

UNITED STATES HOUSE OF REPRESENTATIVES
CALENDAR YEAR 2011 FINANCIAL DISCLOSURE STATEMENT

Form A
 For use by Members, officers, and employees

Name: **DAVID SCHWEIKERT**

Daytime Telephone: **202-225-2190**

Filer Status	<input checked="" type="checkbox"/> Member of the U.S. House of Representatives	State: AZ District: 6	<input type="checkbox"/> Officer or Employee	Employing Office:
Report Type	<input type="checkbox"/> Annual (May 15, 2012)	<input checked="" type="checkbox"/> Amendment	<input type="checkbox"/> Termination	Termination Date:

A \$200 penalty shall be assessed against anyone who files more than 30 days late.

HAND DELIVERED
 2019 SEP -4 PM 12:02
 OFFICE OF THE CLERK
 U.S. HOUSE OF REPRESENTATIVES
 MC

PRELIMINARY INFORMATION — ANSWER EACH OF THESE QUESTIONS

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? If yes, complete and attach Schedule I.	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	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.	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
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.	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	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.	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
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.	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	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.	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
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.	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	IX. Did you have any reportable agreement or arrangement with an outside entity? If yes, complete and attach Schedule IX.	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
V. Did you, your spouse, or a dependent child have any reportable liability (more than \$10,000) during the reporting period? If yes, complete and attach Schedule V.	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.	

EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION — ANSWER EACH OF THESE QUESTIONS

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 benefiting you, your spouse, or dependent child?	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
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 <input type="checkbox"/> No <input checked="" type="checkbox"/>

List the source, activity (i.e., speech, appearance, or article), date, and amount of any payment made by the sponsor of an event to a charitable organization in lieu of an honorarium. A separate confidential list of charities receiving such payments must be filed directly with the Committee on Ethics. A green envelope for transmitting the list is included in each Member's filing package.

[illegible]

Page 4 of 11

Transaction

[illegible][illegible]

an asset is sold, please indicate as follows:
(S) (partial)
See below for example.

SCHEDULE III—ASSETS AND “UNEARNED” INCOME

Continuation Sheet (if needed)

Name DAVID SCHWEIKERT

Page 5 of 11

BLOCK A Asset and/or Income Source		BLOCK B Year-End Value of Asset													BLOCK C Type of Income							BLOCK D Amount of Income												BLOCK E Transaction		
SP, DC, JT		A None	B \$1 – \$1,000	C \$1,001 – \$15,000	D \$15,001 – \$50,000	E \$50,001 – \$100,000	F \$100,001 – \$250,000	G \$250,001 – \$500,000	H \$500,001 – \$1,000,000	I \$1,000,001 – \$5,000,000	J \$5,000,001 – \$25,000,000	K \$25,000,001 – \$50,000,000	L Over \$50,000,000	M Spouse/DC Asset over \$1,000,000*	NONE	DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED/BLIND TRUST	TAX-DEFERRED	Other Type of Income (Specify: e.g., Partnership Income or Farm Income)	I None	II \$1 – \$200	III \$201 – \$1,000	IV \$1,001 – \$2,500	V \$2,501 – \$5,000	VI \$5,001 – \$15,000	VII \$15,001 – \$50,000	VIII \$50,001 – \$100,000	IX \$100,001 – \$1,000,000	X \$1,000,001 – \$5,000,000	XI Over \$5,000,000	XII Spouse/DC Income over \$1,000,000*	P, S, W	
SP	PUTNAM IRA																																			
	PUT VT VOYAGER			X																	X		X													
	PUT VT GRWTH & INCM			X																	X		X													
SP	INSURANCE - VARIABLE LIFE																																			
	IVY VIP GROWTH					X																														
	SFT ADV BOND C2					X																														
	SFT ADV MTG SEC C2					X																														
	SFT ADV IDX 500 C2					X																														
SP	SESC - 401(K)																																			
	BlackRock Small Cap Growth II Inv A				X																X		X													
	BlackRock Global Allocation Inv A (MBLOX)					X															X		X													
	BlackRock International Inv A (MBILX)					X															X		X													
	BlackRock Adv Lrg Cap Val Inv A					X															X		X													
	BlackRock US Govt Bond Inv A (BGIDX)	X																			X		X												S	
	BlackRock US Government Bond Inv B1 (BGEX)			X																	X		X												P	
	AZ STATE RETIREMENT - EORP - NO SET VALUE - PENSION PLAN																				X															
SP	RENTAL- 11011 N 92ND ST, SCOTTSDALE, AZ						X										X											X								

This page may be copied if more space is required.

Page 6 of 11

Use additional sheets if you need more space.

SCHEDULE V— LIABILITIES

Name DAVID SCHWEIKERT

Page 8 of 11

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 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 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.

SP, DC, JT	Creditor	Date Liability Incurred Mo/Year	Type of Liability	Amount of Liability										
				A \$10,001-\$15,000	B \$15,001-\$50,000	C \$50,001-\$100,000	D \$100,001-\$250,000	E \$250,001-\$500,000	F \$500,001-\$1,000,000	G \$1,000,001-\$5,000,000	H \$5,000,001-\$25,000,000	I \$25,000,001-\$50,000,000	J Over \$50,000,000	K Spouse/DC Liability Over \$1,000,000*
	<i>Example:</i> First Bank of Wilmington, DE	May 1998	Mortgage on 123 Main St., Dover, DE				X							
	SALLIE MAE	8/2003	STUDENT LOAN			X								
SP	CHASE BANK	4/2005	MORTGAGE - 11011 N 92ND STREET, SCOTTSDALE, AZ				X							
	METRO PHOENIX BANK	8/2010	NOTE - SHERIDAN EQUITIES LLC				X							
	ING/CAPITAL ONE	6/2007	MORTGAGE - RESIDENCE					X						

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.

Source	Description	Value
<i>Example:</i> Mr. Joseph H. Smith, Anytown, Anystate	Silver Platter (determination on personal friendship received from Committee on Ethics)	\$375

Page 9 of 11

[illegible]

SCHEDULE VIII--POSITIONS

Report all positions, compensated or uncompensated, held during the current 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, any nonprofit organization, any labor organization, or any educational or other institution other than the United States.

Exclude: Positions listed on Schedule I; 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 IX--AGREEMENTS

Identify the date, parties to, and general terms of any agreement or arrangement 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	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.
5/1/2008	STATE OF AZ RETIREMENT SYSTEM - EORP AND ME	STATE PENSION PLAN

FILER NOTES
(Optional)

Name: David Schweikert

Page ____ of ____

NOTE NUMBER	NOTES
	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 manager
	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.
	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 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 MN Life , sub-assets in 2010 - Advantus Bond, Advantus Mort Sec, Advantus Idx 500 - changed fund names in 2011 to Stadv Bond C2, Stadv Mtg Sec C2, and Stadv Idx 500.

Use additional sheets if more space is required.