

UNITED STATES HOUSE OF REPRESENTATIVES
CALENDAR YEAR 2012 FINANCIAL DISCLOSURE STATEMENT

Form A
 For use by Members, officers, and employees

Name: ALYSSA Y. SCHWARTZ

Daytime Telephone:

**HAND
 DELIVERED**
 (House Use Only)

MC

Filer Status	<input checked="" type="checkbox"/> Member of the U.S. House of Representatives	State: <u>PA</u> District: <u>13</u>	<input type="checkbox"/> Officer or Employee	Employing Office:
Report Type	<input checked="" type="checkbox"/> Annual (May 15, 2013)	<input type="checkbox"/> Amendment	<input type="checkbox"/> Termination	Termination Date:

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

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 type="checkbox"/> No <input checked="" 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 type="checkbox"/> No <input checked="" 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 type="checkbox"/> No <input checked="" 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

IPO —Did you purchase any shares that were allocated as a part of an Initial Public Offering?	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
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"/>

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Continuation Sheet (if needed)

Alexander Y. Schwartz

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BLOCK A		BLOCK B													BLOCK C							BLOCK D												BLOCK E			
Asset and/or Income Source		Year-End Value of Asset													Type of Income							Amount of Income												Transaction			
SP, DC, JT		A	B	C	D	E	F	G	H	I	J	K	L	M	NONE	DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED/BLIND TRUST	TAX-DEFERRED	Other Type of Income (Specify: e.g., Partnership Income or Farm Income)	I	II	III	IV	V	VI	VII	VIII	IX	X	XI	XII			
		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	Spouse/DC Asset over \$1,000,000*									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	Over \$5,000,000	Spouse/DC Income over \$1,000,000*			
JT	Franklin Templeton Mutual Funds			X												X			X						X												
	Vanguard 500 Tracker				X											X			X							X											
	Lincoln Fixed Asset			X																	Retireme					X											
	Lincoln Delaware Bond				X																"						X										
	Lincoln Delaware G o I				X																"						X										
	Lincoln Delaware Social Awareness					X															"						X										
	Lincoln Delaware Special Opportunity																				"							X									
	Lincoln Texas Capital Appreciation			X																	"					X											
	Schwab-T. Rowe Price Small Cap					X															"						X										
	Commonwealth PA Veterans Comp				X																"						X										
	Vanguard 500 Tracker				X																"						X										
	US Congress Thrift Savings Plan					X															"																
	(G Fund - Govt Securities Investment Fund)																				"							X									
	Morgan Stanley Smith Barney IRA			X																	"							X									
	Morgan Stanley FIMA (Money Market)					X												X							X												P
	Alliance Bernstein High Income-L			X															X							X											P
	FIRST Eagle Global-C			X															X							X											P
	Invesco Balanced-Risk Alternat Fund-C			X															X							X											P
	Templeton Global Bond Fund-C																																				

SCHEDULE III—ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

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BLOCK A		BLOCK B													BLOCK C							BLOCK D												BLOCK E		
Asset and/or Income Source		Year-End Value of Asset													Type of Income							Amount of Income												Transaction		
SP, DC, JT		A	B	C	D	E	F	G	H	I	J	K	L	M	NONE	DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED/BLIND TRUST	TAX-DEFERRED	Other Type of Income (Specify: e.g., Partnership Income or Farm Income)	I	II	III	IV	V	VI	VII	VIII	IX	X	XI	XII	P, S, E	
		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	Spouse/DC Asset over \$1,000,000*																						
SP	Fidelity Fund						X								Retirement																					
SP	Schwab Mutual Action						X								"																					
SP	Schwab S&P 500				X										"													X								
SP	Schwab T. Rowe Price SmallCap					X									"																					
SP	Wells Fargo Bond Funds					X									"													X								
SP	Wells Fargo Israeli Bonds		X												"								X													
SP	FNC Fidelity Advisor Freedom 2020					X									"													X								
SP	Vanguard Health Care				X										"													X								
SP	Vanguard 500 Index					X									"													X								
SP	Vanguard US Growth				X										"																					
SP	Vanguard Retirement Fund 2010						X								"																					
SP	TIAA/Fidelity Fixed Assets		X												"												X									
SP	TIAA/Fidelity Growth Income		X												"												X									
SP	TIAA/Fidelity Social Change			X											"																					
SP	VHS 500 Index			X											"																					
SP	VHS US Growth			X											"												X									
SP	VHS Vanguard Total Return 2010				X										"																					P
SP	VHS Vanguard Growth	X													"																					S
SP	VHS Vanguard Wellington					X									"																					
SP	VHS Vanguard Wellington						X								"																					
SP	VHS Vanguard Wellington														"																					

SECTION II - ASSETS AND "UNEARNED" INCOME

Name Allyson Y. Schwartz

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BLOCK A Asset and Income Source	BLOCK B Year-End Value of Asset													BLOCK C Type of Income							BLOCK D Amount of Income												BLOCK E Transaction		
	A	B	C	D	E	F	G	H	I	J	K	L	M	NONE	DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED/BLIND TRUST	TAX-DEFERRED	Other Type of Income (Specify: e.g., Partnership Income or Farm Income)	I	II	III	IV	V	VI	VII	VIII	IX	X	XI		XII	
None																																			
\$1 - \$1,000																																			
\$1,001 - \$15,000																																			
\$15,001 - \$50,000																																			
\$50,001 - \$100,000																																			
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\$1,000,001 - \$5,000,000																																			
\$5,000,001 - \$25,000,000																																			
\$25,000,001 - \$50,000,000																																			
Over \$50,000,000																																			
Spouse/DC Asset over \$1,000,000*																																			
SP TIA/CAFRI Real Estate																																			
SP TIA/CAFRI Social Security																																			
SP TIA/CAFRI T-E Life Cycle 2010																																			
SP Second TIA/CAFRI																																			
SP Malkin Strategic Capital LP																																			
ST PDC Bank Checking Acct																																			
SP 334 St. Proches																																			
SP 416 Collier's Insurance NY																																			

*If a page may be copied it must appear in required.

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SCHEDULE V— LIABILITIES

Name

Robert Y. Schwartz

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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	B	C	D	E	F	G	H	I	J	K
	Example: First Bank of Wilmington, DE	May 1998	Mortgage on 123 Main St., Dover, DE	\$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	Over \$50,000,000	Spouse/DC Liability Over \$1,000,000*
JT	Bank of America	Aug '05	Mortgage on 772 Frederick Rd, Dover				X							
JT	Bank of America	Aug '05	Mortgage on 116 N. Garden Ave, Dover					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
Example: Mr. Joseph H. Smith, Anytown, Anystate	Silver Platter (determination on personal friendship received from Committee on Ethics)	\$375

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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 spouse or dependent child that is totally independent of his or her relationship to you.

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