□	child because Yes	resactions, or liabilities of a spouse or dependent child because with the Committee on Standards of Official Conduct.	d" income, tran	EXEMPTION —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 or
No X	trusts" need not Yes	s of Official Conduct and certain other "excepted trusts" need not spouse, or dependent child?	on standards	TRUSTS—Details regarding "Qualified Blind Trusts" approved by the Committee on standards of Official Conduct a be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent
SNO	NSWER EACH OF THESE QUESTIONS	- A	TINFOR	EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION
and the ∋sponse.	nust be answered ed for each "Yes" re	Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.	No No	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 No	arrangement with Yes	IX. Did you have any reportable agreement or arrangement with an outside entity? If yes, complete and attach Schedule IX.	No	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.
 ≥ ⊠	r 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 N	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.
\$ []	receive any the reporting Yes 2	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.	₹ <u>X</u>	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.
 § ⊠	receive any regating more Yes	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.	S S	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 if yes, complete and attach Schedule I.
		E QUESTIONS	OF THESE	PRELIMINARY INFORMATION — ANSWER EACH
	against anyone who files more than 30 days late.		Employee	House of Representatives Annual (May 15)
he assessed	A ¢200 nenalty shall	or Employing Office:	Officer or	Member of the U.S. State:
2009 MAY 13 PH 2: 07	2009 MAY 13 PM 2: 07	Daytime Telephone: ショーショケー 6///	Daytime	Name: ALLYSON Y. SCHWARTZ
HAND DELIVERED	HANDD	Form A For use by Members, officers, and employees	MENT	UNITED STATES HOUSE OF REPRESENTATIVES CALENDAR YEAR 2008 FINANCIAL DISCLOSURE STATEMENT

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ALLYSON	
Y. SHWARTZ	
Page 1	

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

Source Type Am	Туре	Amount
Keene State	Approved Teaching Fee	\$6,000
	Legislative Pension	\$9,000
Examples: Civil War Roundtable (Oct. 2nd)	Spouse Speech	\$1,000
Ontario County Board of Education	Spouse Salary	NA
Commonwealth of PA	legislatur Pension	18,340.
University of PA	Spause's Palas	NA
	•	

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7 1	-	=	17	77			8	rep not acc per trac of less instelless inte Gov or it in the option	ldel duc exc od, whi incc nan tick clien c
Health &	\$	Lidely Misselfor	Fidelish Equish II	Fidelity Growth + France		Examples: Simon & Schuster	Sp. Meda Corp. Stock	each asset in the account that exceeds the reporting threshold. For retirement plans that are not self-directed, name the institution holding the account and its value at the end of the reporting period. For an active 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 additional information, see the instruction booklet. Exclude: Your personal residence(s) (unless there is rental income); any debt owed to you by your spouse, or by you or your spouse's child, parent, or sibling; any deposits totalling \$5,000 or less in personal savings accounts; any financial interest in or income derived from U.S. Government retirement programs. 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 (JT), in the optional column on the far left.	BLOCK A Asset and/or Income Source 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 asset or sources of income which generated more than \$200 in "unearned" income during the year. For rental property or land, provide a complete address. Provide full 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 and income information on
							_	None >	- SEG - 2.95
						<u> </u>		\$1 - \$1,000	Indicate reporting method please s If an ass year any generate "None."
8 x	× [X	~<	\prec		Indefinite	\Box	\$1,00 <u>1</u> - \$15,000	rting ood o
						ē		\$15,001 – \$50,000	Value value J year. other t pecify t pecify t et was s et was s d incored
						-	×ļ	\$50,001 - \$100,000 m	BLOCK B 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. If an asset was sold during the reporting year and is included only because it generated income, the value should be "None."
					×			\$100,001 - \$250,000	BLOCK B Je of Asset of asset at close If you use a valuat than fair market val the method used. sold during the report cluded only because me, the value should
							_	\$250,001 – \$500,000 °C	X B Ass ou carried tair tair heth
							_	\$500,001 - \$1,000,000	sse sse et : sse :
							_	\$1,000,001 - \$5,000,000	at cat cat cat cat cat cat cat cat cat c
						-		\$5,000,001 - \$25,000,000	cau
 				<u> </u>			+	\$25,000,001 - \$50,000,000	e of ation alue, rting se it
					L		4	Over \$50,000,000	g ± g ° ≥ 5
26		~			<u> </u>		_	NONE	Che che all che ate
XX	×	4	<	<u> </u>	Ļ	H	<u>~</u>	DIVIDENDS	BLOCK Type of In Check all columns or au retirement plans or au not allow you to c investments, you may all other assets incit indicate the type of in- ing the appropriate Dividends and intere vested, should be lise Check "None" if asset ate any income during
			<u> </u>		×		+	INTEREST	all
X X		$\overline{\times}$	7	~			$\frac{1}{2}$	CAPITAL GAINS	BL BL Columbia Sets Sets type of the pproduced by the ppr
	\times	$\stackrel{\wedge}{\rightarrow}$				1	7	EXCEPTED/BLIND TRUST	BLOCK C Type of Inc Ill columns the plans or account to plans or account to change of inclusions assets inclusions appropriate appropriate appropriate appropriate and interessists and interessing appropriate the property of the plant of the pl
						Royalties		Other Type of Income (Specify: For Example, Partnership Income or Farm Income)	BLOCK C Type of Income Check all columns that apply. For retirement plans or accounts that do not allow you to choose specific investments, you may write "NA." For all other assets including all IRAs, indicate the type of income by checking the appropriate box below. Dividends and interest, even if reinvested, should be listed as income. Check "None" if asset did not generate any income during calendar year.
XX	× `	X	X	X			_	None -	not not or che
					ļ		_	\$1 - \$200 =	Amount of Income For retirement plans or accounts that do not allow you to choose specific investments, you may write "NA" for income. For all other assets, including all IRAs, indicate the category of income by checking the appropriate box below. Dividends and interest, even if reinvested, should be listed as income. Check "None" if no income was earned or generated.
				<u> </u>	 		4	\$201 − \$1,000 ≡	An You you other of the rate o
				-	_		겍	\$1,001 ~ \$2,500 <	BLOCK D Amount of Income ment plans or accounts you to choose specific you may write "NA" for i ther assets, including a the category of inco j the appropriate box ds and interest, even should be listed as it None" if no income was ated:
	T-1-1		<u> </u>		_		+	\$2,501 ~ \$5,000 <	BLOCK D bunt of Inco t plans or acco to choose sp ay write "Na" assets, includi category of appropriate ad interest, e ild be listed 'if no income
		-	<u> </u>		×	\vdash	-}	\$5,001 - \$15,000 \(\leq\$	Of I
					\vdash		-	\$15,001 \$50,000 \(\leq\)	ncc accc specc specc specc NA ³ NA ³ NA ⁴ it, e
				<u> </u>	┡	×	$-\dagger$	\$50,001 − \$100,000 ≦ \$100,001 − \$1,000,000 ∞	DIME Dunts ecificit for for for for box ven was was inco
					十		_	\$1,000,001 - \$5,000,000 ×	ome ounts that do ecific invest- for income. ing all IRAs, income by box below. wen if rein- as income. was earned
	\dashv			 	✝		-+	Over \$5,000,000 ×	t do me. by how. ned
S (PACTIA)	S (Pactial						S (partial)	portion of an asset is sold, please indicate as follows: (S) (partial) See below for example. P, S, E	BLOCK E Transaction Indicate if the asset had purchases (P), sales (S), or exchanges (E) exceeding \$1000 in reporting year.

SCHEDULE III—ASSETS AND "UNEARNED" INCOME

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Continuation Sheet (if needed) SP, DC PNCBank Fidelity Treedom Commonoverett of 69 292 VANSUNA Franklin Templeta - Wictual Beacon VAN SURCH Asset and/or Income Source VANSUND LINCOLN VANSURO Schus & 5'10 CINCEHN Lincoln lelaum Social Amaiene Lineal Melavane Special Official UBS . T. News Price Simall Coop I Staeli T. Rowellice Small Cap Janus Capital Approximat us Grant Bonds Relawas Gentle The 500 Index Reloundie Fixed Hall CAR KILTUAL 000 0 Deferred Comparate Sarz Accor marix Bond ⋗ None ₿ \$1 - \$1,000 × \times $\times \mid \times$ O \$1,001 - \$15,000 X X メメ O \times \$15,001 - \$50,000 Value of Asset Е メブメ \$50,001 - \$100,000 Year-End BLOCK B חד × \$100,001 - \$250,000 Ω \$250,001 - \$500,000 I \$500,001 - \$1,000,000 \$1,000,001 - \$5,000,000 \$5,000,001 - \$25,000,000 ᄌ \$25,000,001 - \$50,000,000 Over \$50,000,000 NONE XX X X < X X X × DIVIDENDS \prec RENT X × \times **INTEREST** of income BLOCK C Type X X < × × X $\times | \times$ メズズ CAPITAL GAINS EXCEPTED/BLIND TRUST Retineunon Ξ ~ Ξ $\overline{}$ 7 ₹ Other Type of Income = ~ Ξ 7 ~ =~ $\overline{}$ Ξ (Specify) λ X \star く \checkmark \times \times X \times × None \$1 - \$200 Amount of Income = \$201 - \$1,000 7 \prec × \$1,001 - \$2,500 < BLOCK D \$2,501 ~ \$5,000 JCHWARTZ VI VII VIII IX \$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 Transaction BLOCK E சு.வள -of-e (PACTIA)

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SCHEDULE III—ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed) 5/ 5 ဌ g ŞP, Univ. 4 () Williams & 230st Asset and/or Income Source VAnsons VANGUAS Wellington TIAA CREE TIMA CREF M-Vangery US Goowth 16al Estate Social Choic Welles 10 Gossel lak VANGUAL 500 RAMISURA VITOSAN Gow to Tricon rixed Social Change Lecky Acct Michow) More ties to 11111 ≻ None œ \$1 - \$1,000 \times O \times \$1,001 - \$15,000 X × $\times \times$ × O \$15,001 - \$50,000 Value of Asset Ш \$50,001 - \$100,000 Year-End BLOCK B TI \$100,001 - \$250,000 Ω \$250,001 - \$500,000 I \$500,001 - \$1,000,000 \$1,000,001 - \$5,000,000 \$5,000,001 - \$25,000,000 ᄌ \$25,000,001 - \$50,000,000 _ Over \$50,000,000 NONE \times メメメ DIVIDENDS ゟメ RENT \times \times X INTEREST of Income BLOCK C \prec \times Type \prec X CAPITAL GAINS **EXCEPTED/BLIND TRUST** Rental HETITERIEM Ceal Estate Other Type of Income Ξ Ξ ~ (Specify) たろとさ X K K X × $\times \times$ \times None \$1 - \$200 Amount of Income \$201 - \$1,000 \$1,001 - \$2,500 JOHNA72 BLOCK D \$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 Transaction BLOCK E 4 of 1 անտա

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SCHEDULE IV— TRANSACTIONS

Name ALLYSON Y. SCHWARTZ Page 5 of 6

Report any purchase, sale, or exchange by you, your spouse, or dependent child during the reporting year of any real property,	of Tra	Type of Transaction	tion	Date		•	Am	Amount of Transaction	of T	rans	actio	ĭ		
stocks, bonds, commodities futures, or other securities when the amount of the transaction exceeded \$1,000. Include transactions				(MO/DAY/YR)	₩.	ဂ	0	m	וד	ရ	I	-	د	x
that resulted in a loss. Provide a brief description of any exchange transaction. Do not report a transaction between you, your spouse, or your dependent child, or the purchase or sale of your personal	IRCHASE	LE	CHANGE	Quarterly, Monthly, or Bi-weekly, if		000	,000	,001- ,000	,001- ,000	,001- 00,000	00,001- 00,000	00,001- 000,000	000,001- 000,000	000,000
sold, please so indicate (i.e., "partial sale"). See example below.	P	S	E	applicable	\$1,0 \$15	\$15 \$50		\$25	\$50		\$5,	\$25	\$50	950
SP, DC, JT Asset														
Example: Mega Coporation (×		10-12-08		×								
VANSUARD 500 Index		Partial		80-91-9	×					·				
IT VANGUAN WINDSGE IT		(Pertial)		6 10-08	*							·		
47 Mangetard Health CAR		Partial)		80-10-9	×									
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Name
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Y. SCHWARTZ
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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 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 or were paid by you and reimbursed by the sponsor.

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

				;	Was a Family	
Source	Date(s)	City of Departure—Destination— City of Return	(Y/N	(XX)	Member Included? (Y/N)	at sponsor's expense
Chicago Chamber of Commerce	Mar. 2	DC—Chicago—DC	z	z	Z	None
Roycroft Corporation	Aug. 6-11	DC—Los Angeles—Cleveland	Ý	Ý	~	2 Days
Bi-partisan Farry on Healthan April 28		PHL-Cinicinineti, Ohio-DC	ح.	4	ح	None
(Pd. by The Ingressing FishWk						
Donavaki badashing Games and						
Cincinnali Childran's medical Gabr						