spouse/DC income over \$1,000,000* ≚

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SCHEDULE A - ASSETS & "UNEARNED INCOME"

Name: Gail S. Schwartz

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SCHEDULE A - ASSETS & "UNEARNED INCOME"

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Gail S. Schwartz

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Name:

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SCHEDULE C - EARNED INCOME

Name:		
Gail S. Schwartz	,	
Page 6 of 10		

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 both the filer and filer's spouse, list the source and amount of any honoraria. List only the source for other spouse earned income exceeding \$1,000. See examples below.

INCOME LIMITS and PROHIBITED INCOME: Be advised that the income limit and prohibited income may apply to you after you are on House payroll. The 2015 limit on outside earned income for Members and employees compensated at or above the "senior staff" rate was \$27,225. The 2016 limit is \$27,495. In addition, certain types of income (notably honoraria, director's fees, and payments for professional services involving a fiduciary relationship) are totally prohibited for Members and senior staff. EXCLUDE: Military pay (such as National Guard or Reserve pay), federal retirement programs, and benefits received under the Social Security Act

State of Colorado Legislative Council Sherman & Howard Spouse earned income Spouse earned income	Source (include date of receipt for honoraria) ABC Trade Association, Baltimore, MD (July 15) State of Maryland Civil War Roundtable (Oct. 2) Ontario County Board of Education Source (include date of receipt for honoraria) Honorarium Salary Spouse Speech Spouse Speech Spouse Speech Spouse Spaary N/A Spouse Salary N/A Spouse Salary N/A Spouse Salary N/A	
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SCHEDULE D - LIABILITIES

Name:	
Gail S. Schwartz	
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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 your dependent child. Mark the highest amount owed during the reporting period. New 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 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.

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کر چ نام		Creditor	Liability Incurred MO/YR	Type of Liability	\$10,001- \$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	Over \$1,000,000* (Spouse/DC Liability)
	Example	First Bank of Wilmington, DE	5/98	Mortgage on Rental Property, Dover, DE			. :	×							
	Alpine Bank Visa	k Visa	12/2015	Credit Card		×				<u></u>					
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SCHEDULE E - POSITIONS

Report all positions, compensated or uncompensated, 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. New Members and second-year candidates report positions held in the reporting period and the current calendar year. First-year candidates and new employees report positions held in the current calendar year and two previous years.

Position	Name of Organization
Board Member	Alliance for Sustainable Colorado (unpaid) (ended April 2016)
Board Member	Aspen Community Foundation (unpaid)
Board Member	El Pomar Foundation, San Jaun Regional Council (unpaid)
Board Member	Roaring Fork School District Pre-Collegiate Program (unpaid)
Board Member	Upper Gunnison River Water Conservancy District

SCHEDULE D - LIABILITIES

	Name:
	Gail S. Schwar
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liabilities 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. period. New 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 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

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SCHEDULE E - POSITIONS

Report all positions, compensated or uncompensated, 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. New Members and second-year candidates report positions held in the reporting period and

Position	Position Name of Organization
Board Member	Colorado Open Lands Board (unpaid)
Board Member	Coal Creek Watershed Coalition (unpaid)

			12/31/15	Date	Identify the date continuation or	SCHEDUL	
SCHEDING I COMBENSATION IN EXCESS OF \$5 000 DAID BY ONE SOLIDOR			Myself and Colorado PERA DC PLAN	Parties to Agreement	e, parties to, and general terms of any agreement or arrangement that you hav deferral of payments by a former or current employer other than the U.S. gove	SCHEDULE F - AGREEMENTS	
BAID BY ONE SOUBCE			Continued particpation in Colorado PERA DC Plan - Neither the State of Colorado or myself will make additional contributions to this plan.	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: Gail S. Schwartz	
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SCHEDULE J - COMPENSATION IN EXCESS OF \$5,000 PAID BY ONE SOURCE

Report sources of compensation received by you or your business affiliation for services provided directly by you during the current year and two prior years. This includes the names of clients and customers of any corporation, firm, partnership, or other business enterprise if you directly provided the services generating a fee or payment of more than \$5,000. Exclude: Payments by the U.S. government and any information considered confidential as a result of a privileged relationship recognized by law. Do not repeat information listed on Schedule C.

	Source (Name and City/State)	Brief Description of Duties
Ехатрів:	Doe Jones & Smith, Hometown, Homestate	Accounting Services
None		

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