× S	cause Yes	tions, or liabilities of a spouse or dependent child because the Committee on Standards of Official Conduct.	" income, transacti st consulted with t	EXEMPTION —Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities they meet all three tests for exemption? Do not answer "yes" unless you have first consulted with the Committee on
N _o	need not Yes	Official Conduct and certain other "excepted trusts" need not se, or dependent child?	on standards of C	TRUSTS —Details regarding "Qualified Blind Trusts" approved by the Committee on standards of Official Conduct and ce be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child?
S	ESE QUESTION	ATION — ANSWER EACH OF THESE QUESTIONS	T INFORMA	EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION
d the onse.	be answered and reach "Yes" resp	Each question in this part must be answered and the appropriate schedule attached for each "Yes" response	No No	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.
No X	ment with Yes	IX. Did you have any reportable agreement or arrangement with an outside entity? If yes, complete and attach Schedule IX.	No IX.	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.
×	the date 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.	No Of f	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.
Š	any yes	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 YII.	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.
₹	any more 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 VI.	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. Yes
		QUESTIONS	OF THESE (PRELIMINARY INFORMATION - ANSWER EACH O
more than	against anyone wno tiles more than 30 days late.	Termination Date: agains Termination		Report Annual (May 15) Amendment
assess	A \$200 penalty shall be assess	Employing Office: A \$200	Officer or Employee	Status Member of the U.S. State: C.A. House of Representatives District:
·	(Office Use Only)	M		
H 2: 29	2009 MAY 12 PH 2: 29	ephone: 225-7933	Daytime Telephone: 2	Name: BOB FILVER
ַער אָרָנוּ	HAND DELIVERED	Form A For use by Members, officers, and employees		UNITED STATES HOUSE OF REPRESENTATIVES CALENDAR YEAR 2008 FINANCIAL DISCLOSURE STATEMENT
7 1 17 17				

Nam BOB FILNER

Page Z of S

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 expending \$1.000. See a smaller below.

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.	ts received under the Social Secu	urity Act.
Source	Туре	Amount
Keene State	Approved Teaching Fee	\$6,000
Examples: State of Maryland	Legislative Pension	\$9,000
_	Spouse Speech Spouse Salary	\$1,000 NA
SELF-EMPLOYED CONSULTANT	SPOUSE SALARY	NA
PUBLIC EMPLOYEES RETIREMENT SYSTEM	PENSION	73,279

BLOCK E

BLOCK A

Asset and/or Income Source

instruction booklet. Block A. For additional information, of its activities, and its geographic location traded, state the name of the business, the nature period. For an active business that is not publicly account and its value at the end of the reporting provide the value and income information not exercised, to select the specific investments), plans (such as 401(k) plans) that are self directed names of stocks and mutual funds (do not use income during the year. For rental property or which generated more than \$200 in "unearned" od, and (b) any other asset or sources of income exceeding \$1,000 at the end of the reporting periduction of income with a fair market value not self-directed, name the institution holding the each asset in the account that exceeds the ticker symbols). For *all IRAs* and other retirement land, provide a complete address. reporting threshold. For retirement plans that are (i.e., plans in which you have the power, even if Identify (a) each asset held for investment or pro-Provide full see 9 \triangleright

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Government retirement programs interest in less in personal savings accounts; any financial parent, or sibling; any deposits totalling \$5,000 or your spouse, or by you or your spouse's child, **Exclude:** Your personal residence(s) (unless there is rental income); any debt owed to you by or income derived from

optional column on the far left. or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT), in the If you so choose, you may indicate that an asset

None

\$1 - \$1,000

\$1,001 - \$15,000

\$15,001 - \$50,000

\$50,001 - \$100,000

\$100,001 - \$250,000

\$250,001 - \$500,000

\$500,001 - \$1,000,000

\$1,000,001 ~ \$5,000,000

\$5,000,001 - \$25,000,000

\$25,000,001 - \$50,000,000

EXCEPTED/BLIND TRUST

Other Type of Income

Over \$50,000,000

NONE

RENT

None

×

×

Royalties

 \times

DIVIDENDS

INTEREST

CAPITAL GAINS

8 SP,

Examples

Simon & Schuster Mega Corp. Stock

Indefinite

1st Bank of Paducah,

KY Accounts

Value of Asset BLOCK B

please specify the method used. method other than fair market value reporting year. If you use a valuation Indicate value of asset at close of

generated income, the value should be year and is included only because it If an asset was sold during the reporting ", "None

Dividends and interest, even if reininvestments, you may write "NA." For ate any income during calendar year. Check "None" if asset did not genervested, should be listed as income. all other assets including all IRAs, not allow you to choose specific retirement plans or accounts that do Check all columns that apply. For indicate the type of income by check-the appropriate box below.

Type of Income

BLOCK C

요 C **美 모** 오 3 ' 지 3 공 기

BLOCK D

(Specify: For Example, Partnership Income or Farm Income)

GUARDIAN MOTOR TUND

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SCHEDULE III—ASSETS AND "UNEARNED" INCOME Continuation Sheet (if needed)

Name BOB FILUER

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Asset and/or Income Source						GREAT AMER. INS. 12th			OCTUS, INC													
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	ဂ		\$15,000	\$1,001										<u> </u>								
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BLOCK B Year-End Value of Asset	m)	1 \$100,000	\$50,00							L			L				L		<u> </u>	<u> </u>	
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BLOCK D Amount of Income	=		\$1,000	\$201 - \$		X	<u> </u>		<u> </u>	L	L	<u> </u>										
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SCHEDULE III—ASSETS AND "UNEARNED" INCOME

Name BOB FILNER

Continuation Sheet (if needed)

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Asset and/or Income Source		1	Congressional Fice							Great Ame. Ins 754 AZ	FRESID SCHOOL DIST BOND		KESERVE MONEY FINDSON)	G.E. LIFE COMMODINEACH AND	ROBLA, CA SCHOOL DIST BUD	FRESHOLA SWM BOND	RCH CA	CALIF. HEFA BOND			
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Year-End	\$100,001 ~ \$250,000					Γ								X							7
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Type of Income	CAPITAL GAINS					L							\succeq								
Type	EXCEPTED/BLIND TRUST		1			_						. ,			1.			<u>.</u>]			1
ne	Other Type of Income (Specify)																				
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SCHEDULE III—ASSETS AND "UNEARNED" INCOME

Name 808 FILNER

Page of &

Con	Continuation Sheet (if needed) BLOCK A Asset and/or Income Source	BLOCK B Year-End Value of Asset	
SP, DC, JT		None > \$1 - \$1,000 □ \$1,001 - \$15,000 □ \$15,001 - \$50,000 □ \$50,001 - \$100,000 □ \$250,001 - \$500,000 □ \$250,001 - \$500,000 □ \$500,001 - \$1,000,000 □ \$1,000,001 - \$5,000,000 □ \$5,000,001 - \$5,000,000 □ \$5,000,001 - \$25,000,000 □ \$5,000,001 - \$25,000,000 □	Over \$50,000,000
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ME	MONEY FUND	×	
	SUN AMERICA CHANTEC	×	
	3	×	

SCHEDULE IV— TRANSACTIONS

Name BOB FILVER

Page Z_of_

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								SUN AMERICA CASH TR. ACCT (part)	CALIF. HEFA BOND (partial)	SP Example: Mega Coporation Common Stock (partial sale)	dependent child, or the pulze, unless it is rented out. If ease so indicate (i.e., "par	that resulted in a loss. Provide a brief description of any exchange transaction. Do not report a transaction between you, your spouse,	amount of the transaction exceeded \$1,000. Include transactions	_	
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				J		<u> </u>		4-10-08	7-1-08	10-12-08	Bi-weekly, if applicable	or Quarterly, Monthly, or	(MO/DAY/YR)	Date	1
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SCHEDULE V— LIABILITIES

Name BOB FILNER

Page **3** of **5**

Report liabilities of over \$10,000 owed to any one creditor at any time during the reporting period by you, your spouse, or dependent child. Mark the highest amount owed during the year. Exclude: Any mortgage on your personal residence (unless it is rented out); loans secured by automobiles, household furniture, or appliances; liabilities of a business in which you own an interest; and liabilities owed to a spouse, or the child, parent, or sibling of you or your spouse. Report revolving charge accounts (i.e., credit cards) only if the balance at the close of the preceding calendar year exceeded \$10,000.

		SP, DC, JT	
CAP	Example:		
CAPITAL ONE BARK	First Bank of Wilmington, Delaware	Creditor	
a res	Mortgage or	Ту	
aredit card	Mortgage on 123 Main St., Dover, Del.	Type of Liability	
		\$10,001- 10	
×		\$15,001- \$50,000	
		\$50,001- © \$100,000	
	×	\$100,001- \$250,000 m	Amo
		\$250,001- \$500,000	Int of
		\$500,001- \$1,000,000	Amount of Liability
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SCHEDULE VI— GIFTS

Report the source, a brief description, and the value of all gifts totalling more than \$335 received by you, your spouse, or a dependent child from any source during the year.

Exclude: Gifts from relatives, gifts of personal hospitality of 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 \$134 or less need not be added towards the \$335 disclosure threshold.

Note: The gift rule (House Rule 25, clause 5) prohibits acceptance of gifts except as specifically provided in the rule

Source		Value
Example: Mr. Joseph H. Smith, Anytown, Anystate	Silver Platter (determination on personal friendship received from Committee on Standards)	\$345
	\ \ \	