ĕ ⊠	Yes	child because	sactions, or liabilities of a spouse or dependent child because with the Committee on Ethics.	1" income, trans	<b>EXEMPTION</b> —Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities they meet all three tests for exemption? Do not answer "yes" unless you have first consulted with the Committee on
No No	Yes	closed. Have you	d certain other "excepted trusts" need not be disclosed. Have you	on Ethics and dependent chil	TRUSTS—Details regarding "Qualified Blind Trusts" approved by the Committee on Ethics and certain other "excepexcluded from this report details of such a trust benefiting you, your spouse, or dependent child?
S	QUESTIONS	EACH OF THESE QU	INFORMATION — ANSWER EACH OF	TINFORI	EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST
the onse.	wered and Yes" respo	must be ansved for each "	Each question in this part must be answered and the appropriate schedule attached for each "Yes" response		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.
S S	Yes	arrangement with	IX. Did you have any reportable agreement or arrangement with an outside entity? If yes, complete and attach Schedule IX.		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.
N <sub>S</sub>	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.	S	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.
<u>8</u>	Yes	d receive any n the reporting 3)?	VII. Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than \$335 from one source)?  If yes, complete and attach Schedule VII.	No	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.
<sub>S</sub>	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 \$335 and not otherwise exempt)?  If yes, complete and attach Schedule VI.	8	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	PRELIMINARY INFORMATION — ANSWER EACH
assessec more than	\$200 penalty shall be assessed painst anyone who files more than days late.	A \$200 penalty shall be assessed against anyone who files more than 30 days late.	or Employing Office:  Termination Date:	Officer or Employee	Filer Status Member of the U.S. State: A Z Status House of Representatives District: 5  Report Annual (May 16, 2011) Amendment
RED	DELLYERED	TAND DA	Daytime Telephone: ఎ0ఎ・ఎఎ5- ३।१०	Daytime 1	Name: David Schweikert
Page 1 of 4 DURGE CENTER PM 3: 42	Page 1 of 4 EGISLATIVE RESOURCE CENTER 7011 MAY 16 PM 3: 42	70111 -EGISL/	Form A For use by Members, officers, and employees	MENT	UNITED STATES HOUSE OF REPRESENTATIVES CALENDAR YEAR 2010 FINANCIAL DISCLOSURE STATEMENT

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#### SCHEDULE I—EARNED INCOME

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.

Source	Туре	Amount
Keene State	Approved Teaching Fee	\$6,000
	Legislative Pension	\$9,000
Civil War Roundtable (Oct. 2nd)	Spouse Speech	\$1,000
Ontario County Board of Education	Spouse Salary	NA
Sheridan Equities LLC	Business	44,000
Sheridan Equities Holdings LLC	Business	330,000
Scottsdale Eye Surgery	Spause Salory	NA
		,

American Century Equity	Deserved comp (450)	m Koui	Sheridan Equition LLC		SP, Mega Corp. Stock  DC, Examples: Simon & Schuster	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 which generated more than \$200 in "unearned" income during the year.  Provide complete names of stocks and mutual funds (do not use ticker symbols.)  For all IRAs and other retirement plans (such 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 retirement accounts which are not self-directed, provide only the name of the institution holding the account and its value at the end of the reporting period.  For rental or other real property held for investment, provide a complete address.  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); any deposits totaling \$5,000 or less in a personal checking or saving 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.	BLOCK A
~ >	>	×	×	×	Indefinite	Value of Asset   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.   S1,001 - \$15,000   E   F   G   S250,001 - \$500,000   F   G   S250,001 - \$500,000   F   G   S1,000,001 - \$50,000,000   F   G   S25,000,001 - \$50,000,000   F   G   S25,000,001 - \$50,000,000   F   G   S25,000,001 - \$50,000,000   F   G   S25,000,000   F   G   S25,000,000   F   G   S25,000,001 - \$50,000,000   F   G   S25,000,000   F   G   S25,0	BLOCK B
	Retirence	13 USI Me 55	Business	×	A A Royalties	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 reinvested, must be disclosed as income. Check "None" if the asset generated no income. Check "None" if the asset generated no income during the reporting period.  EXCEPTED/BLIND TRUST  Other Type of Income (Specify: e.g., Partnership Income or Farm Income)	BLOCK C
		×.	*	×	X	## Amount of Income  For retirement accounts that do not allow you to choose specific investments of that generate tax-deferred income (such as 401(k) plans or IRAs), you may check the "None" column. For all other assets, indicate: the category of income (such as income. St., indicate: the category of income of the appropriate box below.  ### St., 1,001 - \$1,000  ### St., 1,001 - \$5,000  ### St., 1,001 - \$5,000  ### St., 1,001 - \$5,000  ### Williams that do not allow you may check the "None" reinvested, must be disclosed as income. Check "None" if no income of the properties of the st. 1,000,000  ### St., 1,000,000  ##	BLOCK D
		S (Partial)			o (partial)	Transaction Indicate if the asset had purchases (P), sales (S), or exchanges (E) exceeding \$1,000 in reporting year. If only a portion of an asset is sold, please indicate as follows: (S) (partial) See below for example.  P, S, E	BLOCK E

### SCHEDULE III—ASSETS AND "UNEARNED" INCOME

Name Schweißert David Page 4 of 9

Mone   Year-End   Ye	Continuation Sheet (if needed)			
None	Asset and/or Income Source	BLOCK B Year-End Value of Asset		BLOCK D Amount of Income
None	SP	B C D E F G H - J K	īT	
None	DC,	000 0,000 50,000 00,000 000,000 5,000,000	IND TRUST	0 00 000 00,000
Tate Retirement XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX		\$1 - \$1,000 \$1,001 - \$15,000 \$15,001 - \$50,00 \$50,001 - \$100,0 \$100,001 - \$250, \$250,001 - \$500, \$500,001 - \$1,00 \$1,000,001 - \$5,6 \$5,000,001 - \$25 \$25,000,001 - \$25	DIVIDENDS RENT INTEREST CAPITAL GAINS EXCEPTED/BLIN Other Type of Inc (Specify: e.g., Partnership Incom	\$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
Tate Retirement    Hurteen Voyage   Y   X   Retirement   Y				
Hurtien, Voyage XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	State			X
Huttery Voyage XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX				
SERVIN INCOM!  Y  SEE SE COW  X  RETURNATY			t	
Target browser  Target browser  Target browser  X  X  X  X  X  X  X  X  X  X  X  X  X	Growin/ In	7	$\top$	
Tayor Bond X  Tayor Bond X  TOS MONT See X  TO				
Tayael Growth X  Tayael Growth X  Tos Mort see	_	66 BEL	<b>E</b>	
Property  Property  Solution  April 18	1	*		-
TUS MOTT Sec X  TVS INT SOU X  YNU LYNCK  YNU LYNCH  YNU LYNCK  YN	mt 06 1	*		7
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Property  SEE SECOWY  Retirment X  Retirment X  SEE SECOWY  Retirment X	SC GR D	y		7
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	97 11	×	*	×

#### SCHEDULE V— LIABILITIES

Name Schweikert, David

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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. Exclude: Any mortgage on your personal residence (unless it is rented out); 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.

S.P.		Date Liability Incurred		1 1	-11	В	B C	B C	B C	Amount of Liabilit	B C D E F G T
Ħ,D.	Creditor	Mo/Year	Type of Liability	ility	\$10,001- \$15,000	\$10,001- \$15,000 \$15,001- \$50,000	\$10,001- \$15,000 \$15,001- \$50,000 \$50,001- \$100,000	\$10,001- \$15,000 \$15,001- \$50,000 \$50,001- \$100,001- \$250,000 \$250,001-	\$10,001- \$15,000 \$15,001- \$50,000 \$50,001- \$100,001- \$250,000	\$10,001- \$15,000 \$15,001- \$50,000 \$50,001- \$100,001- \$250,000 \$250,000 \$500,000	\$10,001- \$15,000 \$15,001- \$50,000 \$50,001- \$100,000 \$250,001- \$500,000 \$500,001- \$1,000,000
	Example: First Bank of Wilmington, DE	May 1998	Mortgage on 123 Main St., Dover,	St., Dover, DE	St., Dover, DE	St., Dover, DE	St., Dover, DE X	DE	DE	DE	DE
ds	Chase	2005	NOTE - 11011 4 92 W	1924	9244	1924	1 92 W				
	Sallie Mac	2003	STUDENT LOW	3	7		×				
	Metro Phoenix Bank	2010	NOTE- Shevillan Equi	Equities	Louities	Levities X	1107	1107	1103	1103	1103

#### **SCHEDULE VI— GIFTS**

**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 \$134 or less need not be added towards the \$335 disclosure threshold. Report the source, a brief description, and the value of all gifts totalling more than \$335 received by you, your spouse, or a dependent child from any source during the year.

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 Standards)	\$345
	/ / /	

#### SCHEDULE VIII—POSITIONS

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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
Broker (Managing Manihar)	Broker (Moneying Minimar) Sheridan Equities LLC
Managing Wenther	Sheridan Equities Holdings LLC
Administrator	Scottsdare Eve Survey - 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
11/2010	11/2010 Sherldon Equities Holdings LLC	Sheriday Equities Holdings, LLC has An
_	,	AGILLEMENT with SWARTL + Blough to For A
	Swarlz + Browsh inc.	fortion of Residual Facity on the Partnerships
		Formally managed participates in by sherings a squite tell
		Now controlled by Swartz + Brough The Upon The Cicuinstina
		of Real Astate Holdings.

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#### SCHEDULE IV— TRANSACTIONS

Name Schverker, DAVIA

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Pype or dependent child funds the reporting period of any security or rail period only held for investment that consided \$1,000, include intrassactions and period of the resolution of the consideration of the considera
PURCHASE   SALE   SALE   SALE   SAL
PURCHASE   Of Transaction   Type
PURCHASE   SALE   SALE   SALE   SAL
Check Box if Capital Gain Exceeded \$200
Check Box if Capital Gain Exceeded \$200
Check Box if Capital Gain Exceeded \$200
Gain Exceeded \$200
\$1,001- \$15,000   X   \$15,001- \$50,000   C   \$100,001- \$250,001   M   \$250,001   M   \$500,001   M   \$1,000,000   T   \$1,000,000   C   \$1,000,000   T   \$1,000,000   C   \$1,000,000   T   \$5,000,000   C   \$5,000,001   T   \$5,000,000   T   \$5,000
\$15,000
\$50,000 B \$50,001- \$100,000 C \$100,001- \$250,001 m \$250,001- \$500,000 m \$500,001- \$1,000,000 G \$1,000,001- \$5,000,000 G \$5,000,000 G \$5,000,000 G
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## SCHEDULE VII — TRAVEL PAYMENTS AND REIMBURSEMENTS

or were paid by you and reimbursed by the sponsor. 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 Identify the source and list travel itinerary, dates, and nature of expenses provided for travel and travel-related expenses totalling more than \$335 received by

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.

Source	Date(s)	City of Departure—Destination— City of Return	Lodging? (Y/N)	Food? (Y/N)	Was a Family Member Included? (Y/N)
	Mar. 2	DC—Chicago—DC	Z	Z	Z
Roycroft Corporation	Aug. 6–11	DC—Los Angeles—Cleveland	Υ	¥	Υ
N/N					
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# SCHEDULE II—PAYMENTS MADE TO CHARITY IN LIEU OF HONORARIA

lope for transmitting the list is included in each Member's filing package. 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 enve-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

Source	Activity	Date	Amount
Association of American Associations, Washington, DC	Speech	Feb. 2, 2010	\$2,000
	Article	Aug. 13, 2010	\$500
N/A			
			La de La companya de la constanta de la consta