UNITED STATES HOUSE OF REPRESENTATIVES	•
2014 FINANCIAL DISCLOSURE STATEMENT	For Use by Members, Officers, and Employees
•	2015 AAY 15 PM 1:17 M
Name: Jchnerkert Devil Dayti	Daytime Telephone: 1/11 235 2196 PROS CETAS CLERK U.S. NOTSE OF REPRESENTATIVES (Office Use Only)
FILER STATUS Member of or Candidate for State: 42 U.S. House of Representatives District: 4	Officer or Employing Office: Employee
REPORT 2014 Annual (Due: May 15, 2015) Arr	Amendment Termination Date of Termination:
PRELIMINARY INFORMATION - ANSWER EACH OF THESE QUI	QUESTIONS
A. Did you, your spouse, or your dependent child: a. Own any reportable asset that was worth more than \$1,000 at the end of the reporting period? or b. Make more than \$200 in unearned income from any reportable asset during the reporting period?	No 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?
ident child purchase, sell, or real estate in a transaction resident Yes period?	No 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?
C. Did you or your spouse have "earned" income (e.g., salaries, honoraria, or pension/IRA distributions) of \$200 or more during the reporting period?	No H. Did you, your spouse, or your dependent child receive any reportable travel or reimbursements for travel totaling more than \$375 in value from a single source during the reporting period?
D. Did you, your spouse, or your dependent child have any reportable liability (more than \$10,000) at any point during the reporting period?	No I. 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?
E. Did you hold any reportable positions during the reporting period or in the current calendar year up through the date of filing?	No ATTACH THE CORRESPONDING SCHEDULE IF YOU ANSWER "YES"
IPO AND EXCLUSION OF SPOUSE, DEPENDENT, OR TH	DEPENDENT, OR TRUST INFORMATION - ANSWER <u>EACH</u> OF THESE QUESTIONS
IPO – Did you purchase any shares that were allocated as a part of an Initial Public Offering during the reporting period? If you the Committee on Ethics for further guidance.	ng during the reporting period? If you answered "yes" to this question, please contact Yes No
TRUSTS – Details regarding "Qualified Blind Trusts" approved by the Committee on Ethics and certain other "excepted trusts" this report details of such a trust that benefits you, your spouse, or your dependent child?	s and certain other "excepted trusts" need not be disclosed. Have you excluded from Yes No
EXEMPTION – Have you excluded from this report any other assets, "uneamed" income, transactions, or liabilities three tests for exemption? Do not answer "yes" unless you have first consulted with the Committee on Ethics.	transactions, or liabilities of a spouse or your dependent child because they meet all Yes No Mo

SCHEDULE A -

Α	- ASSETS 8
BLOCK B	- ASSETS & "UNEARNED INCOME"
BLOCK C	Name: Schweikert,
BLOCK D	David
BLOCKE	Page_ <u>}</u> of <u></u>

	Shoridan Fautus	Examples: Simon & Schuster	SP, SP Mega Corp. Stock Eff	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 Excapted Investment Fund, please check the "EIF" box. If you so choose, you may indicate that an asset or income 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 booklet.	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.	BLOCK A Asset and/or income Source Identify (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 1 (do not use only ticker symbols). For all IRAs and other retirement plans (such as 401(k) plans) provide the value for each asset held in the account that exceeds the reporting thresholds in the scount that exceeds the reporting thresholds.
	× ×	indefinite	×	\$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-\$25,000,000 \$5,000,001-\$25,000,000 \$5,000,001-\$25,000,000 \$25,000,001-\$25,000,000 \$25,000,001-\$25,000,000 \$25,000,001-\$25,000,000	A B C D E T G H - 5 K L	BLOCK B 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.
Byfing	hoome Bulling	Royalties	×	NONE DIVIDENDS RENT INTEREST CAPITAL GAINS EXCEPTED/BLIND TRUST TAX-DEFERRED Other Type of Income (Specify: e.g., Partnership Income or Farm Income)	Σ.	BLOCK C Type of Income a Check all columns that apply. For accounts that of generate tax-deferred income (such as 401(k), IRA, or 529 accounts), you may check the "Tax-Deferred" or the column. Dividends, increast, and capital gains, oven if rainvested, must be disclosed as income for assets held in taxable accounts. Check "None" hif the asset generated no income during the reporting period.
	**************************************		×	None \$1-\$200 \$201-\$1,000 \$1,001-\$2,500 \$2,501-\$5,000 \$5,001-\$15,000 \$15,001-\$100,000 \$100,001-\$1,000,000 \$1,000,001-\$5,000,000 Cver \$5,000,000 Spouse/DC Asset with Income over \$1,000,000*		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.
			S(part)	P, S, S(part), or E	Leave this column blank if there are no transactions that exceeded \$1,000.	BLOCKE Transaction Indicate if the asset had purchases (P), vales (S), or exchanges (E) exceeding \$1,000 in the reporting period. If only a portion of an asset was sold, please indicate as follows: (S (part)))

SCHEDULE A -
ASSETS &
"UNEARNED
) INCOME"

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						 	-		 	+							TAX-DEFERRED	BLOCK C Type of Income	j f	chweik
	RIT	Ret		Res	Ref		RIT	Ret	Ret				B#411+35		BIKITE		Other Type of Income (Specify: e.g., Partnership Income or Farm Income)	•		kert.
	×	٧,		×	×			×	×						X		None _		1	D _a
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					1						į	_					P, S, S(part), or E	BLOCK E Transaction		10

SCHEDULE B - TRANSACTIONS

Name: Schweikert

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Report any purchase, sale, or exchange transactions that exceeded \$1,000 in the reporting period of any security or real property held by you, your spouse, or your dependent child for investment or the production of income. Include transactions that resulted in a capital loss. Provide a biref description of an exchange transaction. Exclude transactions between you, your spouse, or dependent children, or the purchase or sale of your personal residence, unless it generated rental income. If only a portion of an asset is sold, please choose "partial sale" as the type of transaction. Capital Galms: If a sales transaction resulted in a capital gain in excess of \$200, check the "capital gains" box, unless it was an asset in a tax-deferred account, and disclose the capital gain income on Schedule A. SP, DC, JT * Column K is for assets solely held by your spouse or dependent child. g Example Mega Corp. Stock Réntaus-Asset Lemar Willetta Purchase Type of Transaction Partial Sale × Exchange Check Box if Capital Gain Exceeded \$200 × (MO/DAYR) or Quarterly, Monthly, or Bi-weekly, if applicable Date 3/5/14 111 \$1,001-\$15,000 > \$15,001-\$50,000 × œ \$50,001-\$100,000 c \$100,001-\$250,000 0 Amount of Transaction \$250,001m \$500,000 \$500,001-'n \$1,000,000 \$1,000,001-G \$5,000,000 \$5,000,001-I \$25,000,000 \$25,000,001-\$50,000,000 Over \$50,000,000 Over \$1,000,000* (Spouse/DC Asset) _

SCHEDULE C - EARNED INCOME

Name: Schweikert Daviv Page 5 of 10

he source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. government) totaling \$200 or more during the reporting period. For a spouse, list ource and amount of any honoraria; list only the source for other spouse earned income exceeding \$1,000. See examples below.	
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List # EXCLUDE: Military pay (such as National Guard or Reserve pay), federal retirement programs, and benefits received under the Social Security Act.

					Sheridan Equities Holdings	Scottsdure Eye Surgery - Spouse -	L	Examples: State of Maryand State of Maryandaha (Cot 2)	Source (include date of receipt for honoraria)	INCOME LIMITS and PROHIBITED INCOME: The 2014 limit on outside earned income for Members and employees compensated at or above the "senior staff" rate was \$26,955. In addition, certain types of income (notably honoraria, director's fees, and payments for professional services involving a fiduciary relationship) were totally prohibited.
					RUSINISS	prayas = snocts	Spouse Salary	Approved leaghing ree Legislative Pension	Туре	compensated at or above the "senior staff" rate p) were totally prohibited.
				,	93,000	NIA	WA	\$1,000 \$18,000	Amount	was \$26,955. In addition, certain

SCHEDULE D - LIABILITIES

Name: Schwelkert Page_ of | 6

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. 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 *Column K is for liabilities held solely by your spouse or dependent child.

			S.P.		
Wells	Metro	Example			
	o Phy Benk	First Bank of Wilmington, DE	Creditor		
2013	1007	5/98	Date Liability Incurred MO/YR		
Note - Residents	Note - Sheridan Eq.	Mortgage on Rental Property, Dover, DE	Type of Liability		
			\$10,001- \$15,000	>	
	×		\$15,001- \$50,000	8	
			\$50,001- \$100,000	n	
		×	\$100,001- \$250,000	D	
_			\$250,001- \$500,000	m	moun
			\$500,001- \$1,000,000	п	Amount of Liability
			\$1,000,001- \$5,000,000	ဓ	ability
			\$5,000,001- \$25,000,000	T	
			\$25,000,001- \$50,000,000	-	
			Over \$50,000,000	-	
			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, director, 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 (such as political parties and campaign organizations); and positions solely of an honorary nature.

Managing Member	Sheridan Equities LLC + Sheridan Equities Holdings LLE
Administrator (Spouse)	Scottsdare Ex- Surgary

SCHEDULE F - AGREEMENTS

Name: Schweikert. Daviv	
Page_ 7_ of _ / //	

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.

				,	0105/11	Date
					211 spanbloH svitive Harrish 1005/11	Parties to Agreement
Upon the completion sale.	Eq NOW CONTROLLED by SWARTZ + Prough	Formally managed / Participated in by Sheridan	251	auxisment with Swartz + Broven For a	Sheriden Equities Holding IIC has an	Terms of Agreement

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 Example: Mr. Joseph Snith, Arlington, VA	Description Silver Platter (determination of personal friendship received from the Ethics Committee)	Value \$400
		111111111111111111111111111111111111111

SCHEDULE H - TRAVEL PAYMENTS and REIMBURSEMENTS

	Name:
THE PERSON NAMED IN COLUMN 1	
	Page

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.

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\$								rxanharo.				
				2	1	1				Habitat for Humanity (charity fundraliser)	Government of China (MECEA)	Source
Approximate to the second seco								Mar. 3-4	Aug. 6-11	Date(s)		
								DC-Boston-DC	DC-Beijing, China - DC	City of Departure – Destination — City of Return		
								Υ	Υ	Lodging? (Y/N)		
								Υ	٧	Food? (Y/N)		
								Υ	z	Family Member Included? (Y/N)		

SCHEDULE I – PAYMENTS MADE TO CHARITY IN LIEU OF HONORARIA

Name:	
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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 in lieu of paying an honorarium to you. A separate confidential list of charities receiving such payments must be filed directly with the Committee on Ethics. Examples: Association of American Associations, Washington, DC XYZ Magazine Source Activity Speech Article Feb, 2, 2014 Aug. 13, 2014 Date **Amount** \$2,000 \$500

			NOTE
			NOTES