UNITED STATES HOUSE OF REPRESENTATIVES FORM B FORM B Period covered: January 1, ביון אין אין אין אין אין אין אין אין אין אי	LEGISLATIVE RESOURCE CENTER 2014 MAY 21 PM 1: 35	Page 1 of 19 CENTER : 35
Name: Sheldon Schwartz	OFFICE OF THE CLERK U.S. HOUSE OF REPRESENTATIVES	ATIVES
	(Office Use Only)	
Filer Candidate for the State: MA Date of House of Representatives District: 5 Election: 9/9/14 Amendment	10	assessed
	more than 30 days late.	Wild
n all sections, please type or print clearly in blue or black ink. 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? Yes No III IV. Did you hold any reportable positions on or before the date of filing in the current calendar year or in the prior two years? If yes, complete and attach Schedule IV.	ofore the date Yes	S □
II. 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? Yes No If yes, complete and attach Schedule V. Did you have any reportable agreement or arrangement with an outside entity? If yes, complete and attach Schedule V.	angement Yes	₹
III. Did you, your spouse, or a dependent child have any reportable liability (more than \$10,000) during the reporting period? Yes No III. Did you receive compensation of more than \$5,000 from a single source in the two prior years? If yes, complete and attach Schedule III.	5,000 from Yes	₹
Each question in this part must be answered and the appropriate schedule attached for each "Yes" response	each "Yes" response.	
EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION — ANSWER EACH OF THESE QUESTIONS	F THESE QUESTION	S
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 a dependent child?	t be Yes	₹
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.	pendent child Yes	₹ <u>X</u>

SCHEDULE I — EARNED INCOME (INCLUDING HONORARIA)

Name Sheldon Schwartz

Page 2_ of <u>19</u>

Exclude: Military pay (such as National Guard or Reserve pay), federal retirement programs, and benefits received under the Social Security Act.	tirement programs, and benefits re	eceived under the Social S	security Act.
Source (include date of receipt for honoraria)	Type	Amount	unt
Cource (include date of receipt for non-data)		Current Year to Filing	Preceding Year
XYZ Corporation, Houston, TX	Salary	\$6,300	\$28,450
First Bank & Trust, Houston, TX	Director's Fee	\$400	\$3,200
	Honorarium	0	\$1,000
Harris County, Texas Public Schools	Spouse Salary	NA	NA
Physician	Income (net)	o	325000
Apolewild School: Fitch burn MA	Spouse Salary	NA A	NA
Class Care Sustans	Transa (not)))

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Scottoole	IRS	Alliance	Partners	Outlant	Santonter	_	Examples:	(O	homes and vacation in income during the reporing \$5,000 or less in accounts; and any fir derived from, a federal the Thrift Savings Plan. If you so choose, you income source is that income source look or is joi in the optional column or the for a detailed discussive please refer to the instruction.	lude: Your pe	For an ownership in that is not publicly that is not publicly ness, the nature of location in Block A.	rental or othe ide a comple tal property," ar	ati IRAs and of s) provide the unt that excee	Provide complete names of (do not use ticker symbols).	ntify (a) each as norme with a fa end of the re ritable asset or than \$200 in	Asset an	
	A A Market	Balco	Health	Benk CO	Ler Accounts	1st Bank of Paducah, KY accounts	Simon & Schuster	SP Mega Corp. Stock	homes and vacation homes (unless there was rental income during the reporting period); any deposits totaling \$5,000 or less in personal checking or savings accounts; and any financial interest in, or income derived from, a federal retirement program, including the Thrift Savings Plan. 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 optional column on the far left. For a detailed discussion of Schedule II requirements, please refer to the instruction booklet.	Exclude: Your personal residence, including second	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 geographic location in Block A.	For rental or other real property held for investment, provide a complete address or a description, e.g., "rental property," and the city and state.	For all IRAs and other ratirement plans (such as 401(k) plans) provide the value for each asset held in the account that exceeds the reporting thresholds.	Provide complete names of stocks and mutual funds (do not use ticker symbols).	Identify (a) each asset held for investment or production of income with a fair market value exceeding \$1,000 at the end of the reporting period, and (b) any other reportable asset or sources of income which generated more than \$200 in "unearned" income during the year.	Asset and/or Income Source	BLOCK A
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Ĺ			<u> </u>			×	,		\$100,001 - \$250,000		71	*This column is for assets solely held by your spouse or dependent child.	it generated income, the value should be "None."	If an asset was sold during the report- ing year and is included only because	Indicate value of asset at close of reporting year. If you use a valuation method other than fair market value, please specify the method used.	Value of Asset '	BLOCK B
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ļ	 		 	1		ľ	×	-	\$2,501 - \$5,000	_<			Inis column is for income derived from assets solely held by your pouse or dependent child.	income. Check "None" if no income was earned or generated.	For assets for which you checked "Tax-Deferred" in Block C, you may check the "None" column. For all 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		
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Continuation Sheet (if needed)

Name Sheldon Schwarts

			-	1 4	SP, DC	
3901 Green Oaks 3939 Green Oaks 2100 Roosevelt	Tribus Properties - 60% Interest 3825 Green Oaks	4007 Southern Charm 4026 Southern Charm 2201 Viewtop	Kosch Troperties-50/6 Interest (condo in Sanibel, FL) Rental properties - Allington, TX Trimed Portners-33/6 Interest	o cof trango at 3		BLOCK A Asset and/or Income Source
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			×	* × ×	None	CK D yf Income

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HEDULE II — ASSETS ANI nuation Sheet (if needed)	ASSETS AND "UNEARNED" INCOME		Name Sheldon Schwart	Page 5 of 19
BLOCK A	BLOCK B	вгоск с	вгоск в	OK D
Asset and/or Income Source	Value of Asset	Type of Income	Amount of Income	of Income
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Philodelphia properties				
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1826 N 17+h	*	×	**************************************	X
1840 N 17th	*	×	*	*
1932 N 17th	×	×	×	X
1936 N 17th	×	X	×	***
4781 N 28.81	×	×	*	×
2029 N 18+h	×	*		×
1849 N M+4	×	×	×	*
3 to N 33 rd	×	*	×	*

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

Contin	Continuation Sheet (if needed)			Name Sheldon Schwartz Page be of the
	BLOCK A	BLOCK B	BLOCK C	BLOCK D
	Asset and/or Income Source	Value of Asset	Type of Income	Amount of Income
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	306 N 35+h	*	×	×
	314-6 N 394	*	×	×
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	41184319	×	×	X
}	42454344	X	****	X
	2485 44th	×	×	×
	536 S 45+h	×	*	X
	218 Sugth	×	×	×
	1100-7 3 464	×	×	x
	4744 5 200	×	×	×
	494-3 5 484	×	×	×
	484 5 484	×	×	×

Name Sheldon Schuntz

Page 7 of 19

Contin	Continuation Sheet (if needed)		_	
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	3409 Barring	× .	***	X
	3608 Barting	× .	***	X
	3617 Borran	×		×
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Spouse/DC Income over \$1,000,000*

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

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Name Sheldon Schwatz

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Continuation Sheet (if needed) BLOCK	Asset and/o	S.P.	DC 5.	7	1746 N. Sydenh	4202 Walnut		4251 W.	4251 Welnut	3619 Warren 3635 Warren	3619 Warren 3635 Warren	3619 We 3635 We 1724 W.	3619 Warren 3619 Warren 1724 William 3913 William 3206 Winder	3619 Warrer 3635 Warrer 1724 William 3913 William 3706 Winder	3619 Warren 3635 Warren 1724 William 3913 William 3706 Winter 3708 Winter	3619 Warrer 3635 Warrer 1724 William 3913 Winter 3708 Winter 3718 Winter	3619 Warren 3635 Warren 1724 William 3913 Winter 3208 Winter 3211 Winter 3218 Winter 3221 Winter
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Name Sheldon Schwartz

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Continuation Sheet (if needed)			Name Thaten Johnson
COS	CFCCCCC	1	
Asset and/or income Source	Value of Asset	Type of Income	Amount of Income
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DC .	00 000 0,000 0,000 00,000 ,000,000 5,000,00	ND TRU	0 00 0,000 00,000 or \$1,000,000 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0
	ne - \$1,000 ,001 - \$15,00 5,001 - \$50,0 0,001 - \$100,0 00,001 - \$25,0 00,001 - \$1,0 ,000,001 - \$5,0 ,000,001 - \$2,0 ,000,001 - \$2,0	VIDENDS ENT TEREST APITAL GAINS (CEPTED/BL) X-DEFERRE Other Type of	one - \$200 01 - \$1,000 ,001 - \$2,500 ,501 - \$5,000 5,001 - \$15,000 5,001 - \$100,0 00,001 - \$1,00 ,000,001 - \$1,00 ouse/DC Income over 5,001 - \$5,000 5,001 - \$1,000 00,001 - \$1,000 00,001 - \$1,000 00,001 - \$1,000 00,001 - \$1,000 0,001 - \$1,000 0,001 - \$1,000 0,001 - \$1,000 0,001 - \$1,000 0,001 - \$1,000 0,001 - \$1,000 0,001 - \$1,000 0,0001 - \$1,000 0,0001 - \$1,000 0,0001 - \$5,000 0,0001
37 SIR1 Stock	X	×	×
JT SSN Stock	×	×	×
JT SUNE Stock	*	×	×
JT VRTH Stack	*	×	×
JT WIN Stack	*	×	*
IT WPX Stock	×	×	×
	*	×	*
NYMT Stock	×	× .	*
Coch	*	×	×
Roth IRA			
CLFStack	×	×	×
COST Stack	*	×	×
CYS Stack	×	*	*

Name Sherdon Schwartz

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Conti	Continuation Sheet (if needed)			Name Organia Powers
	BLOCK A	вгоск в	вгоск с	BLOCK D
	Asset and/or Income Source	Value of Asset	Type of Income	Amount of Income
SP,		A B C D E F G H - J K L 00° M	fy: e.g.,	Current Year Preceding Year
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D.		5,000 \$50,000 \$100,000 \$250,000 \$500,000 \$1,000,000 - \$5,000,00 - \$25,000,00 1 - \$50,000	AINS D/BLIND TR	00 500 000 5,000 50,000 61,000,000 -\$5,000,000 me over \$1,000,00 500 000 5,000 50,000 100,000 \$1,000,000 -\$5,000,000
		None \$1 - \$1,000 \$1,001 - \$1 \$15,001 - \$ \$50,001 - \$ \$100,001 - \$500,001 - \$1,000,001 \$5,000,001 \$25,000,001 \$25,000,001 \$25,000,001 \$25,000,001 \$25,000,001 \$25,000,001 \$25,000,001	NONE DIVIDENDS RENT INTEREST CAPITAL G. EXCEPTED TAX-DEFER Other Type	None \$1 - \$200 \$201 - \$1,00 \$1,001 - \$2,5 \$2,501 - \$5,6 \$5,001 - \$1 \$15,001 - \$1 \$100,001 - \$ \$1,000,001 - Over \$5,000, \$pouse/DC Incor None \$1 - \$200 \$201 - \$1,00 \$1,001 - \$2,5 \$5,001 - \$1 \$15,001 - \$5,001 \$15,001 - \$1 \$15,001 - \$1 \$15,001 - \$1 \$15,001 - \$1 \$1,000,001 - \$1 \$1,000,001 - \$1
	NYMT Stack	×	*	X
	WIN Stack	×	×	× × ·
	Cash	*	*	×
	Rollove TRA			
	CLF Stack	×	X	×
	ENC Stock	*	×	×
	HINX Stock	×	×	×
	1L Steek	×	×	×
	LSI Stock	*	*	*
	acor Stock	×	*	*
	RAD Stock	*	×	×
	TIVO Stock	×	×	×
	VMW Stock	×	×	×
	WIN Stock	*	74	×

SCHEDULE II — ASSETS AND "Continuation Sheet (if needed)

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														JT, SP,			
acor stock	CLF Stock	BRL1 Stock	MNK Stack	HIMX Stock	ADT Stock	acon Stack	CHS Stock	RAD Stock	Enc Stock	GCVRZ Stock	GE Stock	SEPTRA	Cash			Asset and/or Income Source	BLOCK A
×	×	×	*	X	×	×	×	×	×	*	×		×	None \$1 - \$1,000 \$1,001 - \$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	ABCDEFGHIJKL	e Value of Asset	ВLОСК В
74	. *	×	×		*) NC	×	×		×	×		×	Spouse/DC Asset over \$1,000,000 NONE DIVIDENDS RENT INTEREST CAPITAL GAINS EXCEPTED/BLIND TRUST TAX-DEFERRED Other Type of Income(Specify: Partnership Income or Farm Income	e.g.,	Type of Income	вгоск с
*	**	×	×		3	×	×		*	×	*		*	None	Current Year	Amount	вьс
*	*	*	×	×	*		*	×	×	×	*		×	None - \$1 - \$200 = \$201 - \$1,000 ≡ \$1,001 - \$2,500	Preceding Year	Amount of Income	BLOCK D

Name Sheldon Schwartz

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

Contin	Continuation Sheet (if needed)			Name Sherdon Schwartz Page 15 of 19	2
	BLOCK A	всоск в	BLOCK C	BLOCK D	
<u></u>	Asset and/or Income Source	Value of Asset	Type of Income	Amount of Income	
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		Over \$5	EXCEP TAX-DE Other	None \$1 - \$201 - \$ \$201 - \$ \$1,001 - \$ \$1,001 - \$ \$5,001 - \$ \$15,001 \$50,001 \$100,00 \$1,000,00 \$1,000,00 None \$1 - \$20 \$2,501 - \$ \$1,001 - \$ \$5,001 - \$ \$1,001 - \$ \$5,001 - \$ \$1	Over \$5,
	TYC Stock	×	×	×	
	PNR Stock	X	×	×	-
	TEL Stock	×	*	*	
	COVStock	*		*	-
	VRTX Stock	×			
	Cosh	×			
	FIfus Trusts Frad	**:	*		
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	7 K	×	**************************************	× 1	
SP	Fidelity IRA				-
	Fidelity Adv Freedom	*	×	×	ļ
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Continuation Sheet (if needed)

Name Sheldon Schwartz

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

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Asset and/or Income Source					Applement School Hog(b)	CREF Comph	Loan to Total Care	~	values in Nether									
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} }		×		Over \$5,000,0				ļ	ļ				-					

SCHEDULE III — LIABILITIES

Name Sheldon Schwartz

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ling of you or your spouse. Report revolving charge accounts (i.e., credit cards) only if the balance at the close of the previous calendar year exceeded \$10,000. owed during the reporting period. Exclude: Any mortgage on your personal residence (unless there is rental income); loans secured by automobiles, household furni-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 ture, 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 sib-

AS.		Date Liability		Α	œ	C	O	m A	F UNIT	Amount of Liability		-
J 0.	Creditor	Incurred mo/year	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
	Example: First Bank of Wilmington, DE	May 1998	Mortgage on 123 Main Street, Dover, DE				Ľ					
1	Scottvade	4/2014	Margin Account			×						
	Julie Schwartz	2012	Personal dan		×							
	Cope Bank-Cape May Couthouse NJ 12/2013 Personal	12/2013	Personal Loan				×					
	Southander Brook - Lexinston MA	4/2014	4/2014 Home Equity Line of Craphit	,	,		×					
		2004	Mortgage of Philadelphia owner	ß						×		

SCHEDULE IV — POSITIONS

Report all positions, compensated or uncompensated, held on or before the date of filing during the current calendar year and in the two prior years as an officer, director, trustee, partner, proprietor, representative, employee, or consultant of any corporation, company, firm, partnership, or other business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States.

and positions solely of an honorary nature. **Exclude:** Positions listed on Schedule I; positions held in any religious, social, fraternal, or political entities (such as a political party or campaign organization);

	and promote series of an increase of the	SAN MATERIAL CONTRACTOR CONTRACTO
	Position	Name of Organization
	Orther	Kosch Proparties
_	Partner	Trimed Partners
		Tribros Properties

SCHEDULE III — LIABILITIES

Name Sheldon Schwatz

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owed during the reporting period. Exclude: Any mortgage on your personal residence (unless there is rental income); loans secured by automobiles, household furni-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 ling of you or your spouse. Report revolving charge accounts (i.e., credit cards) only if the balance at the close of the previous calendar year exceeded \$10,000. ture, 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 sib-

S.P. Creditor Incurred Type of Liability Type o
Date Liability Type of Liability A B C D E F G H J
Type of Liability Amount of Liability Amount of Liability
\$10,001— \$15,000 \$ \$15,001— \$50,000 \$ \$50,001— \$100,000 \$ \$500,001— \$250,000 \$ \$500,001— \$1,000,000 \$ \$5,000,000 \$ \$5,000,001— \$5,000,000 \$ \$25,000,0
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SCHEDULE IV - POSITIONS

any nonprofit organization, any labor organization, or any educational or other institution other than the United States Report all positions, compensated or uncompensated, held on or before the date of filing during the current calendar year and in the two prior years as an officer, director, trustee, partner, proprietor, representative, employee, or consultant of any corporation, company, firm, partnership, or other business enterprise,

and positions solely of an honorary nature. Exclude: Positions listed on Schedule I; positions held in any religious, social, fraternal, or political entities (such as a political party or campaign organization);

 	 	 ····	
	20	Position	
		Name of Organization	

SCHEDULE V -- AGREEMENTS

Name Shaldon Schwartz

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City Document	Constitution and an extract conference	
Date	Parties To	Terms of Agreement
·		

SCHEDULE VI — COMPENSATION IN EXCESS OF \$5,000 PAID BY ONE SOURCE

Report sources of such compensation received by you or your business affiliation for services provided directly by you during the *two* prior years. This includes the names of clients and customers of any corporation, firm, partnership, or other business enterprise, or any nonprofit organization 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 I.

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	Source (Name and Address)	Brief Description of Duties
	Example: Doe Jones & Smith, Hometown, Homestate	Accounting services