#### this report details of such a trust that benefits you, your spouse, or your dependent child? 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. Did you hold any reportable positions during the reporting period or in the current calendar year up through the date of filing? D. Did you, your spouse, or your dependent child have any reportable liability (more than \$10,000) at any point during the reporting period? C. Did you or your spouse have "earned" income (e.g., salaries, honoraria, or pension/IRA distributions) of \$200 or more during the exchange any securities or reportable real estate in a transaction B. Did you, your spouse, or your dependent child purchase, sell, or A. Did you, your spouse, or your dependent child: IPO AND EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION - ANSWER EACH OF THESE QUESTIONS reporting period? exceeding \$1,000 during the reporting period? PRELIMINARY INFORMATION - ANSWER FACH OF THESE QUESTIONS Name: 2014 FINANCIAL DISCLOSURE STATEMENT UNITED STATES HOUSE OF REPRESENTATIVES three tests for exemption? Do not answer "yes" unless you have first consulted with the Committee on Ethics EXEMPTION - Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or your dependent child because they meet all 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 REPORT a. Own any reportable asset that was worth more than \$1,000 at the FILER STATUS Make more than \$200 in unearned income from any reportable end of the reporting period? or asset during the reporting period? LYC SWALWELL < U.S. House of Representatives Member of or Candidate for 2014 Annual (Due: May 15, 2015) State: District: Yes ĭes ¥es Yes Yes u Daytime Telephone: (202) 225-5045 \_ \_ Amendmen: Š ᇂ 몽 Ş 중 For Use by Members, Officers, and Employees < < < 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? ATTACH THE CORRESPONDING SCHEDULE IF YOU ANSWER "YES" 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? 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? reportable travel or reimbursements for travel totaling more than \$375 in value from a single source during the reporting period? H. Did you, your spouse, or your dependent child receive any Form A Employee Officer or Employing Office Date of Termination: Termination OFFICE OF THE CLERK U.S. HOUSE OF REPRESENTATIVES LEGISLATIVE RESOURCE CENT. ... 2015 MAY 15 PM 2: 44 DELIVERED 1 of 5 (Office Use Only) Yes Yes Yes 죵 Yes Yes Yes く ۷ 중 š Š ᇂ 중 ĕ 중

4

<

<

<

## SCHEDULE A - AS

	ASSETS & "UNEARNED INCOME"
Name: Eric Swalve	]
Page C of 7	)

			Γ	4	<b>₽</b> , 7,	Proving Provin	For \$5,0	For Province
	*	2		Examples:		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 geographic 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-traded fund that is an Excepted Investment Fund, please check the "EIF box.  If you so choose, you may indicate that an asset or fincome 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 booldet.	For bank and other cash accounts, total the amount in all interest-bearing accounts. If the total is over \$5,000, list every financial institution where there is more than \$1,000 in interest-bearing accounts.	Asset and/or Income Source lidentify (a) each asset held for investment or production of income and with a fair market value exceeding \$1,000 at the end of the reporting period, and (b) any other reportable asset or source of income that generated more than \$200 in 'unearned' income during the year.  Provide complete names of stocks and mutual funds (do not use only ticker symbols).  For all IRAs and other retirement plans (such as \$101(k) plans) provide the value for each asset held in the account that exceeds the reporting thresholds.
	Hocher Trapartics	CALPERS-Ret. Pursum	-		क्ष	and other and other party," are publicly to publicly the na ic location are ic location. Your pen vour pen in (, or in the pen other pen o	nd othe st-bear every (1,000)	Asset and/or Income Source y (a) each asset held for investme tion of income and with a fair market ling \$1,000 at the end of the reporting i g) any other reportable asset or sou e that generated more than \$200 in 'une e during the year.  I RAs and other retirement plans (su plans) provide the value for each asset
	4	Ŋ			ЦΙ	omplete address or description, e.g., romplete address or description, e.g., romplete address or description, e.g., riv, and a city and state.  Ship Interest in a privately-held business publicly traded, state the name of the remain of the remain of its activities, and its exation in Block A.  If provided the period is activities, and its exation homes (unless there was rental githe reporting period); and any financial or income denived from, a feederal goram, including the Thrift Savings Plan.  a privately-traded fund that is an essent or the provided from a seed or roce is that of your spouse (SP) or bild (DC), or jointly held with anyone prional column on the far left.  taled discussion of Schedule A, please refer to the instruction booldet.	er cash ring ac financi	ed/or asseme ar the ar the ar the ar the war reported myear.  year.  year.  year.  other sy
		- R	ABC Hedge Fund	Simon & Schuster	Mega Corp. Stock	read property te address and a city and a did and the address and a city and a did and a city and a	accor al inst	or Incol sset held and with the end of eportable d more tha r. r. rsymbols), rsymbols), review of
	€.	2	e. Tuna	huster	Stock	ry held or de state. state the state the state the state the state the state the state that the state the	unts, t s, if the strution aring a	ment for each
	Š	7			!	yy held for invest, state, sta	otal the total	invesific man in man in man in man in man in the portion in the portion in the plans of the second at three in the second in three
		Ĭ	L		Ш	for investment of the investment of the investment of the interest of the inte	e amo e then	thment ket va g peri source unear fu luch tech tech tech tech tech tech tech te
			×		ą	ment, e.g., the scond distributes stiff the scond rental ancial ancial ancial rental ancial a		
+++		<del> </del>				\$1-\$1,000	» •	Indicate valuatic used. If an a becaus *Colum you have
+++				ino		\$1,001-\$15,000	<del></del>	n Mahu sasetu sasetu e itge n Mis
+++	<u>×</u>	X	<u> </u>	Indefinite				Value of Asset Indicate value of asset at close of the reporting period. If you use a valuation method other than fair market 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.
			L			\$15,001-\$50,000	0	her the ther the dunca dinca sets h
			<u> </u>		×	\$50,001-\$100,000	т	Valuate dos an fair an fair me, the me, the eld by
<del>    -</del>		-	<u> </u>			\$100,001-\$250,000 \$250,001-\$500,000		Value of Asset at dose of the report an fair market value, an fair market value, iring the reporting be me, the value should and by your spouse or
+++	_	$\vdash$	<u> </u>	$\vdash$		\$500,001-\$1,000,000		Ass the rest value orting e shouse
	+	1	┝			\$1,000,001-\$5,000,000		porting porting period be and be a cor de
+ + +			H			\$5,000,001-\$25,000,000	_	ase sp d and None pende
1		<b>†</b>				\$25,000,001-\$50,000,000		ecity:
						Over \$50,000,000		your the max din wu
						Spouse/DC Asset over \$1,000,000*	3	ethod ornly only hich
	×	Ш				NONE		Type of Income  Check all columns that apply. For accounts that generate tax-deferred income (such as 401(t), IRA, or 529 accounts), you may check the "Tax-Deferred" column. Dividences, 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.
			_		×	DMDENDS		ate tal account no. If relia sets asset
+++	_		┝╌			RENT		Column column x-defe its), y its), y i
	+					CAPITAL GAINS		ype mad in the mad in the made. The made in the made i
		ļ				EXCEPTED/BLIND TRUST		a of inc.  hat apply, income (si may chec litherest, must be c rable acc no incom
<del>                                     </del>	$\dashv$	×	-			TAX-DEFERRED		Type of Income mass that apply. For error income (such as you may check the exist. Interest, and fact, must be disclored in taxable accounts erated no income duri
+-+-+	_		Page Page	R Oy		Other Type of Income		Type of Income Check all columns that apply. For acc generate tax-deferred income (such as 401 S29 accounts), you may check the Tax column. Dividends, interest, and cap) even if reinvested, must be disclosed it for assets held in taxable accounts. Ch if the asset generated no income during th period.
			Partnership Income	oyalties		(Specify: e.g., Partnership Income or Farm Income)		Type of Income  Check all columns that apply. For accounts that generate tax-deferred income (such as 401(s), 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.
			-\$*					counts thei (K), IRA, or X-Deferred; that gains, as income eck 'None' ne reporting
111	×	×				None	_	
						\$1-\$200	=	Amount Pror assets for which you check the 'None' column may check the 'None' column category of Income by check the diaclosed as incomest be diaclosed as incomested. Check 'None' generated. Check 'None' generated. The which you have no interest.
						\$201-\$1,000	=	for wo cthe " cthe " of Inc s, linte disclin disclin Ci Ci Cill is fo
$\perp \downarrow \downarrow$			_		×	\$1,001-\$2,500	7	Ar assy
$\downarrow \downarrow \downarrow$	$\perp$	L				\$2,501.\$5,000		Amount of Income h you checked "Tax-Defen ne" column. For all other e by checking the appre- st, and capital gains, ev d as income for assat x. "None" if no income x. "None" if your spouse to interest.
$\downarrow\downarrow\downarrow$		<u> </u>	<u> </u>			\$5,001-\$15,000	≤	int of in secked "Ta s
+						\$15,001-\$50,000	≦	Tax: or all or all gather no in
+			<u> </u>			\$50,001-\$100,000	≦	Ome Defen other appn ns, e asset ncom
+++		ļ	_	Н		\$100,001-\$1,000,000 \$1,000,001-\$5,000,000		red" in asset printer went to wan to want to
+++			_			Over \$5,000,000	×	Block s indic s box f reity d in s ear
+++			-	$\square$		Spouse/DC Asset with Income over \$1,000,000*	<u>×</u>	Amount of Income  Amount of Income  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 income for assets held in taxable accounts. Check 'None' if no income was earned or generated.  *Column XII is for assets held by your spouse or dependent child in which you have no interest.
111	+	$\Box$	_		S(part)	T	40	
					ā	P, S, S(part), or E	Leave this column blank if there are no transactions that exceeded \$1,000.	Transaction Indicate if the asset had purchases (P), sales (S), or exchanges (E) succeeding \$1,000 in the reporting period. If only a portion of an asset was sold please indicate as follows: (S (part)).
1 1 1						<u>5</u> ,	s colu ere a ction:	ansacti ansacti thad thad thad systems (P), systems anges (E) eding \$1,1 eding \$1,0 eding \$1,0 edin
	1				1	⊻	or = =	Toke not in the

#### SCHEDULE D - LIABILITIES

Name: EYIC Sweetwell Page 3 of 5

Report liabilities of over \$10,000 owed to any one creditor at any time during the reporting period by you, your spouse, or your dependent child. Mark the highest amount owed during the reporting period. 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 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 liable); and liabilities owed to you by a spouse or the child, parent, or sibling 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.

			SP.		
	五五五	Example			
	Edfinancia	First Bank of Wilmington, DE	Creditor		
	5/2001	5/98	Liability Incurred MO/YR	,	
	5/2001 Shulunt Loans	Mortgage on Rental Property, Dover, DE	Type of Liability		
			\$10,001- \$15,000	>	
			\$15,001- \$50,000	8	
	×		\$50,001- \$100,000	c	
		×	\$100,001- \$250,000	D	
			\$250,001- \$500,000	т	moun
			\$500,001- \$1,000,000	71	Amount of Liability
		T	\$1,000,001- \$5,000,000	၈	ability
		1	\$5,000,001- \$25,000,000	I	
			\$25,000,001- \$50,000,000	<del>-</del>	
			Over \$50,000,000	د	
- 1			Over \$1,000,000* (Spouse/DC Liability)	_	

#### SCHEDULE E - POSITIONS

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

held in any religious, social, fraternal, or political entities (suc	held in any religious, social, fratemat, or political entities (such as political parties and campaign organizations); and positions solely of an honorary nature.
Position	Name of Organization

### **SCHEDULE F - AGREEMENTS**

Name: Exic Swahuell	
Page 4 of 5	

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.

Date	Parties to Agreement	Terms of Agreement
2006	2006 Self and State of Collegence (UNITERS)	Emphyse person for senice with local gavernment
		C

#### 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
Example: Mr. Joseph Smith, Arlington, VA	Silver Platter (determination of personal friendship received from the Ethics Committee)	\$400

# **SCHEDULE H – TRAVEL PAYMENTS and REIMBURSEMENTS**

_		
	Name: Eric Sula Well	
	Page S of S	

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.

	Source	Date(s)	City of Departure – Destination — City of Return	Lodging? (Y/N)	Food? (Y/N)	Family Member Included? (Y/N)
Examples:	Government of China (MECEA)  Habitat for Humanity (charity fundraiser)	Aug. 6-11 Mar. 3-4	Dc-Beijing, China - Dc DC-Boston-DC	۲ ۲	۲ <b>۲</b>	~ Z
Cans	Consero Grap	Sept. 14	California - Las Vapas - Calchand	<b>**</b>	$\prec$	2
Northurn	Northum California Companturs Regumblemeil	De. 46	DC - Las Vagas - Son Francisco	4	~	×