No No	Yes	child because	sactions, or liabilities of a spouse or dependent child because with the Committee on Ethics.	I" income, tran rst consulted v	ets, "unearned ss you have f	EXEMPTION —Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of they meet all three tests for exemption? Do not answer "yes" unless you have first consulted with the Committee on E
N _S	Yes	closed. Have you	d certain other "excepted trusts" need not be discild?	on Ethics and dependent chi	the Committee our spouse, or	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?
S	JESTION	EACH OF THESE QUESTIONS	- ANSWER	T INFOR	OR TRUS	EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION
the onse.	vered and Yes" respo	must be ansv ed for each "	Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.	S	Yes 🔽	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.
No U	Yes 🚺	arrangement with	IX. Did you have any reportable agreement or arrangement with an outside entity? If yes, complete and attach Schedule IX.	N ₀	Yes	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.
No U	Yes	or before the date	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	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.
No V	Yes	i receive any n the reporting)?		₹	Yes	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.
No V	Yes	receive any regating more	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.	No U	Yes	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.
			E QUESTIONS	OF THESE	EACH	PRELIMINARY INFORMATION — ANSWER
מוסופ נוומוו	e who mes n	30 days late.	Termination Date:		Amendment	Type Annual (May 15, 2012) Ar
assessed	y shall be a	A \$200 penalty shall be assessed	r Employing Office:	Officer or Employee	6	Filer Member of the U.S. State: A Z Status House of Representatives District: 5
ves Ma	F THE CLERK REPRESENTATION OF USO ONLY)	OFFICE OF THE CLERK U.S. HOUSE OF REPRESENTATIVES (Office Use Only)	Daytime Telephone: みヮぇ ぇぇタぇノタク	Daytime 1		Name: Davil Schweikert
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÷ ; ; ; ; ; ; ; ; ; ; ; ; ; ; ; ; ; ; ;	HAND 1 of 7	DE	Form A For use by Members, officers, and employees	MENT	TIVES	UNITED STATES HOUSE OF REPRESENTATIVES CALENDAR YEAR 2011 FINANCIAL DISCLOSURE STATEMENT
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SCHEDULE I—EARNED INCOME

Page che of

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) totalling \$200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria; list only the source for other spouse earned income exceeding \$1,000. See examples below.

Exclude: Military pay (such as National Guard or Reserve pay), federal retirement programs, and benefits received under the Social Security Act.

Examples: Civil War Roundtable (Oct. 2nd) Ontario County Board of Education Sheridan Fauntics LLC Source State of Maryland Civil War Roundtable (Oct. 2nd) Ontario County Board of Education	Type Approved Teaching Fee Legislative Pension Spouse Speech Spouse Salary Business and pooring for the county for the cou	Amount \$6,000 \$9,000 \$1,000 NA
Sheridan Equities LLC Sheridan Equities Holdings LLC	Business	330,000
Scottsdale Eye Surgery	Spause Salary	NA

American Century Expury		Deland Comb Delange	Shorway Fourtres Handres	Sheridan Examine 126	JT 1st Bank of Pagecan, KY Accounts	Examples:	SP Mega Corp: Stock	the name of the reporting period: For rental or other real properly held for investment, provide a complete address. For an ownership interest in a privately held business that is not publicly treaded, state the name of the business, the nature of its activities, and its geographic location in Block A. Exclude: Your personal residence, including second homes and vacetion homes (unless there was rental income adving the reporting period); any deposits total income adving the reporting period); any deposits totaling \$5,000 or less in a personal residency or seving accounts, and any inamplatitaterest in, or income source is that of your spewes (SP) or depandent from, a federal retriement program, including the Thrift Savings Plan. If you so choose, you may indicate that an asset or income source is that of your spewes (SP) or depandent child (DC), or is jointly held with your spewes (JT), in the optional column on the far felt. For a detailed discussion of Schedule III requirements, please refer to the instruction booklet.	SCHEDULE III ASSETS AND BLOCK A Asset and/or income Source Identify (a) each asset held for investment or production of income with a tair market value exceeding \$1,000 at the reporting-period, and (b) any other reportable asset or sources of income which generated more than \$200 in "unearned" income during the year. Provide complète names of stocks and mutual funds (do not use ticker symbols.) For all IRAs and other retirement plans (euch as 401(k) plans) that are self-directed (i.e., plans in which you have the power, even if not exercised, to select the specific investments), provide the value for each asset held in the account that exceeds the reporting thresholds. For retirements which we have the power account that exceeds the reporting thresholds.
	X	Se & W64				indefinite		None \$1 - \$1,000 \$1,001 - \$15,000 \$15,001 - \$50,000 \$50,001 - \$100,000 \$100,001 - \$250,000 \$250,001 - \$1,000,000 \$500,001 - \$1,000,000 \$500,001 - \$50,000 \$500,001 - \$50,000,000 \$25,000,001 - \$25,000,000 \$25,000,001 - \$25,000,000 \$25,000,001 - \$25,000,000	AND "UNEARNED" INCOME BLOCK B Value of asset at close of reporting year. If you use, a valuation method other than fair market value, year. please specify the method used. If an asset was sold-during the reporting year and is included only because it generated income, the value should be in the retire. "None."
**************************************	(Reprosen		819118	Busing	×	Floyation	×	NONE DIVIDENDS RENT INTEREST CARITAL GAINS EXCEPTED/BLIND TRUST Other Type of Income (Specify: e.g., Partnership Income or Farm Income)	BLOCK C Type of Income Check all columns that apply For retirement accounts that do not allow you to choose specific investments or that generate tax-deferred income (such as 401(k) plans or IRAs), you may check the "None" column. Dividends, interest, and capital gains, even if relinivested, must be disclosed as income. Check "None if the asset generated no income all ing the reporting period.
				×	STATE OF THE PERSON OF THE PER	×		None	ELOCK D Amount of Income For retirement accounts that do not allow you to choose specific investments of that generate tax-deferred income (such as 40 f(k) plans or IRAs), 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 retinested, must be disclosed as income. Check "None" if no income was earned of generated.
			S (Partial			1	S(partial)	portion of an asset is sold, please indicate as follows: (S) (partial) See below for example. P, S, E	Page 3 of 9 BLOCK E Transaction Indicate if the asset had purchases (P), or exchanges (E) exceeding \$1,000 in reporting year.

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SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if fleeded) g SP. PUTDON GYENTY Putnum Hart FOW Advantus Asset and/or Income Source X + 2 dinn + seta late TUVYC JON 7 b 7. GR 11.1 BLOCK A トンアつた Returnseal 1416 1301 Yaz つれのび ドゥ LONWAGA 200 U Š None ➣ \$1 - \$1,000 Œ * * O / \$1,001 - \$15,000 O \$15,001 - \$50,000 Value of Asset m \$50,001 - \$100,000 Year-End BLOCK B 7 څ म \$100,001 - \$250,000 O, \$250,001 - \$500,000 Ė \$500,001 - \$1,000,000 \$1,000,001 - \$5,000,000 ۲. Œ \$5,000,001—\$25,000,000 × \$25,000,001 - \$50,000,000 ¢ Over \$50,000,000 7 NONE ۶ DIVIDENDS RENT MATEREST BLOCK C CAPITAL GAINS T Wee EXCEPTED/BLIND TRUST Retirent RONWAN Ret II more Rivar RATHER Pert Ir in the Name OTIFE M Other Type of Income (Specify: e.g., Partnership Income or Farm Income) は多のでのア None \$1 - \$200 Amount of Income = \$201 - \$1,000 \$1,001 - \$2,500 ⋖ BLOCK D \$2,501 - \$5,000 ≤ \$5,001 - \$15,000 Davio ¥ \$15,001 - \$50,000 É \$50,001 - \$100,000 \$100,001 - \$1,000,000 $\bar{\mathbf{x}}$ \$1,000,001 - \$5,000,000 × Over \$5,000,000 × Page Transaction BLOCK E += ாலா 9

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SCHEDULEVI LIABILITIES

Name Sander Kert Day of

Page 5 of

Report liabilities of ever \$10,000 owed to any one creditor at any time during the reporting period by you your at during the year. Exclude: Any mortgage on your personal residence (unless it is rented out); loans secured by autiousness in which you own an interest (unless you are personally liable); and liabilities owed to a secured by child business in which you own an interest (unless you are personally liable); and liabilities owed to a secured by aution of the child business in which you own an interest (unless you are personally liable); and liabilities owed to a secured by charge accounts (i.e., credit cards) only if the balance at the close of the preceding calendar year exceeded \$10,00 or dependent child. Mark the highest amount owed or sibling of you or your spouse. Report revolving s. household furniture, or appliances; liabilities of a

SP, DCC, JT	1
Example: First Bank of Will Chase Sallie Ma MCT10 Bhosnix	
Creditor First Bank of Wilmington, DE	
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\$5,000,000 \$5,000,001. <u>T</u> \$25,000,000 T	
\$25,000,001- \$50,000,000 7	
Over \$50,000,000 ^C	

SCHEDULE VI - OFTIS

Exclude: Gifts from relatives, gifts of personal hospitality of an individual, local meals, and gifts to a spouse or dependent of the sold Report the source, a brief description, and the value of all gifts totalling more than \$335 received by you, your spouse, or a brief description, and the value of all gifts totalling more than \$335 received by you, your spouse, or a period them any source during the year. in child that are totally independent of his or her

Note: The gift rule (House Hule 25, clause 5) prohibits acceptance of gifts except as specifically provided in the rule.

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SCHEDULE VIII—POSITIONS

Name Schweißert DANN Page to of

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

zations); 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 political parties and campaign organi-

Position	Name of Organization
ANGINE halfourist	Sheridan Equition LLC -
Managing Wember	Sherriban Equities Holdings LLC
Administrator	Scottsdare Eve Survery - Spouse -

SCHEDULE IX—AGREEMENTS

employee welfare or benefit plan maintained by a former employer. government service; continuation or deferral of payments by a former or current employer other than the U.S. Government; or continuing participation in an 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

_	,		
	Date	Parties To	Terms of Agreement
	1/2010	11/2010 Sheridan Equities Holdings LLC	Sherinan Equities Holdings CLC has An
		4	AGREEMENT with SWARTL + Browanta For A
		SWast & Brongh Inc.	fortion of Pesignal Fourty on the Partnustrius
			Tomally managed participates in by shoring a recine record
1			New controlled by Smorte + Brough The Upon The Ciquidition
			of Real Alate Holdings.

SCHEDULE IV— TRANSACTIONS

SP, DC, Capital Gains — if a sales transaction resulted in a capital gain in excess of \$200, check the "capital gains" box and disclose this income on Schedule III. dren, or the purchase or sale of your personal residence, unless it generates rental income. If only a portion of an asset is sold, please so indicate (i.e., "partial sale"). See example below. Report any purchase, sale, or exchange transactions by you, your spouse, or dependent child during the reporting period of any security or real property held for investment that exceeded \$1,000. Include transactions that action. Exclude transactions between you, your spouse or dependent chilresulted in a capital loss. Provide a brief description of any exchange transg Example: Mega Corporation Common Stock (partial sale) Asset of Transaction **PURCHASE** Type SALE **EXCHANGE** Check Box if Capital Gain Exceeded \$200 Quarterly, Monthly, or Bi-weekly, if applicable (MO/DAY/YR) 10-12-10 Date 익 \$1,001-> \$15,000 \$15,001-W × \$50,000 \$50,001-O Amount of Transaction \$100,000 \$100.001ø \$250,000 \$250,001ш \$500,000 \$500,001π \$1,000,000 \$1,000,001-Ω \$5,000,000 \$5,000,001-I \$25,000,000 \$25,000,001-\$50,000,000 \$50,000,000

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SCHEDULE VII — TRAVEL PAYMENTS AND REIMBURSEMENTS

you, your spouse, or a dependent child during the reporting period. Indicate whether a family member accompanied the traveler at the sponsor's expense, and the amount of time, if any, that was not 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. Identify the source and list travel itinerary, dates, and nature of expenses provided for travel and travel-related expenses totalling more than \$350 received by

spouse or dependent child that is totally independent of his or her relationship to you. 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 (5 U.S.C. § 7342); political travel that is required to be reported under the Federal Election Campaign Act; travel provided to a

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SCHEDULE II—PAYMENTS MADE TO CHARITY IN LIEU OF HONORARIA

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.

51									NR	XYZ Magazine XYZ Magazine		Source	
										Article		Activity	
										Aug. 13, 2010		Date	
	-				-	,				\$500	\$2,0	Amount	