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UNITED STATES HOUSE OF REPRESENTATIVES 2016 FINANCIAL DISCLOSURE STATEMENT	Form A LEGITE For Use by Members, Officers, and Employees	.—n, Ši
	U.S. HOUSE OF RE	USE OF THE CLICK USE ONLY) MC
Name: Schweikert, David	Daytime Telephone: 202 225 2190 A \$200 pen individual v	A \$200 penaity shall be assessed against any individual who files more than 30 days late.
FILER STATUS  Member of the U.S.  State:  House of Representatives  District:	Officer or Employing Office:	Staff Filer Type: (If Applicable) Shared Principal Assistant
REPORT 2016 Annual (Due: May 15, 2017)	Amendment Termination  Date of Termination:	
PRELIMINARY INFORMATION - ANSWER EACH OF THESE	HESE QUESTIONS	
A. Did you, your spouse, or your dependent child: <ul> <li>a. Own any reportable asset that was worth more than \$1,000 at the end of the reporting period? or</li> <li>b. Receive more than \$200 in unearmed income from any reportable asset during the reporting period?</li> </ul>	Yes No 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?	rith an Yes ႔ No 📗
B. Did you, your spouse, or your dependent child purchase, sell, or exchange any securities or reportable real estate in a transaction exceeding \$1,000 during the reporting period?	Yes No 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?	Je 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 H. Did you, your spouse, or your dependent child receive any reportable travel or reimbursements for travel totaling more than \$375 in value from a single source during the reporting period?	d? 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 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?	the 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?	E COR	RESPONDING SCHEDULE IF YOU ANSWER "YES"
IPO AND EXCLUSION OF SPOUSE, DEPENDENT,	T, OR TRUST INFORMATION - ANSWER EACH OF THESE	QUESTIONS
IPO - Did you purchase any shares that were allocated as a part of an Init contact the Committee on Ethics for further guidance.	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.	e Yes No
TRUSTS - Details regarding "Qualified Blind Trusts" approved by the Committee on Ethics and certain other "excepted trusts" need from this report details of such a trust that benefits you, your spouse, or dependent child?	mittee on Ethics and certain other "excepted trusts" need not be disclosed. Have you excluded pendent child?	ded Yes No
EXEMPTION - Have you excluded from this report any other assets, "une all three tests for exemption? Do not answer 'yes' unless you have first or	EXEMPTION - Have you excluded from this report any other assets, "uneamed" 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.	meet Yes No 🛮

DCAZ 529 FINELITY	Road Cotto	<b>Z</b>	Sheridan Equition	7	Sheridon Fontio	ABC Hedge Fund X	Examples:	SP Mega Corp. Stock ERF	all interest-bearing accounts. If the lotal is over \$5,000, list every financial institution where there is more than \$1,000 in interest-bearing accounts.  For rental and other real property held for investment, provide a complete address or 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 business, the nature of its activities, and its geopraphic location in Block A.  Exclude: Your personal residence, including second homes 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 Thrift Savings Plan. If you have a privately-tracked fund that is an Excepted Investment 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 detailed discussion of Schedule A requirements, please refer to the instruction booklet.	the account that exceeds the reporting thresholds.  A  For bank and other cash accounts, total the emount in	(do not use only ticker symbols).  For all IRAs and other retirement plans (such as 401(k) plans) provide the value for each asset held in		Assets and/or income Sources
7			~		<b>\</b>	×	Indefinite	×	\$1,001-\$15,000  \$15,001-\$15,000  \$15,001-\$150,000  \$50,001-\$100,000  \$100,001-\$250,000  \$500,001-\$1,000,000  \$1,000,001-\$25,000,000  \$5,000,001-\$25,000,000  \$50,000,001-\$25,000,000  \$25,000,001-\$25,000,000  \$000,0001-\$25,000,000  \$000,0001-\$25,000,000  \$000,0001-\$25,000,000  \$000,0001-\$25,000,000	0 C C C C C C C C C C C C C C C C C C C		Indicate value of asset at close of the reporting period. If you use a valuation method other than fair methet 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 you have no interest.	BLOCK B  Value of Asset
			Y V Busion		V Busina	Partnership Income	Royalies	X	NONE  DIVIDENDS  RENT  INTEREST  CAPITAL GAINS  EXCEPTED/BLIND TRUST  TAX-DEFERRED  Other Type of Income (Specify: e.g., Partnership Income or Farm Income)			Check all columns that apply. For accounts that generate tax-deferred income (such as 401(k), 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 taxable accounts. Check "None" if the asset generated no income during the reporting period.	Type of Income
					X	×	×	×	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 \$100,001-\$1,000,000 \$1,000,001-\$5,000,000 Cover \$5,000,000 Spouse/OC Asset with Income over \$1,000,000*		in which you have no interest.		BLOCK D  Amount of Income
								S(part)	no transactions that exceeded \$1,000.	Leave this column	_	7 7 0 0 0 7 7 7 7	BLOCK E Transaction

\* Grants fund

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																	Other Type of Income (Specify: e.g., Partnership Income or Farm Income)				110
								Ì	Ì				T				None .	_		1 k	
	Τ	П				Г	$\vdash$	Γ	Π	Γ			_		$\sqcap$		\$1-\$200	=			7
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				Γ			<u> </u>										Over \$5,000,000	×			<b> ~</b>
								L.									Spouse/DC Asset with Income over \$1,000,000*	≚		] [	<u>으</u>
																	P, S, S(part), or E		Transaction		

												3	( 9,		SP Example Maga Corp. Stock	SP,DC,JT 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 "pertial sale" as the type of transaction.	reporting period as any executive or real property many by you, pour operates, or you dependent child for investment or the production of forome. Include transactions that resulted in a capital loss. Provide a brief description of an exchange transaction.	
																	Sale			Type of Transaction
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															3/9/16		Monthly, or El- weekly, if applicable	(MO/DAYR) or Quarterly,		Date
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																	\$50,001- \$100,000		c	
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											 						\$250,001- \$500,000		т	Amount
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		•				,											Over \$1,000,000 (Spouse/DC Ass		~	

## SCHEDULE C - EARNED INCOME

Name: Schweikert David	
Page 5 of 14	

List the source, type, and amount of earned income from any source (other than the filer's ourrent employment by the U.S. government) totaling \$200 or more during the reporting period. For a spouse, list the source and amount of any honorarie; list only the source for other spouse samed income exceeding \$1,000. See examples below.  EXCLUDE: Military pay (such as National Guard or Reserve pay), federal astirument programs, and benefits received under the Social Security Act.  EXCOME LIMITS and PROHIBITED INCOME: The 2015 limit on outside samed knowns for Members and employees compensated at or above the "senior staff" rate yeat \$27,225. In addition, cortain types of income (notably honoraria, director's feet, and payments for professional services involving a fiductory relationship) were totally prohibited.	rement) totaling \$200 or more during the selow. Social Security Act. seated at or above the "senior staff" rais totally prohibited.	more during the reporting period. For a spouse, list senior staff rate was \$27,225. In addition, certain
Source (include date of receipt for honoraris)	Туре	Amount
Examples: Drift Registation (Cs. 2) Drift War Registation (Cs. 2) Drift Drift Carrier (at Examples)	Agerona Cashing For Logistina Pengen Bosses Salary Monate Salary	318,000 318,000 31,000
Scottsdace Eve Survey - Spouse -	3510015	NIA
Sheridan Equities - Holdings	BV4111-455	5,000
STUTE OF AVIZONG RETIREMENT - EORP	Retirement	5.3,000
	-	

#### SCHEDULE D - LIABILITIES

Name: S	
ma: Schweiker	
Sell	
David	
Page 6 of 1	
or 11	

Report liabilities of over \$10,000 owed to any one creditor at any time during the reporting period. Manibers: 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 liabilities owed to you by a spouse or the child, perent, or albing 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.

					86.A	<del>,</del>	
			Sa //	Esample		·	
			Sallie Max	First Barns of Wilmington, DE	Craditor		
			2003	5/96	Date Liability incurred MO/YR		
			STudent Loan	Mortgage on Rental Property, Dover, DE	Type of Liability		
					\$10,001- \$16,000	>	
			V		\$15,001- \$60,000	•	
					\$50,001- \$100,000	n	
				×	\$100,001- \$250,000	0	
					\$250,001- \$500,000	m	moun
					\$500,001- \$1,000,000	71	of L
					\$1,000,001- \$5,000,000	0	Amount of Liability
					\$5,000,001- \$25,000,000	×	[
				T	\$25,000,001- \$50,000,000	-	
		_	Ŀ		Over \$50,000,000	. 5	] -
					Over \$1,000,000* (Spoure/DC Linbility)	. *	

#### SCHEDULE E - POSITIONS

Report all positions, compensated or uncorponsated, held during the cument or prior calendar year as an officer, director, bustee of an organization, pertner, proprietor, representative, employee, or consultant of any corporation, firm, pertnership, or other business enterprise, nonprofit organization, abor organization, or educational or other institution other than the United States. Exclude: Positions held in any religious, social, firsternal, or political entities (such as political perties and companies organizations); and positions solely of an honorary nature.

Reministrater - Spaise Scottsdale kye Surgery	Managing Member Sheridan Equities LLC + Sheridan	Position Name of Organization
	heridan Equities Haldings Lic	Irganization

### SCHEDULE F - AGREEMENTS

Name: School /sort Daviv	
Page 7 of	
of	

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					2010	Date	sentify the da potentiation o
				Fountein fills AT	11/2010 Sherdan Kavities Holdings LLC	Parties to Agraement	Identify the date, parties to, and general terms of any agreement or arrangement that you have with respect to: future employment; a ferrer of all continuation or deferral of payments by a former or current employer other than the U.S. government; or continuing participation in an employee
When the competion I sale.	For NOW CONTIONED by SWAFTZ + Browth	Formuly manyed Purily poted in by Sharelan	Parties of Resident Equity on the Parlaciship	agreement with Swartz + Brough For a	Shexiden Equities Holding LLC has an	Terms of Agreement	have with respect to: future employment; a leave of absence during the period of government service; pvernment; or continuing participation in an employee welfare or benefit plan maintained by a former employer.

#### 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	Source	Value
Econysis: Nr. Joseph Series, Arthopion, VA	Saver Platter (delivershedon of personal Headship reprived from the Ethics Commisse)	\$400
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## SCHEDULE F - AGREEMENTS

 Name: Schweikell
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Page 6 of 11

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.

aniproyer.		
Date	Parties to Agreement	Terms of Agreement
	Maricala County - DeFerred	County Spansored 457 Plan
	Compensation - NationWide	

#### **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
Exemple:	Mr. Joseph Smith, Arlington, VA	Silver Platter (determination of personal friendship received from the Ethics Committee)	\$400
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# **SCHEDULE H - TRAVEL PAYMENTS and REIMBURSEMENTS**

 Name: Schweikert Duviv
Page 9 of 11

identify the source and list travel itinerary, 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.

- Tet						
	Source	Date(s)	City of Departure-Destination-City of Return	Lodging? (Y/N)	Food? (Y/N)	Family Member Included? (Y/N)
1	Government of China (MECEA)	Aug. 6-11	DC-Beijing, Chine-DC	۲	۲	N
Examples:	Hebital for Humanity (charity fundraiser)	Mar. 3-4	DC-Boston-DC	Y	۲	Y
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## SCHEDULE I – PAYMENTS MADE TO CHARITY IN LIEU OF HONORARIA

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101111111111111111111111111111111111111	Name: Schidelkott Duvil
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						Examples: Association of American Associations, Washington, UC  XYZ Magazine	Source	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 paying an honorarium to you. A separate confidential list of charities receiving such payments must be filed directly with the Committee on Ethics.	
						Speech Article	Activity	sor of an event to a charitable organization	Name: SchWeiKelt, DaVIV
						Feb, 2, 2016 Aug. 13, 2016	Date	on in lieu of paying an honon	
					1	\$2,000 \$500	Amount	arium to you. A separate	Page 10 of 1/

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