es No 🗾	child because <b>Yes</b>	sactions, or liabilities of a spouse or dependent with the Committee on Ethics.	l" income, tran	<b>EXEMPTION</b> —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.
es No V	closed. Have you Yes	d certain other "excepted trusts" need not be disclosed. Have you ild?	on Ethics and dependent ch	<b>TRUSTS</b> —Details regarding "Qualified Blind Trusts" approved by the Committee on Ethics and certain other "except excluded from this report details of such a trust benefiting you, your spouse, or dependent child?
es No V	Yes		ıblic Offering?	IPO—Did you purchase any shares that were allocated as a part of an Initial Public Offering?
STIONS	F THESE QUE	MATION — ANSWER EACH OF THESE QUESTIONS	T INFOR	EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION
red and the s" response.	must be answer	Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.	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.
Yes No		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.
Yes No		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.
Yes No V		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.	<u>×</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.
Yes No No	Φ	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	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
no mes more man	30 days late.	Termination Date:		Report Annual (May 15, 2013) Amendment
\$200 penalty shall be assessed	A \$200 penalty s	r Employing Office:	Officer or Employee	Status Member of the U.S. State: A-Z House of Representatives District:
RESONTATIVES	U.S. HOUSE OF GREEN SON TATIVES			
PH 12: 10	2013 MAY 15 PM 12: 10	Daytime Telephone	Daytime 1	Name: Schwei hert Divil
CURCE CENTER	LEGISLATIVE RESOURCE CENTER			
RED M	DELIVERED	Form A For use by Members, officers, and employees	MENT	UNITED STATES HOUSE OF REPRESENTATIVES CALENDAR YEAR 2012 FINANCIAL DISCLOSURE STATEMENT

 Name Schweikert
David
Page

## 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	8,000
Sherilan Fourties Hotelinus LLC	BUSIMYSS	94,000
Scotts Vale Eye Surgery	Spause Salary	NA
	,	

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Ĺ	Brown Cap, many	DeFerred comp	`	Sheridan Equities Holdings	Sheridan Equities	JT 1st Bank of Paducah, KY Accounts	Examples:	SP, SP Mega Corp. Stock	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.  For a detailed discussion of Schedule III requirements, please refer to the instruction booklet.	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.	i For rental or orner real property neig for investment, provide a complete address or a description, e.g., "rental property," and a city and state.	For <b>all IRAs</b> and other retirement plans (such as 401(k) plans) provide the value for each asset held in the account that exceeds the reporting thresholds.	Provide complete names of stocks and mutual funds (do not use ticker symbols.)	the end of the reporting period, and (b) any other reportable asset or sources of income which generated more than \$200 in "unearned" income during the year.	Identify (a) each asset held for investment or production of income with a fair market value exceeding \$1,000 at	Asset and/or Income Source	BLOCK A
γ	×			×	×	×	Indefinite	×	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 - \$50,000,000 \$25,000,001 - \$50,000,000 Over \$50,000,000 Spouse/DC Asset over \$1,000,000*	DU CO		* This column is for assets held solely by your spouse or dependent child.	If an asset was sold during the reporting year and is included only because it generated income, the value should be "None."	fair market value, please specify the method used.	Indicate value of asset at close of reporting year. If you use a valuation method other than	Value of Asset	вгоск в
Y Ret	x Ret			Bysin	BV4n	×	Royalties	×	NONE DIVIDENDS RENT INTEREST CAPITAL GAINS EXCEPTED/BLIND TRUST TAX-DEFERRED Other Type of Income (Specify: e.g., Partnership Income or Farm Income)	ome)		vested, must be income. Check "No generated no inco reporting period.	IRAs), you may check the "Tax- Deferred" column. Dividends, inter- est, and capital gains, even if rein-	allow you to choose specific iments or that generate tax-de income (such as 401(k) pla	Check all columns that apply. For retirement accounts that do not	Type of Income	BLOCK C
<b>x</b>	*			X	X X	×	×	×	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*		Service Servic	* This column is for income generated by assets held solely by your spouse or dependent child.		"None" column. For all the category of incolumn appropriate box below.	For assets for which you checked "Tax- Deferred" in Block C, you may check the	Amount of Income	BLOCK D
								S (partial)	follows: (S) (partial) See below for example.  P, S, E	an asset is sold, please indicate as	If only a		\$1,000 in reporting	(P), sales (S), or exchanges (E) exceeding	asset had	Indicate if the	BLOCK E

SCHEDULE III—ASSETS AND Continuation Sheet (if needed)	ASSETS AND "UNEARNED" INCOME (if needed)	Name Sc.	weikert, David	Page 4 of 8
BLOCK A  Asset and/or Income Source	BLOCK B Year-End Value of Asset	BLOCK C Type of Income	BLOCK D  Amount of Income	BLOCK E
S.P.	0 🗷	T		
DC,	\$15,000 - \$50,000 - \$100,000 - \$250,000 - \$500,000 - \$1,000,000 01 - \$5,000,000 01 - \$50,000,000	T GAINS ED/BLIND TRUST	2,500 6,000 15,000 \$50,000 \$100,000 -\$1,000,000 -\$5,000,000	Income over \$1,000,00
	\$100,001 \$250,001 \$500,001 \$1,000,00 \$5,000,00 \$25,000,0 Over \$50,0	TAX-DEFE Other Type (Specify: e	<del> </del>	Spouse/DC I
AZ STute Retirement		Ret		
Marnopa co tay Lien	~	X X	×	
Putnum Vavier	×	X Ref	×	
G	X		X	
W+12 Turvel Growth	*	X R-7	7	
tus Bo	X		<b>y</b>	
	×		*	
Advantus Idx 500	X \	Y Ret	<b>Y</b>	
Merric Lynch				
<i>, 1</i> ,	X	Y Ret	X	
BLKRK SC GR B	X		7	
LKRK LG	×	X Rv1	7	
BLKRK GOVTING B	×	Y PAT	*	

None   None	SCHEDULE III — ASSETS AND Continuation Sheet (if needed)	-ASSETS AND "UNEARNED" INCOME	Name $\int_{\mathcal{C}}$	hweikert, Dar
None   >	Asset and/or Income Source	BLOCK B Year-End Value of Asset	BLOCK C Type of Income	BLOCK D  Amount of Inc
None	SP,	B C D E F G H - J K C C C C C C C C C C C C C C C C C C		) = = = <
None	DC,	\$15,000 - \$50,000 - \$100,000 1 - \$250,000 1 - \$500,000 1 - \$1,000,000 01 - \$5,000,000 01 - \$25,000,000 001 - \$50,000,000 0,000,000	ST GAINS ED/BLIND TRUST FERRED pe of Income	,000 \$2,500 \$15,000
TISIN 92 W ST X X X X X X X X X X X X X X X X X X		\$1 - \$1,000 \$1,001 - \$ \$15,001 - \$ \$50,001 - \$ \$100,001 - \$ \$250,001 - \$ \$500,001 - \$ \$1,000,001 \$5,000,001 \$25,000,000 Over \$50,00	DIVIDENDS RENT INTEREST CAPITAL G EXCEPTED TAX-DEFE	None \$1 - \$200 \$201 - \$1,00 \$1,001 - \$2, \$2,501 - \$5,
TIS/11 × X	ental P			
Ms/no BZ	11 N 92 NO ST	*	*	×
	Milor BZ			

### SCHEDULE V— LIABILITIES

Name Schweikert David

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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. during the year. Nembers: Members are required to report all liabilities secured by real property including mortgages on their personal residence. Exclude: Any mortgage on your personal 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

Date Liability Incurred Mo/Year  Type of Liability  OSO OSO OSO OSO OSO OSO OSO OSO OSO O	Type of Liability  A B  Mortgage on 123 Main St., Dover, DE  S15,000 S15,000 S50,000	Type of Liability  A B C S S S S S S S S S S S S S S S S S S	Type of Liability  A B C D  \$10,001- \$15,000 \$15,001- \$50,000 \$50,001- \$100,000 \$250,000 \$250,000 \$250,000	Type of Liability  A B C D  \$10,001- \$15,000 \$15,001- \$50,000 \$50,001- \$100,000 \$250,000 \$250,000 \$100,0001- \$250,000	Type of Liability   Amount of Liability	Type of Liability  A B C D  \$10,001- \$15,000 \$15,001- \$50,000 \$50,001- \$100,000 \$250,000 \$250,000 \$100,0001- \$250,000	Mortgage on 123 Main St., Dover, DE  \$10,001- \$15,000 \$15,001- \$50,000 \$50,000- \$250,000 \$250,000- \$500,000- \$5,000,000- \$5,000,000- \$5,000,000- \$5,000,000- \$5,000,000- \$5,000,000- \$5,000,000- \$5,000,000- \$5,000,000- \$5,000,000- \$5,000,000- \$5,000,000- \$5,000,000- \$5,000,000- \$5,000,000- \$5,000,000- \$5,000,000- \$5,000,000-
\$10,001-	\$10,001- \$15,000 > \$15,001- \$50,000 w	\$10,001- \$15,000 > \$15,001- \$50,000	\$10,001- \$15,000 > \$15,001- \$50,000	\$10,001- \$15,000 > \$15,001- \$50,000	\$10,001- \$15,000 B \$15,001- \$50,000 C \$50,001- \$100,000 C \$250,001- \$250,001- \$500,000 III \$500,000 III \$1,000,001- \$1,000,000 G	\$10,001- \$15,000 B \$15,001- \$50,000 C \$50,001- \$100,000 C \$250,001- \$500,000 m \$500,001- \$1,000,000- \$5,000,001- \$5,000,001- \$5,000,001- \$25,000,001- \$25,000,001- \$25,000,001- \$25,000,000-	\$10,001- \$15,000 B \$15,001- \$50,000 C \$50,001- \$100,000 C \$250,000 M \$250,001- \$500,000 M \$5,000,000 M \$5,000,000 D \$5,000,000 D \$5,000,000 D \$5,000,000 D \$5,000,000 D \$5,000,000 D \$5,000,000 D \$5,000,000 D \$25,000,000 D
	\$15,000 \$15,001- \$50,000 <b>w</b>	\$15,000 P \$15,001- \$50,000 W \$50,001- \$100,000 C	\$15,000	\$15,000 P \$15,001- \$50,000 B \$50,001- \$100,000 C × \$100,001- \$250,000	\$15,000 B \$15,001- \$50,000 C \$50,001- \$100,000 C  \$100,001- \$250,000 M \$250,000 M \$500,001- \$500,000 M \$500,001- \$1,000,000 G \$1,000,001- \$5,000,000 G	\$15,000 B \$15,001- \$50,001- \$100,000 C  \$100,001- \$250,001- \$500,001- \$1,000,000 T  \$1,000,001- \$5,000,001- \$5,000,001- \$5,000,001- \$5,000,001- \$25,000,000 H	\$15,000 B \$15,001- \$50,001- \$100,000 C  \$100,001- \$250,000 M  \$250,001- \$500,000 M  \$500,001- \$1,000,000 M  \$1,000,001- \$5,000,000 G  \$5,000,001- \$5,000,000 M  \$25,000,000 M  \$25,000 M
	\$50,000	\$50,000 <b>6</b> \$50,001- \$100,000 <b>7</b>	\$50,000	\$50,000 B \$50,001- \$100,000 C \$100,001- \$250,000 D	\$50,000 B \$50,001- \$100,000 C  \$100,001- \$250,000 m \$250,001- \$500,000 m \$500,001- \$1,000,000 T \$1,000,000 G	\$50,000 B  \$50,001- \$100,000 C  \$100,001- \$250,000 E  \$500,001- \$1,000,001- \$1,000,001- \$5,000,000 H  \$5,000,001- \$5,000,000 H	\$50,000

#### **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 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.

**Note:** The gift rule (House Rule 25, clause 5) prohibits acceptance of gifts except as specifically provided in the rule relationship to you. Gifts with a value of \$140 or less need not be added towards the \$350 disclosure threshold.

 l	 1	T		_	Г
			Example:		
			Example: Mr. Joseph H. Smith, Anytown, Anystate	Source	
	$\Lambda / / \Lambda /$		Silver Platter (determination on personal friendship received from Committee on Ethics)	Description	
			\$375	Value	

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# SCHEDULE VII — TRAVEL PAYMENTS AND REIMBURSEMENTS

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 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. **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)	Number of days <u>not</u> 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	Υ	Y	Y	2 Days
Club For Growth	Mar 8-10	DC-PB-DC	γ	y	Y	0
Heritage Foundation-RSC Jon 25-27 DC - Phl - DC	Jon 25-27	DC - PhL - DC	γ	<u> </u>	N	0

### SCHEDULE VIII—POSITIONS

Name Schweitert DANN

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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
John Milmonia	Sheridan Equition Lec -
Monoging Member	Monoging Member Sheriban 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 Sheridan Equities Holdings LLC	Sherinay Equites Holomos, LLL has An
		AGINEMENT WITH SWARTE + Browakta For A
	Swarlt & Brongh inc.	fortion of Presinual Equity on the Partnerships
		Now contains he Swarts + Brough Tar view The Ciquille 174
		of Real 4state Holdings.