Office Use Office DELIVERED 2019 SEP -4 PM 12: 05 HAND Page 1 of 11

CALENDAR YEAR 2012 FINANCIAL DISCLOSURE STATEMENT UNITED STATES HOUSE OF REPRESENTATIVES Member of the U.S. House of Representatives State: ___ District: _ 8 Daytime Telephone: 202-225-2190 Officer or Employee For use by Members, officers, and employees Employing Office: Form A Termination Date:

Name:

DAVID SCHWEIKERT

PRELIMINARY INFORMATION — ANSWER EACH OF THESE QUESTIONS

Report Type

Annual (May 15, 2013)

×

Amendment

Termination

against anyone who files more than 30 days late. A \$200 penalty shall be assessed

Filer Status

the onse.	vered and Yes" respo	Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.	<u>8</u>	Yes ×	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.
<u>§</u>	Yes ×	IX. Did you have any reportable agreement or arrangement with an outside entity? If yes, complete and attach Schedule IX.	×	Yes	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.
S S	Yes	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	Yes ×	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	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.	×	Y ₀ s	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	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	Yes	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.

EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION — ANSWER EACH OF THESE QUESTIONS

No ×	Yes	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 Ethics.
×	Yes	TRUSTS—Details regarding "Qualified Blind Trusts" approved by the Committee on Ethics 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	IPO—Did you purchase any shares that were allocated as a part of an Initial Public Offering?

Name	
DAVID SCHWEIKERT	
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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
Evamples.	State of Maryland	Legislative Pension	\$9,000
Examples.	Civil War Roundtable (Oct. 2nd)	Spouse Speech	\$1,000
	Ontario County Board of Education	Spouse Salary	Ŋ
SCOTI	SCOTTSDALE EYE SURGERY	SPOUSE SALARY	N _A
STATE O	STATE OF ARIZONA RETIREMENT - EORP	STATE PENSION	\$39,326
		-	

Name
DAVID SCHWEIKERT

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SCHEDULE II — PAYMENTS MADE TO CHARITY IN LIEU OF HONORARIA

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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 an honorarium. A separate confidential list of charities receiving such payments must be filed directly with the Committee on Ethics. A green envelope for transmitting the list is included in each Member's filing package.

ope of animal grant of the second of the sec			
eounos	Activity	Date	Amount
Association of American Associations, Washington, DC	Speech	Feb. 2, 2012	\$2,000
Examples: XYZ Magazine	Article	Aug. 13, 2012	\$500
N/A			
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	:		

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CHASE BANK ACCOUNT		LOOMIS	BARON G	457 PLAN - AZ RETIREMENT		Examples:		accounts; and any financial inte from, a federal retirement pro Savings Plan. If you so choose, you may i income source is that of your se child (DC), or is jointly held wit optional column on the far left. For a detalled discussion of S please refer to the instruction i	Hude: Your nes and vac ome during t \$5,000 or	For an ownerst that is not publithat is not publiness, the nature tion in Block A.	rental or other a complete perty," and a	all IRAs anns) provide count that ex	Provide complete name: not use ticker symbols.)	ntify (a) each noome with noome with end of the ortable asserted than \$200	Asset	
NK A		SAYL	RE	12	_		ş	retire retire retire set, y se, y setha jointh on the inhe inhe inhe inhe inhe inhe inhe in	pers	다. 다. 다. 다. 다. 다.	er re	the ch	mbo	a fail a fail a fail rep tors	ang	
CCOUNT		LOOMIS SAYLES VALUE (LSGIX)	BARON GR FUND (BGRFX)	TREMENT	1st Bank of Paducah, KY Accounts	Simon & Schuster	Mega Corp. Stock	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 field 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 bookiet.	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	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.	For rental or other real property held for investment, pro- vide a complete address or a description, e.g., "rental property," and a city and state.	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.	Provide complete names of stocks and mutual funds (do not use ticker symbols.)	Identity (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 during the year.	Asset and/or Income Source	BLOCK A
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					_			None		>		* This column is for assets spouse or dependent child.	ir an asset was sold during the reporting year and is included only because it generated income, the value should be "None."	Indicate value or asser at close or reporting year. If you use a valuation method other than fair market value, please specify the method used.	:	
			<u> </u>		L	ğ		\$1 - \$1,000			_	is c	me,	mar.	•	
×		×	<u> </u>	 	▙	Indefinite	\square	\$1,001 - \$15,000		<u> </u>	_	* This column is for assets held solely by your spouse or dependent child.	ir an asset was sold during the rep and is included only because it income, the value should be "None."	holicate value or year. If you use a fair market value, used.		
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			ļ		.			NONE			eporting period.	vested, must be dis income. Check "None" generated no income	IRAs), you may ch Deferred" column. Div est, and capital gain	retirement accounts allow you to choose ments <u>or</u> that general income (such as 44)	2	
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						Royalties		Other Type of Income (Specify: e.g., Partnership Income	or Farm Inc	come)		vested, must be disclosed as income. Check "None" if the asset generated no income during the	IRAs), you may check the "lax- Deferred" column. Dividends, inter- est, and capital gains, even if rein-	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	- 1	
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					Ť		×	\$1,001 - \$2,500		=	dependent child	* This column is for income generated by assets held solely by your spouse or	and capital gains, even if reinvested, must be disclosed as income. Check "None" if no income was earned or generated.	ror assets for which you checked have 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.	<u>}</u>	•
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								Spouse/DC Income over \$1,00	00,000*	_ \		ð &	- S			
							S (partial)	e compe	follows: (S) (partial) See below	•	If only a	,	\$1,000 in reporting	asset had purchases (P), sales (S), or exchanges (E) exceeding	Indicate if the	BLOCK E

SCHEDULE III—ASSETS AND "UNEARNED" INCOME

Name

DAVID SCHWEIKERT

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Continuation Sheet (if needed)

ş ¥ Ę Ş ş 8 ę BlackRock International Inv (MBILX) RENTAL-11011 N 92ND ST, SCOTTSDALE, AZ BlackRock US Government Bond Inv B1 (BIGEX) BlackRock Adv Lrg Cap Val Inv B (MBLVX) BlackRock Global Allocation Inv A (MBLOX) BlackRock Small Cap Growth II inv B (MBSWX) Asset and/or Income Source PUT VT GRWTH & INCM PUT VT VOYAGER AZ STATE RETIREMENT - EORP -NO SET VALUE - PENSION PLAN SFT CORE BOND C2 INSURANCE - VARIABLE LIFE SFT IDX 500 C2 SFT MTG SEC C2 SFT IVY GROWTH SESC - 401(K) PUTNAM IRA > None œ \$1 - \$1,000 × × × × ဂ × × × × × × \$1,001 - \$15,000 O \$15,001 -- \$50,000 Value of Asset m \$50,001 - \$100,000 Year-End BLOCK B חד \$100,001 - \$250,000 ១ \$250,001 - \$500,000 I \$500,001 -- \$1,000,000 \$1,000,001 - \$5,000,000 ح \$5,000,001 - \$25,000,000 ᄌ \$25,000,001 - \$50,000,000 ~ Over \$50,000,000 ⋜ Spouse/DC Asset over \$1,000,000* × × NONE DIVIDENDS RENT of income BLOCK C Type INTEREST **CAPITAL GAINS EXCEPTED/BLIND TRUST** × × × × TAX-DEFERRED × × Other Type of Income PENSION (Specify: e.g., Partnership Income or Farm Income) × × × × × None = \$1 - \$200 Amount of Income ≡ \$201 - \$1,000 7 \$1,001 - \$2,500 < \$2,501 -- \$5,000 BLOCK D VI VII VIII \$5,001 - \$15,000 \$15,001 - \$50,000 \$50,001 - \$100,000 $\overline{\mathsf{x}}$ \$100,001 - \$1,000,000 × \$1,000,001 - \$5,000,000 × Over \$5,000,000 × Spouse/DC Income over \$1,000,000* Transaction BLOCK E முற

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							W STATE PROPERTY - GLENDALE	MILLETTA PROPERTY - PHOENIX AZ	LAMAR PROPERTY - GLENDALE AZ	64TH DR PROPERTY - PHOENIX AZ	REAL ESTATE - FOUNTAIN HILLS , AZ	SHERIDAN EQUITIES LLC	REAL ESTATE - FOUNTAIN HILLS, AZ	SHERIDAN EQUITIES HOLDINGS LLC	ASSET NAME	Assets and/or Income Sources	BLOCK A		SCHEDULE A - ASSETS & "UNEARNED INCOME"
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		<u></u>		_		 		<u> </u>	_	<u> </u>	_	<u> </u>	<u> </u>	L	_	Spouse/DC Asset with Income over \$1,000,000°			•
																Transaction	BLOCK E		

SCHEDULE IV— TRANSACTIONS

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Name DAVID SCHWEIKERT Page 7 of 11

									Example: Mega Corpo	SP, DC, JT Asset	Capital Gains — if a sales transaction resulted in a capital gain in excess of \$200, check the "capital gains" box and disclose this income on Schedule III. * This column is for assets solely held by your spouse or dependent child.	purchase or sale or your personal residence, unless it generates remainded income. If only a portion of an asset is sold, please so indicate (i.e., "partial sale"). See example below.	in a capital loss. Provide a brief description of any exchange transaction. Exclude transactions between you, your spouse or dependent children, or the	Report any purchase, sale, or exchange transactions by you, your spouse, or dependent child during the reporting period of any security or real property held for investment that exceeded \$1,000. Include transactions that resulted
									partial sale)		in excess of Schedule III. dent child.	te (<i>l.e.,</i> "par-	transaction. ildren, or the	
		 									PURCH	ASE		of Tra
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SCHEDULE V— LIABILITIES

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

			,					Amo	Amount of Liability	Jability			
SP,			Liability		<u> </u>	8	<u>ဂ</u>	E	0 71	0 🖸	∞ <u>+</u>	00 -	Bity
٦,0;		Creditor	Mo/Year	Type of Liability	\$10,001- \$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 \$25,000,00	\$25,000,00 \$50,000,00 Over	\$50,000,00 Spouse/DC Liabili Over \$1,000,000*
	Ехатрів:	First Bank of Wilmington, DE	May 1998	Mortgage on 123 Main St., Dover, DE			×					<u> </u>	_
	SALLIE MAE		8/2003	STUDENT LOAN			×						
SP.	CHASE BANK	^	4/2005	MORTGAGE - 11011 N 92ND STREET, SCOTTSDALE, AZ			×						
	METRO PHOENIX BANK	DENIX BANK	8/ 2010	NOTE - SHERIDAN EQUITIES LLC			×						
	ING/CAPITAL ONE	LONE	6/2007	MORTGAGE - RESIDENCE				×					
							·····						

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 \$140 or less need not be added towards the \$350 disclosure threshold. 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

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

Name
DAVID
DAVID SCHWEIKERT
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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

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

Source	Date(s)	City of Departure—Destination— City of Return	(Y/N)	Food? (Y/N)	Was a Family Member Included? (Y/N)	Number of days not 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	Υ	Υ	2 Days
THE HERITAGE FOUNDATION	1/25-1/27/12	WASHINGTON - PHILADELPHIA - PHOENIX	Υ	~	z	0
CLUB FOR GROWTH	3/8 - 3/10/12	WASHINGTON - PALM BEACH, FL - PHOENIX	۲	~	٧	0
CLUB FOR GROWTH	5/4/2012	PHOENIX - NEWPORT BEACH, CA - PHOENIX	Z	Z	Z	0
20000		9.00				

SCHEDULE VIII—POSITIONS

Name

DAVID SCHWEIKERT

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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,

tions); 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 organiza-

manufil and passing a said y and indicated a said of	oral J inverse.
Position	Name of Organization
MANAGING MEMBER	SHERIDAN EQUITIES LLC
MANAGING MEMBER	SHERIDAN EQUITIES HOLDINGS LLC

SCHEDULE IX—AGREEMENTS

employee welfare or benefit plan maintained by a former employer. 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 government service; continuation or deferral of payments by a former or current employer other than the U.S. Government; or continuing participation in an

Date	Parties To	Terms of Agreement
11/2010	SHERIDAN EQUITIES HOLDINGS LLC AND SWARTZ AND BROUGH	Sheridan Equities Holdings LLC has an agreement with Swartz and Brough for a portion of resident equity on the
		Partnership formally managed/participated in by Sheridan Equities, Now controlled by Swartz & Brough upon
		the completion issue.
5/1/2008	STATE OF AZ RETIREMENT SYSTEM - EORP AND ME	STATE PENSION PLAN

FILER NOTES (Optional)

Name: David Schweikert Page_

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NOTE	NOTES
	For the MN Insurance asset valuation, statements providing the value of the policy as of August 31st of the report year were used as a reasonable fair market assessment for the 12/31 reporting requirement.
	For the AZ Retirement System , there is no valuation due to the fact that this is a pension plan rather than a 401(k) or equivalent.
:	