



Filing ID #10055593

# FINANCIAL DISCLOSURE REPORT

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## FILER INFORMATION

**Name:** Hon. David Schweikert  
**Status:** Member  
**State/District:** AZ01

## FILING INFORMATION

**Filing Type:** Amendment Report  
**Filing Year:** 2021  
**Filing Date:** 08/12/2023

## SCHEDULE A: ASSETS AND "UNEARNED" INCOME

Asset	Owner	Value of Asset	Income Type(s)	Income	Tx. > \$1,000?
457(B) PLAN ⇒ BARON GR INST (BGRIX) [MF]		\$15,001 - \$50,000	Tax-Deferred		<input type="checkbox"/>
457(B) PLAN ⇒ PTNM R6 (PEQSX) [MF]		\$15,001 - \$50,000	Tax-Deferred		<input type="checkbox"/>
529 ⇒ AZ PORTFOLIO 2033 (FIDELITY INDEX) [MF]		\$1,001 - \$15,000	Tax-Deferred		<input type="checkbox"/>
BUSINESS HOLDINGS ⇒ SHERIDAN EQUITIES HOLDINGS LLC [OL]  LOCATION: FOUNTAIN HILLS, AZ, US DESCRIPTION: REAL ESTATE BUSINESS		None	None		<input type="checkbox"/>
BUSINESS HOLDINGS ⇒ SHERIDAN EQUITIES LLC [OL]  LOCATION: FOUNTAIN HILLS, AZ, US DESCRIPTION: REAL ESTATE BUSINESS		None	None		<input type="checkbox"/>
INSURANCE ⇒ SFT CORE BOND C2 [MF]  DESCRIPTION: MINNESOTA LIFE VARIABLE ASSETS.	SP	\$1,001 - \$15,000	None		<input type="checkbox"/>

Asset	Owner	Value of Asset	Income Type(s)	Income	Tx. > \$1,000?
INSURANCE ⇒ SFT INDEX 500 C2 [MF]  DESCRIPTION: MINNESOTA LIFE VARIABLE ASSETS.	SP	\$1,001 - \$15,000	None		<input type="checkbox"/>
INSURANCE ⇒ SFT IVY GROWTH [MF]  DESCRIPTION: MINNESOTA LIFE VARIABLE ASSETS.	SP	\$15,001 - \$50,000	None		<input type="checkbox"/>
IRA ⇒ LARGE CAP VALUE FD [MF]	SP	\$15,001 - \$50,000	Tax-Deferred		<input checked="" type="checkbox"/>
IRA ⇒ VT GROWTH OPP [MF]	SP	\$15,001 - \$50,000	Tax-Deferred		<input type="checkbox"/>
ROTH IRA ⇒ Fidelity Trend Fund (FTRNX) [MF]	DC	\$1,001 - \$15,000	Tax-Deferred		<input checked="" type="checkbox"/>
SESC - 401(K) ⇒ BlackRock LifePath Index 2030 [MF]	SP	\$250,001 - \$500,000	Tax-Deferred		<input type="checkbox"/>

\* Asset class details available at the bottom of this form. For the complete list of asset type abbreviations, please visit <https://fd.house.gov/reference/asset-type-codes.aspx>.

### SCHEDULE B: TRANSACTIONS

Asset	Owner	Date	Tx. Type	Amount	Cap. Gains > \$200?
IRA ⇒ LARGE CAP VALUE FD [MF]	SP	07/21/2021	P	\$15,001 - \$50,000	
IRA ⇒ VT EQUITY INCOME [MF]	SP	07/21/2021	S	\$15,001 - \$50,000	<input type="checkbox"/>
ROTH IRA ⇒ Fidelity Trend (FTRNX) [MF]	DC	08/24/2021	P	\$1,001 - \$15,000	

\* Asset class details available at the bottom of this form. For the complete list of asset type abbreviations, please visit <https://fd.house.gov/reference/asset-type-codes.aspx>.

### SCHEDULE C: EARNED INCOME

Source	Type	Amount
PUBLIC SAFETY PERSONNEL RETIREMENT SYSTEM	Retirement	\$49,588.86

Scottsdale Eye Surgery Center	Spouse salary	N/A
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SCHEDULE D: LIABILITIES

Owner	Creditor	Date Incurred	Type	Amount of Liability
	SALLIE MAE/NAVIENT	JAN 2004	STUDENT LOANS	\$15,001 - \$50,000
	FLAGSTAR BANK	MAY 2020	RESIDENTIAL MORTGAGE	\$250,001 - \$500,000

SCHEDULE E: POSITIONS

Position	Name of Organization
MANAGING MEMBER	SHERIDAN EQUITIES LLC
MANAGING MEMBER	SHERIDAN EQUITIES HOLDINGS LLC

SCHEDULE F: AGREEMENTS

Date	Parties To	Terms of Agreement
January 2004	ME AND MARICOPA COUNTY	COUNTY SPONSORED 527 PLAN.

SCHEDULE G: GIFTS

None disclosed.

SCHEDULE H: TRAVEL PAYMENTS AND REIMBURSEMENTS

None disclosed.

SCHEDULE I: PAYMENTS MADE TO CHARITY IN LIEU OF HONORARIA

None disclosed.

SCHEDULE A AND B ASSET CLASS DETAILS

<ul style="list-style-type: none"><li>◦ 457(B) PLAN</li><li>◦ 529 LOCATION: AZ</li><li>◦ BUSINESS HOLDINGS LOCATION: US</li><li>◦ INSURANCE (Owner: SP)</li><li>◦ IRA (Owner: SP)</li><li>◦ ROTH IRA (Owner: DC)</li></ul>
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- SESC - 401(K) (Owner: SP)

## EXCLUSIONS OF SPOUSE, DEPENDENT, OR TRUST INFORMATION

**IPO:** Did you purchase any shares that were allocated as a part of an Initial Public Offering?

☐ Yes ☒ No

**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 ☒ No

**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?

☐ Yes ☒ No

## CERTIFICATION AND SIGNATURE

☒ I CERTIFY that the statements I have made on the attached Financial Disclosure Report are true, complete, and correct to the best of my knowledge and belief.

**Digitally Signed:** Hon. David Schweikert , 08/12/2023