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	Yes No 🗸		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?	isets, "uneamed" in ?	Exemptions— Have you excluded from this report any other ass because they meet all three tests for exemption?	
	Yes No S		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 details of such a trust banafiting you, your spouse, or dependent child?	wed by the Committed from this report	Trusts Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Office trusts" need not be disclosed. Have you excluded from this report details of such a trust be child?	
-	S	STION	ATION - ANSWER EACH OF THESE QUESTIONS	JST INFORMA	EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION ANSWE	m
			schedule attached for each "Yes" response.		If yes, complete and attach Schedule V.	
	) appropriate	and the	Each question in this part must be answered and the appropriate	Yes No	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 IX.		if yes, complete and attach Schedule IV.	
	Yes No V	outside	Did you have any reportable agreement or arrangement with an outside IX. entity?	Yes S		
			If yes, complete and attach Schedule VIII.		more than \$1,000 at the end of the period?  If yes, complete and attach Schedule III.	
	Yes No 🗸	ing in the	Did you hold any reportable positions on or before the date of filing in the VIII. current calendar year?	Yes No	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	₽
		=	If yes, complete and attach Schedule VII.		If yes, complete and attach Schedule II.	
	Yes No V	ing \$305	Did you, your spouse, or a dependent child receive any reportable nevel or VII. relimbursements for travel in the reporting period (worth more than \$305 from one source)?	Yes No 🗸	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 VI.		if yes, complete and attach Schedule I.	
	Yes No S	ole gift in therwise	Did you, your spouse, or a dependent child receive any reportable gift in VI. the reporting period (i.e., aggregating more than \$305 and not otherwise example?	Yes 🕢 No 🖂	Did you or your spouse have "earned" income (e.g., salaries or fees) of \$200 or more from any source in the reporting period?	
			QUESTIONS	OF THESE G	PRELIMINARY INFORMATION - KNSWER EACH OF THESE	70
	more than 30 days late.	more ti late.	tion	☐ Termination	Report ☐ Annual (May 15) ☐ Amendment	
	anyone who files	anyone	1		Status District: 02	1
	A \$200 penalty shall he assessed against	A \$200	Officer Or Employing Office: Employee		Filter Wember of the U.S. State: NV	
<b>-</b> `.	(Office Use Only)	(Offi	(Daytime Telephone)		(Full Name)	ļ
2000 (10) -6 FR 91		5	(202) 225-6155	: 	Dean Arthur Heller	········
THE STATE RESOURCE CENT			FORM A For use by Members, officers, and employees	TATIVES YEAR 2007	UNITED STATES HOUSE OF REPRESENTATIVES FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 2007	= =

## SCHEDULE I - EARNED INCOME

Name Dean Arthur Heller

2/12

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) totaling \$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.

1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		
Source	Туре	Amount
State of Nevada, Carson City	Salary	\$1,096
Carson City School District	Spouse Salary	\$1,113

### H Mended

# SCHEDULE II - PAYMENTS MADE TO CHARITY IN LIEU OF HONORARIA

envelope that is appropriately labeled.

List the source, activity (i.e., speech, appearance, or article), date, and amount of any payment made by the sponsor of an event to a charitable organization in lieu of an honorarium. A separate confidential list of charities receiving such payments must be filed directly with the Committee on Standards of Official Conduct. A green envelope for transmitting the list is included in each Member's filing package. Employees may request a green envelope from the Clerk or use a plain Name Dean Alkur Heller W

N/A	Source	
	Activity	
	Date	
	Amount	

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SCHEDUL	SCHEDOLE III - ASSETS AND "UNEARNED" INCOME	Name Dean Arthur Heller	ıur Heller	1	4/12
	BLOCKA	BLOCK B	вгоск с	BLOCK D	BLOCK E
Identify (a) er a fair market and (b) any o than \$200 in fand, provides mutual funds retirement pli in which you investments) in the account plans that any plans that any plans that is not put its activities, information, info	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 assets 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 names of stocks and mutual funds (do not use ticker symbols). For all IRAs 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), provide the value and income information on each asset in the account that exceeds the reporting threshold. For retirement plans that are not self-directed, name the institution holding the 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 booklet.  Exclude: Your personal residence(s) (unless there is rental income); any debt owed to you by your spouse, or by your or your spouse's child, parent or sibling; any deposits totaling \$5,000 or less in personal savings accounts; any financial interest in or income derived from U.S. Government retirement programs.	Year-End Value of Asset at close of reporting year. If you use a valuation method other than fair market value, please specify the method used. If an asset was sold and is included only because it is generated income, the value should be "None."	Type of income Check all columns that apply. Check "None" if asset did not generate any income during the calender year. If other than one of the listed categories, specify the type of income by writing a brief description in this block. (For example: Partnership income or Farm income)	Amount of Income For retirement plans or accounts that do not allow you to choose specific investments, you may write "NA" for income. For all other assets, indicate the category of income by checking the appropriate box below. Dividends, even if reinvested, should be listed as income. Check "None" if no income was samed.	Transaction Indicate if asset had purchases (P), sales (S), or exchanges (E) exceeding \$1,000 in reporting year.
that of your s	that of your spouse (SP) or dependent child (DC) or is jointly held (JT), in the optional column on the far left.				
TL	Bank of America	\$1,001 - \$15,000	INTEREST	\$1 - \$200	
DC	Bank of America	\$15,001 - \$50,000	INTEREST	\$201 - \$1,000	
DC	Bank of America	\$15,001 - \$50,000	INTEREST	\$201 - \$1,000	
DC	Bank of America	\$15,001 - \$50,000	INTEREST	\$201 - \$1,000	
DC	Bank of America	\$1 - \$1,000	INTEREST	\$1 - \$200	
DC	Bank of America	\$1 - \$1,000	INTEREST	\$1 - \$200	

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SCHEDUI	SCHEDULE III - ASSETS AND "UNEARNED" INCOME	Name Dean Arthur Heiler	hur Heller		5/12
	State of Nevada Retirement	\$50,001 - \$100,000	None	NONE	The state of the s
	Mass Mutual Life Ins	\$50,001 - \$100,000	None	NONE	
dS P	Mass Mutual Life Ins	\$1,001 - \$15,000	None	NONE	
DC	Mass Mutual Life Ins	\$15,001 - \$50,000	None	NONE	
DC	Mass Mutual Life Ins	\$15,001 - \$50,000	None	NONE	
DC	Mass Mutual Life Ins	\$15,001 - \$50,000	None	NONE	
	Loan to Heller for Congress	\$15,001 - \$50,000	None	NONE	
SP	AD Clark Family Ltd Pshp % of Rental Property, see attached.	\$250,001 - \$500,000	RENT	\$5,001 - \$15,000	
SP	Brombach Family Ltd Pshp % of , see attached.	\$1,000,001 - \$5,000,000	INTEREST	\$50,001 - \$100,000	

## **SCHEDULE IV - TRANSACTIONS**

Report any purchase, sale or exchange by you, your spouse, or dependent child during the reporting year of any real property, stocks, bonds, commodities futures, or other securities when the amount of the transaction or series of transactions exceeded \$1,000. Include transactions that resulted in a loss. Do not report a transaction between your spouse, or your dependent child or the purchase or sale of your personal residence unless it is parted out Provide a brief Name Dean Arthur Heller 0 V

SP, DC,	SP, DC, Type of	Type of	pers	resid
크,	Asset	Type of Transaction	Date	Amount of Transaction
dS	Brombach Family Ltd Pshp ( see attached)	S(part)	various	\$500,001 - \$1,000,000
dS	Brombach Family Ltd Pshp (see attached)	P	various	\$500,001 - \$1,000,000

### SCHEDULE V - LIABILITIES

Name Jean Althur Heller

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 all or part of it is rented out); loans secured by automobiles, household furniture, or appliances; 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. 7 ° ° Creditor Type of Liability **Amount of Liability** 

SCHEDULE VI - GIFTS

Name Dean Arthur Heller

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Report the source, a brief description, and the value of all gifts totaling more than \$305 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 \$122 or less need not be added towards the \$305 disclosure threshold. Note: The gift rule (House Rule 25, clause 5) prohibits acceptance of gifts except as specifically provided in the rule.

N/A	Source
	Description
	Value

# SCHEDULE VII - TRAVEL PAYMENTS AND REIMBURSEMENTS

spouse or dependent child that is totally independent of his or her relationship to you.

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 sponsor. Exclude: Travel-related expenses provided by federal, state, and local governments, or by a foreign government required to be separately reported under amount of time, if any, that was not at the sponsor's expense. Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the your spouse, or a dependent child during the reporting period. Indicate whether a family member accompanied the traveler at the sponsor's expense, and the Identify the source and list travel itinerary, dates, and nature of expenses provided for travel and travel-related expenses totaling more than \$305 received by you, Name )ean Althur Hellor

N)A	Source
	Date(s)
	Point of Departure DestinationPoint of Return
	Lodging? (Y/N)
	Food? (Y/N)
	Was a Family g? Food? Member Included? (Y/N) (Y/N)
	Days not at sponsor's expense

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- 700	֚֝֝֝֜֝֝֜֝֜֝֝֜֝֝֓֜֝֝֓֜֝֝֡֓֜֝֡֓֓֓֓֜֝֡֓֓֓֡֜֝֡֓֡֓֡֡֜֝֡֓֡֓֡֡֡֡֡֡֡֡
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Report all positions, compensated or uncompensated, held during the current calendar year as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm, partnership, or any business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States. Exclude: Positions held in any religious, social, fraternal, or political entities; positions solely of an Name Dean Athur Meller 0

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Position	Name of Organization
N/A	

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Date

**Parties To** 

Terms of Agreement

Identify the date, parties to, and general terms of any agreement or arrangement with respect to: future employment; a leave of absence during the period of government service; continuation or deferral of payments by a former or current employer other than the U.S. Government; or continuing participation in an employee welfare or benefit plan maintained by a former employer. Name Dean Athor Heller Ð

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FOOTNOTES	:S	Name Dean Athur Heller	्री/क
Number	Section / Schedule	Footnote	This note refers to the following item
	NIM		

### SCHEDULE III ATTACHMENT AD CLARK FAMILY LTD PARTNERSHIP 12/31/2007

### **DEAN HELLER**

### **ADDRESS OF PROPERTY OWNED**

12901 WEST JEFFERSON BLVD LOS ANGELES CALIFORNIA

ESTIMATED VALUE OF PROPERTY \$414,600

RENTAL GROSS INCOME \$10,600

RENTAL NET INCOME \$3,600

### SCHEDULE IV ATTACHMENT BROMBACH FAMILY LP

### **DEAN HELLER**

12/31/2007

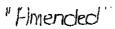
### **PROCEEDS**

FREMONT CA UN HSD	10/15/2007	\$49,440
FONTANA CA PFA TAX ALLOC	3/7/2007	\$55,233
SOLANO CNTY CALIF CMNTY	3/7/2007	\$84,709
CALIFORNIA STATEWIDE	6/29/2007	\$82,920
SOUTHERN CA PPA TRANSMSN	9/19/2007	\$55,280
METRO WTR DT STHN CA	11/28/2007	\$93,227
STOCKTON EAST WD CA COP	3/7/2007	\$73,165
UNIVERSITY CA REVS	9/4/2007	\$69,791

TOTAL

\$563,765

PURCHASES	DATE PUCHASED	ASSET VALUE	ESTIMATED INCOME
MONTERY CNTY CA COP	3/30/200	7 \$70,906	\$3,455
BAKERSFIELD CA WASTEWT	R 7/25/200	7 \$43,521	\$2,073
SAN FRANCISCO CA CY-CO	9/12/200	7 \$74,203	\$3,455
ORANGE CNTY CA SANTN	12/12/200	7 \$48,800	\$2,246
UNIVERSITY CA REVS GEN	10/12/200	7 \$37,702	\$1,727
CALIFORNIA ST FSA-CR	9/20/200	7 \$60,615	\$2,764
OAKLAND CA UNI SCH DIST	7/25/200	7 \$46,072	\$2,073
PUERTO ORICO COMWLTH	3/8/200	7 \$69,537	\$3,455
CALIFORNIA STATEWIDE	15/3/200	7 \$82,920	\$3,669
	TOTAL	\$534,276	\$24,917



### SCHEDULE III ATTACHMENT BROMBACH FAMILY LP 12/31/2007

### **DEAN HELLER**

		ASSET VALUE	ESTIMATED INCOME
CMA MONEY FUND/CASH		\$65,124	<b>\$1,597</b>
MUNI BONDS			
RIVERSIDE CO CA TROOM		\$35,107	\$1,986
LOS ANGELES CA MTA SLS		\$108,194	<b>\$6</b> ,115
SAN JOSE CA REDEV AGY		\$74,820	\$4,312
SAN JOSE CA REDEV AGY		\$33,140	\$1,907
CABRILLO CA UNI SCH DIST		\$42,845	\$2,156
CLOVIS CA UNISCH DIST		\$69,952	\$2,764
MONTERY CNTY CA COP		\$70,906	\$3,455
SANTA ANA CA CMNTY REDEV		\$57,113	\$2,349
BELL CA CMNTY HSG AUTH		\$22,638	\$884
BAKERSFIELD CA WASTEWTR		\$43,521	\$2,073
LOS ANGELES CA UNI SCH		\$110,805	\$5,441
SAN FRANCISCO CA CY-CO		\$74,203	\$3,455
CALIFORNIA ST ECONOMIC		\$93,213	\$4,353
SAN JOAQUIN DELTA CCD		\$72,727	\$2,764
ORANGE CNTY CA SANTN		\$48,800	\$2,246
UNIVERSITY CA REVS GEN		\$37,702	\$1,727
BVRLY HLLS CA PUB FN AT		\$60,550	\$2,902
CENTRAL COAST WTR AUTH		\$76,731	\$3,455
CALIFORNIA ST FSA-CR		\$60,615	\$2,764
RICHMOND CA WASTEWTR REV		\$68,588	\$3,109
OAKLAND CA UNI SCH DIST		\$46,072	\$2,073
SANFRANCISCO CA CMNTY		\$84,329	\$3,939
CALIF ST DPT WTR RES PSR		\$34,550	<b>\$0</b>
LIVERMORE AMADOR VY WTR		\$44,003	<b>\$2,</b> 073
SAN MATEO CA UN HIGH SCH		\$73,783	<b>\$</b> 3,455
EAST BAY CA MUD WTR SYS		<b>\$51,82</b> 5	\$0
PUERTO ORICO COMWLTH		\$69,537	\$3,455
	TOTAL	\$1,731,393	\$76,809