

**UNITED STATES HOUSE OF REPRESENTATIVES**  
**CALENDAR YEAR 2008 FINANCIAL DISCLOSURE STATEMENT**

Form A  
 For use by Members, officers, and employees

**HAND DELIVERED**

LEGISLATIVE RESOURCE CENTER

Name: ALYSON Y. SCHWARTZ Daytime Telephone: 202-225-6111

2009 MAY 13 PM 2:07

(Office Use Only)

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)	<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 \$335 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 \$335 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**

TRUSTS—Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct 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 Standards of Official Conduct.	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>



2

# SCHEDULE III—ASSETS AND “UNEARNED” INCOME

Name

ALAN Y. SCHUBERTZ

Page 3 of 6

Continuation Sheet (if needed)

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	NONE	DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED/BLIND TRUST	Other Type of Income (Specify)	I	II	III	IV	V	VI	VII	VIII	IX	X	XI		
	Vanguard 500 Index			X											X			X		Retirement	X												S (Partial)
	Lincoln Fixed Account				X												X																
	Lincoln Delaware Bond				X															"													
	Lincoln Delaware Growth Fund				X													X		"	X												
	Lincoln Delaware Social Awareness				X													X		"	X												
	Lincoln Delaware Special Dividend			X														X		"	X												
	Lincoln Small Capital Appreciation				X													X		"	X												
	UBS - T. Rowe Price Small Cap					X												X		"	X												
	Commonwealth 499 Deferred Compant					X												X		"	X												
	Vanguard SICU Index				X													X		"	X												
SP	Fidelity Fund					X												X		"	X												
SP	UBS - T. Rowe Price Small Cap					X												X		"	X												
SP	Franklin Templeton - Mutual Research						X											X		"	X												
SP	Schwab SICU		X															X		"	X												
SP	Wachovia Mutual			X														X		"	X												
SP	Israel Bonds		X																	"													
SP	OneBank Fidelity Freedom				X													X		"	X												
SP	Vanguard Health Care					X												X		"	X												
SP	Vanguard 500 Index				X													X		"	X												
SP	Vanguard US Growth			X														X		"	X												
SP	BlackRock 500				X													X		"	X												

# SCHEDULE III—ASSETS AND "UNEARNED" INCOME

Name Allyson V. Schwartz

Page 4 of 4

Continuation Sheet (if needed)

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	NONE	DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED/BLIND TRUST	Other Type of Income (Specify)	I	II	III	IV	V	VI	VII	VIII	IX	X	XI	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								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		
SP	TINA-CAIR Fixed Account		X														X			Retirement													
SP	TINA-CAIR Growth Income			X											X			X		"	X												
SP	TINA-CAIR Social Change			X											X			X		"	X												
SP	UNV-CA - Vanguard 500				X										X			X		"	X												
SP	UNV-CA - Vanguard Microcap		X												X			X		"	X												
SP	UNV-CA - Vanguard US Growth		X												X			X		"	X												
SP	Vanguard Wellington					X									X			X		"	X												
SP	Vanguard Wellington														X			X		"	X												
SP	TINA Real Estate			X											X			X		"	X												
SP	CAIR Social Choice				X										X			X		"	X												
SP	TC Life Cycle			X											X			X		"	X												
SP	Williams Co. 23rd St. Properties, NY				X										X			X		Real Estate	X						X						
JT	House - 3 Gage/11th, Torc, MA						X													Rental		X											
JT	PNC Bank, Chocky, Met.			X													X				X												

500

### Amount of Transaction

**This page may be copied if more space is required.**

Name	Melton Y. Schwartz	Page	6	of	6
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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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