SENIALIVES Form A For use by Members, officers, and employees
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UNITED STATES HOUSE OF REPRES

2011 MAY 13 AM 11: 18
US. 1165 LEGF AT COMMENTES

Daytime Telephone: ఎ0分-みよう~600 HAND DELIVEREI

Name:

ALLYSON Y. SCHURTZ

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(Office Use Only)

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

# PRELIMINARY INFORMATION — ANSWER EACH OF THESE QUESTIONS

Report Type

Member of the U.S.
House of Representatives
Annual (May 16, 2011)

State: \_ District:

J.

Officer or Employee

**Employing Office:** 

Termination

Termination Date:

Amendment

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.	8	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.	
N <sub>o</sub>	Yes	IX. Did you have any reportable agreement or arrangement with an outside entity?  If yes, complete and attach Schedule IX.	   	Yes	<ul> <li>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?</li> <li>If yes, complete and attach Schedule IV.</li> </ul>	
∑ N	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.	<b>8</b> □	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.	
No No	Yes No	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.	No X	Yes	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.	-
N	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.	No U	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.	<u> </u>

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

**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? **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 Yes <del>8</del> ⊠ 8 ≪

Name Mc Yson Y. SCHWARTZ

### 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
	Approved Teaching Fee	\$6,000
Examples: State of Maryland	Legislative Pension	\$9,000
Civil War Roundtable (Oct. 2nd)	Spouse Speech	\$1,000
Ontario County Board of Education	Spouse Salary	NA
Common weelth of OA	Lecislative Gensin	l8,340.
University of Remoglaria Healt System	Spouse's Saking	7 \$
	6	

#### Asset and/or Income Source **BLOCK A**

reportable asset or sources of income which generated more than \$200 in "unearned" income during the year. of income with a fair market value exceeding \$1,000 at the end of the reporting period, and (b) any other Identify (a) each asset held for investment or production

Provide complete names of stocks and mutual funds (do not use ticker symbols.)

value at the end of the reporting period. the name of the institution holding the account and its ment accounts which are not self-directed, provide only account that exceeds the reporting thresholds. For retireinvestments), provide the value for each asset held in the plans) that are self-directed (i.e., plans in which you have the power, even if not exercised, to select the specific For all IRAs and other retirement plans (such as 401(k)

For rental or other real property held for investment, pro-vide a complete address.

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tion in Block A. that is not publicly traded, state the name of the business, the nature of its activities, and its geographic loca-For an ownership interest in a privately-held business

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 Exclude: Your personal residence, including second

optional column on the far left. 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

please refer to the instruction booklet For a detailed discussion of Schedule III requirements

None

\$1-\$1,000

\$1,001 - \$15,000

\$15,001 - \$50,000

\$50,001 - \$100,000

\$100,001 - \$250,000

\$250,001 - \$500,000

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#### Value of A BLOCK B

please specify the met method other than far reporting year. If you Indicate value of as

generated income, the year and is included If an asset was sold dur "None."

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ゝ	X	-		×					\$1 - \$260 =	Amount of in  Amount of in  Amount of in  For retirement accounts the you to choose specific in  You to choose specific in the young choose specific in the the tax-deferred as 401(k) plans or IRAs), the "None" column. For a indicate the category checking the appropriate checking the appropriate checking the appropriate checking the appropriate specific in the rest, and the properties of
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									Over \$5,000,000 ≚	
								S (partial)	If only a portion of an asset is sold, please indicate as follows: (S) (partial) See below for example.  P, S, E	Transaction Indicate if the asset had purchases (P), sales (S), or exchanges (E) exceeding \$1,000 in reporting year.

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SCHEDULE III—ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Name ALLYSON Y. SCHWARTZ Page\_

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Continuation Sheet (if needed)

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SCHEDULE III—ASSETS AND "UNEARNED" INCOME 11/15-First Service Williams to TIAA MARE UP95-CAHS-MASUARD TIMA PORÉFÉ PACBANK TIMA/ONET TIMA /CART TIAA /CREF Asset and/or Income Source Vianscad larsund welling ton Lack FUNSURA 3 Gospellak, Truco, MA NANGUAL SOU Vanguet MospAN Rock TArget **BLOCK A** Well oslay Social MOAL STATE Sount Change Growth Income Chealing Mosts Tixe He tirement fundable 22 Choice Accomis Grow ᄌ × None æ \$1 - \$1,000 Χ. O \$1,001 - \$15,000 X O × \$15,001 - \$50,000 Value of Asset m ~ X \$50,001 - \$100,000 Year-End **BLOCK B** 71 X \$100,001 -- \$250,000 G \$250,001 - \$500,000 I \$500,001 ~ \$1,000,000 \$1,000,001 - \$5,000,000 <u>د</u> \$5,000,001 - \$25,000,000 ㅈ \$25,000,001 - \$50,000,000 Over \$50,000,000 NONE DIVIDENDS  $\times$ RENT × ~ INTEREST of Income BLOCK C Type **CAPITAL GAINS** EXCEPTED/BLIND TRUST Rental Real Estate Other Type of Income ς ₹ ~ ~ = ≂ = ₹ 7 ~ = TINMEN (Specify: e.g., = Partnership Income or たとととか Farm Income)  $\times$ None × \$1 - \$200 Amount of Income ×  $\times$ \$201 - \$1,000 X ₹ \$1,001 - \$2,500 S Crempf 72 × < BLOCK D \$2,501 - \$5,000 ≤ × \$5,001 - \$15,000 ≦ **¥** ×  $\succ$ \$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 Page Transaction old BLOCK E 3 ரைவு

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## SCHEDULE IV— TRANSACTIONS

Name ALLYSON Y. SCHWARTZ

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									SP VANSUARD TARGET RETIREMENT 2010,	SP Black Rock 500 (Rollower)	Example:	SP. DC. JT	ates rental income. It only a portion of an asset is sold, please so indicate ( <i>i.e.</i> , "partial sale"). See example below.  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.	resulted in a capital loss. Provide a brief description of any exchange trans- action. Exclude transactions between you, your spouse or dependent chil- dren, or the purchase or sale of your personal residence, unless it gener-	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
									VANSUARD TARGET PO TI	Black Rock 501	Example:		"partial sale"). See example sales in come in only a portion ( "partial sale"). See example sales transaction in a sales transaction check the "capital gains" box a	in a capital loss. Provide a brief d xclude transactions between you the purchase or sale of your pen	ny purchase, sale, or exchange dent child during the reporting of the investment that exceeded
T									rement 2010 rund	() (Nollover)	Mega Corporation Common Stock (partial sale)	Asset	e below.  resulted in a capital gain in excess nd disclose this income on Schedule	escription of any exchange trans- l, your spouse or dependent chil- sonal residence, unless it gener-	transactions by you, your spouse, period of any security or real propsactions that
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Page 7 of

# SCHEDULE VII— TRAVEL PAYMENTS AND REIMBURSEMENTS

or were paid by you and reimbursed 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 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 spouse or dependent child that is totally independent of his or her relationship to you

Examples: January Hund Bipuden Hapt Hujhilia Alliance for Health Robert Roycroft Corporation Chicago Chamber of Commerce Aug. 6-11 Mar. 2 Date(s) City of Departure—Destination— City of Return DC—Los Angeles—Cleveland 1. to Fort Landarde DC—Chicago—DC to Max. Lodging? ≺∶ Z ~ (Y/N) 4 z Was a Family Member Included? 3 Z Z Number of days not at sponsor's expense 2 Days None 7026