)ELIVERED	
UNITED S	UNITED STATES HOUSE OF REPRESENTATIVES 2015 FINANCIAL DISCLOSURE STATEMENT		Form A For Use by Members, Officers, and Employees	LECOLATIVE ECONOMIC CONT.	Page 1 of 10
Name:	Name: Schweikert. David	Daytime Teleph	Daytime Telephone: <u>えのえ- えみち - え/9</u> の	U.S. HOUSE OF REVES ONLY OF A \$200 penalty shall be assessed against any individual who files more than 30 days late.	Bessed against any han 30 days late.
FILER STATUS	Member of or Candidate for State:	42	Officer or Employing Office:		
REPORT TYPE	2015 Annual (Due: May 16, 2016)	Amendment	Termination Date of Termination:	nination:	
PRELIMIN.	PRELIMINARY INFORMATION - ANSWER <u>EACH</u> OF THESE QUESTIONS	THESE QUESTIONS			
A. Did you, you any end of the b. Make mou asset duri	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?	Yes 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?		Yes No
B. Did you, you exchange any exceeding \$1,0	B. Did you, your spouse, or your dependent child purchase, sell, or exchange any securities or reportable real estate in a transaction exceeding \$1,000 during the reporting period?	Yes % 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?	hild receive any Yes	\$
C. Did you or you honoraria, or pen 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?	Yes V 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?	hild receive any totaling more than Yes reporting period?	<u>\$</u>

IPO AND EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION - ANSWER EACH OF THESE QUESTIONS

E. Did you hold any reportable positions during the reporting period or in the current calendar year up through the date of filing?

D. Did you, your spouse, or your dependent child have any reportable liability (more than \$10,000) at any point during the reporting period?

Yes

Z O

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?

<u>خ</u>

8

Z

<u></u>

중

ATTACH THE CORRESPONDING SCHEDULE IF YOU ANSWER "YES"

S	Yes	EXEMPTION - Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or your dependent child because they meet all three tests for exemption? Do not answer "yes" unless you have first consulted with the Committee on Ethics.
No 🗌	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 that benefits you, your spouse, or dependent child?
No	16	IPO - Did you purchase any shares that were allocated as a part of an Initial Public Offering during the reporting period? If you answered "yes" to this question, please contact the Committee on Ethics for further guidance.

Name: Schweikert)
Dayid	1
Page 1	

Sheridan Equition Sheridan Holding	OC. SP Mega Corp. Stock JT Examples: Simon & Schuster ABC Hedge Fund X	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 Excepted 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 (SF) or dependent child (DC), or jointly held with anyone (JT), in the optional column on the tar left. For a detailed discussion of Schedule A requirements, please refer to the instruction booklet.	the account that exceeds the reporting thresholds. 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. For rental and other real property held for investment, provide a compilete address or description, e.g.,	Asset and/or Income Source Identity (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 (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
×	Indefinite X	None \$1-\$1,000 \$1,001-\$15,000 \$15,001-\$50,000 \$50,001-\$100,000 \$100,001-\$250,000 \$250,001-\$1,000,000 \$500,001-\$1,000,000 \$1,000,001-\$5,000,000 \$5,000,001-\$5,000,000 \$5,000,001-\$5,000,000 Cyer \$50,000,000 Spouse/DC Asset over \$1,000,000	P	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.
Bysino	X Royalities Parinership Procenne	NONE DIVIDENDS RENT INTEREST CAPITAL GAINS EXCEPTED/BLIND TRUST TAX-DEFERRED Other Type of Income (Specify: a.g., Partnership Income or Farm Income)		Type of Income Type of Income Check all columns that apply. For accounts that generate tax-deferred income (such as 401(%), IRA, or 529 accounts), you may check the "Tax-Deferred column. Dividends, interest, and capital galins, even if reinvested, must be disclosed as income for assets field in taxable accounts. Check "None" if the asset generated no income during the reporting period.
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 Dver \$5,000,000 Spouse/DC Asset with Income over \$1,000,000*		Amount of Income Amount of In
		P, S, S(part), or E	Leave this column blank if there are no transactions that exceeded \$1,000.	Transaction Indicate if the asset had purchases (P), sales (S), or exceeding \$1,000 in the reporting period. If only a portion of an asset was sold, please indicate as follows: (S (park)).

_	_
	Name: 🔨
1177 (111	LWOIK
	ort
, , , ,	

SCHEDULE A - ASSETS & "UNEARNED INCOME"

Page 3 of 10

	- [}								-						ጓ ጸ %			
20 T 12 0 2	.	7)		۱-۰	8		AZ STOTE Ret		Z	lan	DeFerry ComP		Sheridan Holdings	l	Sheridan Equites	ASSET NAME EIF		Paget airmoi illoculta com ca	BLOCK A BLOCK A
+				-		┝					-					₹	None >	-	
\dashv	\dashv			-		├-	├-	<u> </u>	 	┝	<u> </u>	_		-		-	\$1.51.000		
_				<u> </u>	ļ	<u> </u>	<u> </u>	<u> </u>	ļ	<u> </u>	ļ	_							
						l _	l								<		\$1,001-\$15,000		
-	~	X	_		×		Ţ	~	~								\$15,001-\$50,000 e		
				4					Ĭ								\$50,001-\$100,000 m		≤
*																	\$100,001-\$250,000		Value of Asset
									T								\$250,001-\$500,000 co		<u>유</u> 첫
									T								\$500,001-\$1,000,000 ±		Se Se Se Se Se Se Se Se Se Se Se Se Se
													<u> </u>				\$1,000,001-\$5,000,000		
						Τ											\$5,000,001-\$25,000,000		
			_		Ī	Π											\$25,000,001-\$50,000,000		
									Ţ								Over \$50,000,000		
									<u> </u>								Spouse/DC Asset over \$1,000,000*		
	<	×		⊀	ŀ			~	~								NONE		
								T		Ţ							DIVIDENDS		
く			Г														RENT		
													-				INTEREST	,	₹
	Υ .	~	T	~	×	1			<u> </u>			Γ					CAPITAL GAINS		6 5
					1				1								EXCEPTED/BLIND TRUST		of Inco
ヿ							1	Т	1	1							TAX-DEFERRED		Type of Income
	RIT	Re7		Res	Ret		Rit	Ret	ReT				Brsn-25		BUSPESS		Other Type of Income (Specify: e.g., Partnership Income or Farm Income)		ro.
	×	~	Г	7	*			×	~	Γ		1			×	ľ	None		
																	\$1-\$200 =		
			Γ					1	1	T	1						\$201-\$1,000 =	<u> </u>	
			Г	\top							1				ļ —		\$1,001-\$2,500	1	_
			T	\top			1										\$2,501-\$5,000 <) j
				\top	\top	1	1	1	T			T					\$5,001-\$15,000 ≤		Ħ.
N			-	╁┈		T	T	1	1	1				<u> </u>			\$15,001-\$50,000 <u>≤</u>	ĺ	unt of inc
7		<u> </u>		\dagger	1	1	†	1	İ				て	† - 			\$50,001-\$100,000		Amount of Income
		 		\top	†		1	1	1	1		<u> </u>		1	1		\$100,001-\$1,000,000	1	ne
		 -		T	\dagger	T		†	†			-	Ì	 			\$1,000,001-\$5,000,000 ×		
	_		†	\top	1		1	T	-	ļ —			T	<u> </u>	<u> </u>		Over \$5,000,000 ×	1	
				1	T		T		 				\vdash	一		-	Spouse/DC Asset with Income over \$1,000,000*		
													1				P, S, S(part), or E		Transaction

SCHEDULE B - TRANSACTIONS Name: Schweikelt David Page H of 10

																MON &	Sp Example Mega Corp. Stock	SP,DC,JT Asset	Capital Gains: 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. "Column It is for assets solely held by your spouse or dependent child.	dependent child for investment or the production of income. Include transactions that resulted in a capital loss. Provide a brief 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 nextral income. If only a portion of an asset is sold, please choose "partial sale" as the type of transaction.	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
	10 (2) (1) (2) (3) (4) (4) (4) (4) (4) (4) (4) (4) (4) (4	**-					7.	- 18 - 18 - 18									· · · · · · · · · · · · · · · · · · ·		Purchase		Туре
																	X		Partial Sale Exchange	Magazin San San San	Type of Transaction
											:						×		Check Box if Cap Exceeded \$200	oital Gain	
																	35/15		Monthly, or Bi- weekly, if applicable	(MO/DAYR) or Quarterly,	Date
						26 28			14.5% 14.5%		es de la companya de La companya de la co	inger Signa XXX				12.00 G 12.00 S 12.00 S	建产		\$1,001- \$15,000		
																	×		\$15,001- \$50,000	œ	
av p			11-74	2010) 13.0 13.0	N1/3	ig dev				1		1 1	e e e	\$480 3.33	gerick 1		ence?	id.	\$50,001- \$100,000		
																			\$100,001- \$250,000		Ą
e												Ĺ.							\$250,001- \$500,000	m	Amount of
																			\$500,001- \$1,000,000	71	of Tran
													_						\$1,000,001- \$5,000,000	۵	Transaction
									ļ	ļ		-							\$5,000,001- \$25,000,000	I	3
		_									ļ								\$25,000,001- \$50,000,000	-	
			ļ.,			<u> </u>													Over \$50,000,00		
																			Over \$1,000,000 (Spouse/DC Ass		

SCHEDULE C - EARNED INCOME

Name: Schweike	
ert David	
Page_ 5 of <u>/ //</u>	

List the 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 the source and amount of any honoraria; list only the source for other spouse earned income exceeding \$1,000. See examples below.

INCOME LIMITS and PROHIBITED INCOME: The 2015 limit on outside earned income for Members and employees compensated at or above the "senior staff" rate was \$27,225. In addition, certain EXCLUDE: Military pay (such as National Guard or Reserve pay), federal retirement programs, and benefits received under the Social Security Act.

types of income (notably honoraria, director's fees, and payments for professional services involving a fiduciary relationship) were total	vere totally prohibited.	o may was passes. III arealises is contain
Source (include date of receipt for honoraria)	Туре	Amount
Keene State	Approved Teaching Fee	\$8,000
EXAMPIES: Civil War Roundtable (Oct. 2) Ontario County Board of Education	Spouse Speech Spouse Salary	\$1,000 WA
Scottsdave Eye Surgery - Spouse -	5170USe	N/H
Sheridan Equities - Holdings	Busin-55	5000
State OF AVIZONA Retirement - EORP	Retirement	42,000

SCHEDULE D - LIABILITIES

Name:	
Schweikert.	
David	
Page 6 of 10	

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 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 yourseled \$10,000. *Column K is for liabilities held solely by your spouse or dependent child.

				- 1	_			Am	Amount	Amount of Lia	Amount of Liability	Amount of Liability	Amount of Liability	Amount of Liability
SP.	Creditor	Date Liability Incurred MO/YR	Type of Liability	\$10,001- \$15,000	\$15,001- \$50,000	\$50,001- \$100,000	W 21 U L I W 1 T	\$100,001- \$250,000	\$250,000 \$250,001- \$500,000	\$250,000 \$250,001-	\$250,000 \$250,001- \$500,000 m	\$250,000 m \$250,001- \$500,000 m \$500,001- \$1,000,000	\$250,000 m \$250,001- \$500,001- \$1,000,000 m \$1,000,001- \$5,000,000 s	\$250,000
<u> </u>	Example First Bank of Wilmington, DE	5/98	Mortgage on Rental Property, Dover, DE					×	×	×	*	*	×	×
	Sallie Mac	2003	Student Loun		$ \leq $		1 1							
	5													
							┢							

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 hald in any religious social fraternal or political parties and campaign organizations; and positions social fraternal or political parties and campaign organizations; and positions social fraternal or political parties and campaign organizations; and positions social fraternal or political parties and campaign organizations.

held in any religious, social, traternal, or political entities (suc	held in any religious, social, fraternal, or political entities (such as political parties and campaign organizations); and positions solely of an honorary nature.
Position	Name of Organization
Managing Membel	Sheridan Kouities LLC + Sheridan Kouities Holdings LLC
Administrator - Spouse	Scottsdale Kye Surgery

SCHEDULE F - AGREEMENTS

Name: Schweihert.	
Daviv	
Page 7 of 10	

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.

					11/2010	Date
				/ /	11/2010 Sheridan Kavities Holdings LLC	Parties to Agreement
Upon the completion sele.	Far - NOW CONTROLLED by SWARTZ + Prough	Formuly manered Participated in 124 Sherilan	POrtion OF Resident Equity on the Partnership	agreement with Swartz + Brough 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	Description	Value
Example: Mr. Joseph Smith, Arlington, VA	Silver Platter (determination of personal friendship received from the Ethics Committee)	\$400

SCHEDULE H - TRAVEL PAYMENTS and REIMBURSEMENTS

,	Name: Schweikert
	Davio
	Page_&of_/0

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.

	Source	Date(s)	City of Departure-Destination-City of Return	Lodging? (Y/N)	Food? (YIN)	Family Member Included? (Y/N)
	Government of China (MECEA)	Aug. 6-11	DC-Beijing, China-DC	٧	٧	æ
Examples:	Habitet for Humanity (charity fundraliser)	Mar. 3-4	DC-Boston-DC	٧	۲	۲
	-					
	N I I					
_						

SCHEDULE I – PAYMENTS MADE TO CHARITY IN LIEU OF HONORARIA

Name: Schweikert, David	
Page 4 of 10	

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.	or of an event to a charitable organ	ization in lleu of paying an	honorarium to you. A
Source	Activity	Date	Amount
Examples: Association of American Associations, Washington, DC	Speech	Feb, 2, 2015	\$2,000
			+000
/ 1 M			
(*			
			:

Page 10 of 10

		NOTE NUMBER
		NOTES