



# FINANCIAL DISCLOSURE REPORT

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## FILER INFORMATION

**Name:** Hon. David Schweikert  
**Status:** Member  
**State/District:** AZ06

## FILING INFORMATION

**Filing Type:** Annual Report  
**Filing Year:** 2020  
**Filing Date:** 08/12/2021

## 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 checked="" type="checkbox"/>
457(B) PLAN ⇒ PTNM R6 (PEQSX) [MF]		\$15,001 - \$50,000	Tax-Deferred		<input checked="" 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 ⇒ VT EQUITY INCOME [MF]	SP	\$15,001 - \$50,000	Tax-Deferred		<input type="checkbox"/>
IRA ⇒ VT GROWTH OPP [MF]	SP	\$15,001 - \$50,000	Tax-Deferred		<input 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?
457(B) PLAN ⇒ BARON GR INST (BGRIX) [MF]  DESCRIPTION: REINVESTMENT OF CAPITAL GAINS		11/24/2020	P	\$1,001 - \$15,000	
457(B) PLAN ⇒ PTNM R6 (PEQSX) [MF]  DESCRIPTION: REINVESTMENT OF CAPITAL GAINS		12/28/2020	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
SCOTTSDALE EYE SURGERY CENTER	SPOUSE SALARY	N/A
PUBLIC SAFETY PERSONNEL RETIREMENT SYSTEM	RETIREMENT	\$48,616.50

## SCHEDULE D: LIABILITIES

Owner	Creditor	Date Incurred	Type	Amount of Liability
	COPPER STATE CREDIT UNION	JAN 2017	HOME EQUITY LOAN	\$50,001 - \$100,000
	SALLIE MAE/NAVIENT	JAN 2004	STUDENT LOANS	\$15,001 - \$50,000
	WELLS FARGO BANK	MAR 2013	RESIDENTIAL MORTGAGE	\$250,001 - \$500,000
	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

- o 457(B) PLAN
- o 529  
LOCATION: AZ
- o BUSINESS HOLDINGS  
LOCATION: US
- o INSURANCE (Owner: SP)
- o IRA (Owner: SP)

- o 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 , 08/12/2021