For 2007 Calendar Year Reporting Period For 2007 Calendar Year Reporting Period For 2007 Calendar Year Report	N N	Yes	sactions, or liabilities of a spouse or dependent child	ts, "unearned" income, tra	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?
Form A Rembers, officers, and employees 225_7933 (Daytime Telephone) Termination Date: fermination Termination Date: A \$200 penal against anyon adays late. TIONS Your spouse, or a dependent child receive any iff in the reporting period (i.e., aggregating more nd not otherwise exempt)? plete and attach Schedule VI. Your spouse, or a dependent child receive any reportable positions on or before the date or current calendar year? plete and attach Schedule VIII. Thold any reportable agreement or arrangement with nutry? See and attach Schedule IX. The question in this part must be ansiporiate schedule attached for each " ANSWER EACH OF THESE Q	∑	Yes	of Official Conduct and certain other "excepted truspouse, or dependent child?	ne Committee on standard trust benefiting you, your	TRUSTS—Details regarding "Qualified Blind Trusts" approved by to be disclosed. Have you excluded from this report details of such a
For use by Members, officers, and employees 225—7933 Cofficer or Employing Office: Employee Employee Termination Termination Termination Termination Termination Termination Termination Termination Termination A \$200 penal against anyon ground (i.e., aggregating more than \$305 and not otherwise exempty If yes, complete and attach Schedule VII. VII. Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than \$305 and not otherwise exempty If yes, complete and attach Schedule VII. VIII. Did you hold any reportable positions on or before the date VIII. Did you hold any reportable positions on or before the date of filling in the current calendar year? Yes No No If yes, complete and attach Schedule VIII. IX. Did you have any reportable agreement or arrangement with yes, complete and attach Schedule IX. Each question in this part must be answ appropriate schedule attached for each "		THESE QUESTIONS	MATION - ANSWER EACH OF 1	R TRUST INFOF	EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION
For use by Members, officers, and employees 225 7933 (Ottoer or Employing Office: Employee I Termination Date: Ottoer or Employing Office: Employee I Termination Date: Ottoer or Employing Office: I Termination Date: Ottoer or Employing Office: Ottoer or A \$205 from Or Boates Ottoer or A \$205 from Ore Source)? Ottoer or A \$2	nse.	st be answered and for each "Yes" respo			ld have any reportable rting period?
For use by Members, officers, and employees Castime Telephone Cofficers	×	g G	an Ty		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.
For use by Members, officers, and employees Claytime Telephone Cottoer or Employee Termination Date: Termination Date: A \$200 penal against anyon	₹	Yes	VIII. Did you hold any reportable positions on or be of filing in the current calendar year? If yes, complete and attach Schedule VIII.	X	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.
For use by Members, officers, and employees 225_7933 Officer or Employing Office: A \$200 penal Termination Date: A \$200 penal against anyon against anyo	Š	⊠	VII. Did you, your spouse, or a dependent child record reportable travel or reimbursements for travel in the period (worth more than \$305 from one source)? If yes, complete and attach Schedule VII.		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.
For use by Members, officers, and employees 225_7933 Replaying Office: Amendment For use by Members, officers, and employees (Dayline Telephone) A \$200 penal against anyon Termination Date: 30 days late.	X	Yes	Vt. Did you, your spouse, or a dependent child rece reportable gift in the reporting period (i.e., aggregat than \$305 and not otherwise exempt)? If yes, complete and attach Schedule Vt.	X	I. Did you or your spouse have "earned" income (e.g., salaries or tees) of \$200 or more from any source in the reporting period? If yes, complete and attach Schedule I.
Form A For use by Members, officers, and employees 225_7933 (Ottoer or Employing Office: Employee Employing Office: Amendment Termination Date: 30 days late.			E QUESTIONS	EACH OF THES	PRELIMINARY INFORMATION - ANSWER
Form A For use by Members, officers, and employees 225—7933 (Daytime Telephone) (Officers)		\$200 penalty shall be a ainst anyone who files in days late.	Employing Office: Termination Date: Termination		Status Member of the U.S. State: House of Representatives District: Annual (May 15)
Form A For use by Members, officers, and employees	PM 4: C	Q =	W		BOB FILUER
	RED	HAN DELIVE DELIVE		IVES	UNITED STATES HOUSE OF REPRESENTATIVES 2008 FINANCIAL DISCLOSURE STATEMENT For 2007 Calendar Year Reporting Period

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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.

	Source	Туре	Amount
	Keene State	Approved Teaching Fee	\$6,000
1	State of Maryland	Legislative Pension	\$9,000
L. Callybress	Civil War Roundtable (Oct. 2nd) Ontario County Board of Education	Spouse Speech Spouse Salary	\$1,000 NA
35	SELF-EMPLOUED CONSULTANT	SPOACE SALARY	NA
77	PUBLIC EMPLOYEES RETIREMENT SYSTEM		\$13,018

For payments to charity in lieu of honoraria, use Schedule II.

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	NAKO						Examples:		provide the value and income information on each asset in the account that exceeds the reporting threshold. For retirement plans that are reporting threshold. For retirement plans that are account and its value at the end of the reporting period. For an active 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 additional information, see the instruction bookiet. Exclude: Your personal residence(s) (unless there is rental income); any debt owed to you by your spouse, or by you or your spouse's child, parent, or sibling; any deposits totalling \$5,000 or less in personal savings accounts; any financial interest in or income derived from U.S. Government retirement programs. 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 (JT), in the optional column on the far left.	Asset and/or Income Source Asset and/or Income Source Identify (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 asset or sources of income which generated more than \$200 in "unearned" income during the year. For rental property or land, provide a complete address. Provide full name, or stocks and mutual funds (do not use ticker symbols). For all IFAs and other retirement plans (such as 401(k) plans) that are self directed (i.e., plans in which you have the power, even if not exercised, to select the specific investments).
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. ; . š [.]			3.4	, v · ·			7,5	×	NONE DIVIDENOS	BLOCK C Type of income Check all columns that apply. For retirement plans or accounts that do not allow you to choose specific investments, you may write "NA." For all other assets including all IRAs, indicate the type of income by checking the appropriate box below. Dividends and interest, even if reinvested, should be listed as income. Check "None" if asset did not generate any income during calendar year.
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SCHEDULE III—ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

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SCHEDULE III—ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

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SCHEDULE III—ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Name BOB FILUER

Page 7 of C

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None >	None None	None None
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SCHEDULE IV-TRANSACTIONS

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SCHEDULE VII -- TRAVEL PAYMENTS AND REIMBURSEMENTS

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 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 Identify the source and list travel itinerary, dates, and nature of expenses provided for travel and travel-related expenses totalling more than \$305 received by

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 (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

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Was a Family Member Included? (Y/N)	Z	~											
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Number of days not at sponsor's expense	None	2 Days	NONE							}			
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