Name: Schweikert, 2013 FINANCIAL DISCLOSURE STATEMENT UNITED STATES HOUSE OF REPRESENTATIVES REPORT TYPE FILER STATUS 2013 Annual (Due: May 15, 2014) U.S. House of Representatives Member of or Candidate for District State Daytime Telephone: 202 - 225 - 2190 Amendment For Use by Members, Officers, and Employees Form A Officer or Employing Office: Termination Date: M.S. HOUSE OF REPRESENTATIVES HAND DELIVERED LEGISLATIVE RESOFTANTE DEWILL 2014 MAY 15 PM 3: 55 (Office Use Only)

## PRELIMINARY INFORMATION - ANSWER EACH OF THESE QUESTIONS

YOU ANSWER "YES"	ATTACH THE CORRESPONDING SCHEDULE IF YOU ANSWER "YES"	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?
Yes No	I. Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article during the reporting period?	Yes No	D. Did you, your spouse, or your dependent child have any reportable liability (more than \$10,000) at any point during the reporting period?
Yes No	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?	Yes No	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?
Yes No	Bid 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?	Yes No	B. Did you, your spouse, or your dependent child purchase, self, or exchange any securities or reportable real estate in a transaction exceeding \$1,000 during the reporting period?
Yes No	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 fling?	Yes No	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?

# IPO, EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION - ANSWER EACH OF THESE QUESTIONS

Yes No	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.
Yes No Y	TRUSTS - Details regarding 'Qualified Blind Trusts' approved by the Committee on Ethics and certain other 'excepted trusts' need not be disclosed. Have you excluded from this report details of such a trust that benefits you, your spouse, or dependent child?
Yes No	IPO - Did you purchase any shares that were allocated as a part of an Initial Public Offering during the reporting period? If you answered "yes" to this question please contact the Committee on Ethics for further guidance.

### SCHEDULE A - ASSETS & "UNEARNED INCOMI

INCOME"	
Name: Schwelkert,	
DaviV	
Page 2 of 10	

		Holdings	Sheridan Equitive X	AEC Hedge Funsi X	É varriples	SP Megas Corp. Stock EIF X	For all IRAs and other rebrement plans (such as 401(k) plans) provide the value for each sask held on the asset held in the account that exceeds the reporting thresholds.  For bank and other cash accounts total the amount in all independency accounts total the amount in all independency accounts accounts the formal property independency and state.  For renal and other real property held for invastment provide a complete address or description e.g., renal and other real property, and a tary and state.  For enough and other real property held for invastment provide a complete address or description e.g., renal and other real property, and a tary and state.  For an ownership interest in a privately-held business that is not publicly traded, state the name of the business that he nature of its activities and its geographic location in Block A.  Exclude: Your personal residence, including second formes and vacation homes (unlass there was renal independency) and any handreal retriement program including the Thirtt Sanngs Plan.  If you have a privately-inded thand that is an Excepted livestment Fund, please check the EIF box.  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 desided discussion of Schedule A. 2 54, 500, 500, 500, 500, 500, 500, 500,	
		×		*			\$250.001.\$250.000	Inducate value of asset at close of the reporting period if you use a Chevil valuation method other than fair markst value, please specify the method generatives.  229 act uses.  If an asset was sold during the reporting period and is included only climinate period and its included only climinate and generated income, the value should be "None" from assets the sassets held by your spouse or dependent child in which if the asset you have no interest.
		Busine	Busney	Partnership Income	Kuyalies	× .	DIMPERIOS  RENT  INTEREST  CAPITAL GAMS  EXCEPTED/BLIND TRUST  TAX-DEFERRED  Citics Type of Income (Specify e.g. Partnership Income of Farm Income)	Check all columns that apply. For accounts that generate has defented income (such as 401/10), IRA, or 529 accounts) you may check the Tax-Deferred column. Dividends, interest, and capital gains, even if reinvested, must be disclosed as income for assets held in trable accounts. Check 'None' if the asset generated no income during the reporting penod.
		×	X			34	None       -         \$1.5700       =         \$20.1-\$1,000       =         \$1.001-\$2,590          \$2,501-\$5,000          \$5,001-\$15,000       ≤         \$16,001-\$50,000       ≤         \$100,001-\$10,000       ≥         \$100,001-\$1,000,000       ×         Coval \$5,000,000       ×         Coval \$5,000,000       ×         Spourse/ICC Assail with Incomo over \$1,000,000?       ≥	of may check the North you checked Tax-Deferred in Block C, you or may check the North column for all other assets mid-less that category of income by checking the appropriate box below. So Dividends, interest, and capital gains, seen if reinvested, the must be disclosed as income for assets held in Taxable the accounts. Check North in no income was earned or no generated.  **Column XII is for assets held by your spouse or dependent child in which you have no interest.
						Spath	please indicate as follows: (S (part)) Leave this column blank if there are that castactions that exceeded \$1,000, each of E. S. S(part) or E.	Inducate if the asset had purchases (P), or schee (S), or exchanges (E), exceeding \$1,000, or the reporting pending aportion of asset was sold

#### SCHEDULE JY — ASSETS AN BLOCK A

Asset and/or Income Source

ND "UNEARNED" INCOME	Name Schi	Schweikert, Dovid	Page 3 of 10
вгоск в	BLOCK C	BLOCK D	BLOCK €
Value of Asset	Type of Income	Amount of Income	Transaction

indicate value of asset at close of reporting Check all columns that apply. For year, if you use a valuation method other than retirement accounts that do not fair market value, please specify the method allow you to choose specific investincome (such as 401(k) plans or IRAs), you may check the "Tax-Deferred" column. **Dividends**, interments or that generate tax-deferred

income. Check "None" if the asset cenerated no income during the vested, must be disclosed as est, and capital gains, even if reinreporting period.

assets held solely be disclosed as income. Check "None" if and capital gains, even if reinvested, must appropriate box below. Dividends, interest, the category of income by checking the "None" column. For all other assets, indicate

dependent child. This column is for income generated no income was earned or generated. by your spouse

9 **9** 

For assets for which you checked "Tax-Deferred" in Block C, you may check the you may check the \$1,000 in entrodes (E) exceedin or exchanges (P), sales (S) purchases asset had Ě

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Examples

Simon & Schuster Mega Corp. Stock

Indefinite

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1st Benk of Paducah, KY Accounts

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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

For a detailed discussion of Schedule (II requirements

optional column on the far left.

please refer to the instruction booklet.

None

\$1 - \$1,000

\$1,001 - \$15,000

\$15,001 - \$50,000

\$50,001 - \$100,000

\$100,001 - \$250,000

\$250,001 - \$500,000

Over \$50,000,000

NONE

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

Over \$5,000,000

\$100,001 - \$1,000,000

\$1,000,001 - \$5,000,000

Spouse/DC Income over \$1,000,000\*

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DIVIDENDS RENT INTEREST

**CAPITAL GAINS** 

TAX-DEFERRED

Other Type of Income

**EXCEPTED/BLIND TRUST** 

(Specify: e.g., Partnership Income or Farm Income)

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\$500,001 - \$1,000,000 \$1,000,001 - \$5,000,000

\$5,000,001 - \$25,000,000

\$25,000,001 - \$50,000,000

Spouse/DC Asset over \$1,000,000

Exclude: Your personal residence, including second fromes and vacation homes (unless there was rental income during the reporting period); any deposits totaling 55,000 or less in a personal checking or saving secounts; and any financial interest in, or income derived secounts;

from, a federal retirement program, including the Thrift

For rental or other real property held for investment, provide a complete address or a description, e.g., "rental 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 busi-

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ton in Block A.

For all IffAs and other retirement plans (such as 401(k) plans) provide the value for each asset hold in the account that exceeds the reporting thresholds.

spouse or dependent child.

This column is for assets held solely by your

not use ticker symbols.)

Provide complete names of stocks and mutual funds (do more than \$200 in "uneamed" income during the year. reportable asset or sources of income which generated the end of the reporting period, and (b) any other of income with a fair market value exceeding \$1,000 at Identify (a) each asset held for investment or production

If an asset was sold during the reporting year and is included only because it generated income, the value should be "None."

generated

For additional assets and unearned income, use next page

SCHEDULE AT—ASSETS AND "UNEARNED" INCOME Continuation Sheet (if needed)

E Name Schweikert, David Page 4 of 10

	J DC SS																	
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SCHEDULE A - ASSETS & "UNEARNED INCOME"

#### **SCHEDULE B - TRANSACTIONS**

Name: Schweikert	
David	
Page 6 of 10	

												Sheridan Holdings - State Property	gp Érample Mega Corp. Stock	so je : Asset	Capital Gains: It 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-deterned account, and disclose the capital gain income on Schedule A.  "Column K is for assets solely held by your spouse or dependent child.	expenses; cred to investment or the production of income. Include trailstandors that resulted in a depthal bost. Provide a brief description of an exchange trailstation. Exclude transactions between you, your spouse or dependent children or the purchase or site of your personal residence, unless it generated restail income. If only a portion of an asset is sold, please choose "partial sale" as the type of transaction.	Report any purchase, sale, or exchange transactions that exceeded \$1,000 in the reporting period of any security or real property held by you your spouse, or your
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#### SCHEDULE C - EARNED INCOME

Name: Schweikert Davil
Day if Page 7 of 10

64000	Business	Sheridan touities Holdings LLC
3000	Business	Sheridan Fauities LLC
	.,	
NA	Spouse Sulary	Scottsdare Exe Survey - Spouse
\$1,000 NA	Spouse Speech Spouse Salary	EXAMPIES: Corl War Roundtable (Det. 2) Ontano County Board of Education
\$8,000 \$18,000	Approved Teaching Fee Legislative Pension	Keene State State of Maryland
Amount	Туре	Source (include date of receipt for honoraria)
was \$26,965. In addition, certain	elow. Social Security Act. sated at or above the 'senior staff rate	the source and amount of any honoraria: list only the source for other spouse earned income exceeding \$1,000. See examples below.  EXCLUBE: Military pay (such as National Guard or Reserve pay), federal retirement programs, and benefits received under the Social Security Act.  INCOME LIMITS and PROHIBITED INCOME: The 2013 limit on outside earned income for Members and employees compensated at or above the "senior staff rate was \$26,955. In addition, certain types of income (notably honoraria, director's fees, and payments for professional services involving a fiduciary relationship) were totally prohibited.
eporting period. For a spouse, list	nment) totaling \$200 or more during the r	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

Use additional sheets if more space is required.

#### SCHEDULE D - LIABILITIES

Name: Schweikert, David Page 8 of 10

Report liabilities of over \$10,000 owed to any one creditor at any time during the reporting period. Wembers: Members are required to report all liabilities secured by real property including mortgages on their personel 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 reporting period exceeded \$10,000. "Column K is for liabilities held solely by your spouse or dependent child.

								-		Атоип	Amount of Li	Amount of Liability	Amount of Liability	Amount of Liability
SP OC.JT		Creditor	Date Liability Incurred MO/YR	Type of Liability	\$10,001- \$15,000	\$15,001- \$50,000		\$50,001- \$100,000	\$50,001- \$100,000 P \$100,001- \$250,000	\$100,001-	\$100,001- \$250,000 \$250,001-	\$100,001- \$250,000 m \$250,000 m	\$100,001- \$250,000	\$100,001- \$250,000 m \$250,000 m \$500,000 51.000,000 551,000,000 555,000,000 555,000,000 555,000,000
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#### SCHEDULE E - POSITIONS

Report all positions, compensated or uncompensated, held during the current or prior calendar year as an officer, firector, frustee 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, fraternal, or political entities (such as political parties and campaign organizations); and positions solely of an honorary nature.

Scotts date tre Surgery - SPOUSE-	Administrator
Sheridan Elevities Holdings LLC	Mandain's Member
Sheridan Equities LLC	Manuaina Member
Name of Organization	Position

#### SCHEDULE F - AGREEMENTS

Name: Enweikert	
David	
Page 3 of 10	

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.

Date	Parties to Agreement	Terms of Agreement
11/2010	Sherivan Equities Holdings LLC	11/2010 Sherivan Equities Holdings LLC Sherizan Equities Holding LLC has an
,		agreement with Swartz & Brough For A
		nortion of Residual Equity on the Partnership
		7
		Now controlled by Swartz + Brough upon
		-A- )

#### 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 Arington, VA	Salver Platter (determination of personal mendship received from the Ethics Committee)	\$400

## SCHEDULE H - TRAVEL PAYMENTS and REIM

	BURSEMENTS	
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identify the source and list travel itinerary, dates, and nature of expenses provided for travel and travel-related expenses totaling more than \$350 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: Privately-sponsored travel approved by the Ethics Committee, if post-travel disclosure was filed with the Clerk: 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.	nittee, if post-travel disclosu Foreign Gifts and Decoration totally independent of his or	are was filed with the Clerk: travel-retated expenses proons Act (FGDA, 5 U.S.C. § 7342); political travel that is the relationship to the filer.	vided by federal. st required to be re	ate, and local gov ported under the I	ernments, or by a rederal Election
Source	Date(s)	City of Departure – Destination — City of Return	Lodging? {Y/N}	Food? (Y/N)	Family Member Included? (Y/N)
Government of China (MEGEA)	£-18, 6-11	OG - ening do-lege-OS	, i		-:
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Heritage Foundation	3/6/13 -2/8/13	alchis - 2/8/13 DC to Cambridge MD - DC	Y	γ	N
FreedomWorks	6/5/13-6/6/13	6/5/13-6/6/13 PAY- SOLTLAKE - PAY	~	Y	7
Freedom Works	8/10/13-8/1/13	8/10/13-8/11/13 PAX- Aspen - PAX	Y	Y	7