Yes No X	with the Committee on Standards of Official Conduct.	they meet all three tests for exemption? Do not answer "yes" unless you have first consulted with the Committee on Standards of Official Conduct
need not Yes No No	spouse, or dependent child?	TRUSTS—Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report any other assets. "unearned" income transactions or liabilities of a shouse or dependent child because EXEMPTION—Have you excluded from this report any other assets. "unearned" income transactions or liabilities of a shouse or dependent child because
IESE QUESTIONS	MATION - ANSWER EACH OF THESE QUESTIONS	EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION
be answered and the each "Yes" response.	Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.	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.
ment Yes No	IX. Did you have any reportable agreement or arrangement with an outside entity?  If yes, complete and attach Schedule 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 No	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.	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.
any porting No	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.	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?  No II yes, complete and attach Schedule II.
any more Yes No	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.	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.
	E QUESTIONS	PRELIMINARY INFORMATION - ANSWER EACH OF THESE
against anyone who files more than 30 days late.	Termination Date:	Report Annual (May 17, 2010)  Amendment Employee  Amendment
(Office Use Only)  A \$200 penalty shall be assessed	Employing Office:	Member of the U.S. State: G.A.
2010 JUN 14 PM 2: 44	Daytime Telephone: 225-7533	Name: Bob FLVER Daytime
HAND THE OF THE DELIVERED	Form A For use by Members, officers, and employees	UNITED STATES HOUSE OF REPRESENTATIVES CALENDAR YEAR 2009 FINANCIAL DISCLOSURE STATEMENT

Name BOB FILSE

Page\_

## 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.

Exclude: Military pay (such as National Guard or Reserve pay), federal retirement programs, and benefits received under the Social Security Act.

Exclude: Military pay (such as National Guard of Reserve pay), lederal relief to programs, and benefits received under the Social Security Art.  Source  Approved Teaching Fee \$6	Type  Approved Teaching Fee	Amount \$6,000
Examples: State of Maryland Civil War Roundtable (Oct. 2nd) Ontario County Board of Education	Legislative Pension Spouse Speech Spouse Salary	\$9,000 \$1,000 NA
CONSULTANT	STOUR SALAN	NA
Sy 67cm	PENSION'	7/5,225

#### Page of C

	SCHEDOLD III - ASSETS AND	CINEADINED INCOME		
	BLOCK A	ВГОСК В	ВГОСК С	BLOCK D
	Asset and/or Income Source	Value of Asset	Type of Income	Amount of Income
	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 peri-	Indicate value of asset at close of reporting year. If you use a valuation	Check all columns that apply. For retirement plans or accounts that do not allow you to choose specific	For retirement plans or accounts that do not allow you to choose specific investments, you may write "NA" for income.
	od, and (b) any other asset or sources of income which generated more than \$200 in "unearned"	method other than fair market value, please specify the method used.	including a	For all other assets, including all IRAs, indicate the category of income by
	income during the year. For rental property or land, provide a complete address. Provide full	If an accept was sold during the regording	indicate the type of income by check- ing the appropriate box below.	checking the appropriate box below. Dividends and interest, even if rein-
	names of stocks and mutual funds (do not use licker symbols). For <b>all IRAs</b> and other retirement	year and is included only because it	s and interest, even	vested, should be listed as income. Check "None" if no income was earned
	plans (such as 401(k) plans) that are self directed	generated income, the value should be		
	not exercised, to select the specific investments),	"None."	ate any income during calendar year.	
	provide the value and income information on			
	reporting threshold. For retirement plans that are		me)	
	not self-directed, name the institution holding the	()	ı Inco	
	period. For an active business that is not publicly		Farm	
_	of its activities, and its geographic location in		ne or	
	Block A. For additional information, see the instruction booklet.		Incom	
	<b>Exclude:</b> Your personal residence(s) (unless there is rental incomes: any debt award to you by	0		
	your spouse, or by you or your spouse's child, parent, or sibling; any deposits totalling \$5,000 or	00,000	me	,000
	less in personal savings accounts; and any financial interest in or income derived from U.S.	,000 0,000 250,0 500,0 1,000 \$5,00 \$25,0	INS BLINE of Inco	500 5,000 6,000 00,000 61,000 +\$5,00
	If you so choose, you may indicate that an asset	- \$15 - \$5 - \$1 1 - \$ 1 - \$ 1 - \$ 001 - 001 - ,001	ST L GA FED/	\$1,00 - \$2, - \$5, - \$15 - \$5 - \$1
	or income source is that of your spouse (SP) or	- \$1, 001 - ,001 ,001 0,00 0,00 0,00 0,00 ,000	IDEN NT ERE PITA CEPT	- \$20 001 - 501 - 501 - 001 - 0,001 0,000
-3-	optional column on the far left.	\$1,0 \$15 \$50 \$10 \$250 \$50 \$1,0 \$5,0 \$25	REN INT CAF EXC	\$20 \$1,0 \$2,5 \$5,0 \$15 \$50 \$10
	SP Mega Corp. Stock	×	×	×
_	1	Indefinite	Royalties	×
	JT 1st Bank of Paducah, KY Accounts	×	×	×
_				
_				
	CNEV BERGER & BERMAN)	<b>×</b>	×	<b>×</b>

example.

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See below for

(S) (partial)

as follows:

asset is sold, please indicate

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\$1,000 in

exceeding

reporting year.

sales (S), or exchanges (E)

asset had

Indicate if the

purchases (P),

Transaction

BLOCK E

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	<del>                                     </del>						Over \$50,000,000		ł
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			<del>                                     </del>				INTEREST	BLOCK C Type of Incor	
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							\$201 – \$1,000 <b>=</b>	Απ	
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							\$15,001 – \$50,000 <u>≦</u>	l ≌ □	37
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							\$100,001 - \$1,000,000 ×		ما
							\$1,000,001 - \$5,000,000		11
							Over \$5,000,000		<del>┃</del> ╗┈
							ш ̂о Ъ	BLOCK E Transaction	Page y of 8

SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Name BOB FILNCE

BLOCK B Year-End Value of Asset	BLOCK C Type of Income	BLOCK D  Amount of Income
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- \$15,000 - \$50,000 - \$100,00 11 - \$250,0 11 - \$500,0 11 - \$1,000 1001 - \$5,0	NDS ST L GAINS TED/BLINI	1,000 \$2,500
\$1,001 \$15,00 \$50,00 \$100,00 \$250,00 \$500,00 \$1,000	\$25,000 Over \$3 NONE DIVIDE RENT INTERI CAPITA EXCEP	None \$1 - \$20 \$201 - \$ \$1,001 - \$2,501 - \$5,001 \$15,001 \$100,00 \$1,000,0
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X X	×× ×	
× × ×		
ו ו איי וו ווי און ווי און ווי און ווי און ווי און	\$1 - \$1,000 B \$1,001 - \$15,000 C \$15,001 - \$50,000 C \$50,001 - \$100,000 T \$250,001 - \$500,000 C \$500,001 - \$1,000,000 T \$500,001 - \$1,000,000 T \$1,000,001 - \$5,000,000 T \$1,000,001 - \$5,000,000 T	None   State   State

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

Name Bos FILNER Page 6 of 8

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										EXCEPTED/BLIND TRUS	T	Type Inco
										Other Type of Income (Specify)		me
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$\times$							X			\$1,001 - \$2,500	₹	P
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# SCHEDULE IV- TRANSACTIONS

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PURCHASE  PURCHASE  PURCHASE  Tansaction  X												LOUIS BEACH CA BOATS	SP Example: Mega Coporation Common Stock (partial sale)	SP, DC, JT Asset	Capital Gains — if a sales transaction resulted in a capital gain in excess of \$200, check the "capital gains" box and disclose this income on Schedule III.	ates rental income. If only a portion of an asset is sold, please so indicate (i.e., "partial sale"). See example below.	resulted in a capital loss. Provide a brief description of any exchange trans- action. Exclude transactions between you, your spouse or dependent chil-	
Check Box if Capital Gain Exceeded \$200  TO DAYNY D Date  TO DO DAYNY D D D D D D D D D D D D D D D D D D						:				 				!	PURC	HASE		of Tra
Check Box if Capital Gain Exceeded \$200  TO DAYNY D Date  TO DO DAYNY D D D D D D D D D D D D D D D D D D						ļ				ļ		×	×		SALE			Type
Gain Exceeded \$200															EXCH	ANGE		tion
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\$50,000,000	-						_				-				Over			

### SCHEDULE V- LIABILITIES

Name BOB FILDER

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.

		DC, JT	2	
C	Example:			
CHASE	First Bank of Wilmington, Delaware	Creditor		
CREDIT CARD	Mortgage on 123 Main St., Dover, Del.	Type of Liability		
		\$10,001- \$15,000	В	
×		\$15,001- \$50,000	0	
		\$50,001- \$100,000	0	
	×	\$100,001- \$250,000	Е	Amo
		\$250,001- \$500,000	П	unt of
		\$500,001- \$1,000,000	Q	Amount of Liability
	_	\$1,000,001- \$5,000,000	I	ity
	_	\$5,000,001- \$25,000,000		
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	1	\$50,000,000	<b>×</b>	1

#### SCHEDULE VI — GIFTS

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. 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.

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

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