Name:

Report Type Status Filer

EXCLUSION OF SPOUSE,

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? Do not answer "yes" unless you have first consulted with the Committee on Ethics

TRUSTS—Details regarding "Qualified Blind Trusts" approved by the Committee on Ethics and certain other "excepted trusts" need not be disclosed. Have you

Yes

Š **X**

Yes

š **X**

DEPENDENT, OR TRUST INFORMATION — ANSWER EACH OF THESE QUESTIONS

appropriate schedule attached for each "Yes" response.

8

excluded from this report details of such a trust benefiting you, your spouse, or dependent child?

Name BOB FILNER

Page 2 of 2

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.

						Put	56		Examples:		
						Scic Empir	SELF- EMPLOYED CONSULTANT	Ontario County Board of Education	Civil War Roundtable (Oct 2nd)	Keene State	
						hees	ED C.	lion			Sol
						PUBLIC Employees RETIREMENT SYSTEM	NSULTANT				Source
						PENSION	4	Spouse Salary	Spouse Speech	Approved Teaching Fee	Туре
						73,495	P.V.	NA	\$1,000	\$6,000	Amount

Name
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SCHEDULE II — PAYMENTS MADE TO CHARITY IN LIEU OF HONORARIA

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 Ethics. A green envelope for transmitting the list is included in each Member's filing package.

Source	Activity	Date	Amount
Association of American Associations, Washington, DC	Speech	Feb. 2, 2010	\$2,000
	Article	Aug. 13, 2010	\$500
CALIE. STATE UNIV Long Beach	Speed	Nov. 10.200	\$ 500
Consortium for Reace + Social Justice)			
	·		

Asset and/or Income Source BLOCK A

more than \$200 in "unearned" income during the year. of income with a fair market value exceeding \$1,000 at the end of the reporting period, and (b) any other Identify (a) each asset held for investment or production reportable asset or sources of income which generated

not use ticker symbols.) Provide complete names of stocks and mutual funds (do

account that exceeds the reporting thresholds. For retirement accounts which are not self-directed, provide only value at the end of the reporting period the name of the institution holding the account and its the power, even if not exercised, to select the specific plans) that are self-directed (*i.e.*, plans in which you have For all IRAs and other retirement plans (such as 401(k) investments), provide the value for each asset held in the

For rental or other real property held for investment, pro-vide a complete address.

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asset is sold, portion of an

Value of Asset

BLOCK B

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

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

Type of Income

BLOCK C

if the asset generated no income durdisclosed as Income. Check "None" gains, even if reinvested, must be that generate tax-deferred income you to choose specific investments or retirement accounts that do not allow Check all columns that apply. ing the reporting period Dividends, interest, and capital may check the "None" column. (such as 401(k) plans or IRAs), you

A

as income. was earned even if reinv Dividends, in checking the indicate the the "None" co as 401(k) pla that generate you to choo For retiremen

If only a	<u>,</u>	
reporting year.	ГÐ	or generated.
\$1,000 in	<u>\$</u>	Check "None" if no income
exceeding	θX	nterest, and capital gains,
exchanges (E)	ex	e appropriate box below.
sales (S), or	sa	olumn. For all other assets,
purchases (P),	g	ins or IRAs), you may check
asset had	as	se specific investments <u>or</u>
Indicate if the	<u>2</u>	nt accounts that do not allow
Transaction	爿	ount of Income
BLOCK E		BLOCK D

	Ì		4	DC,	SP,	Pleo optiming Saac Saac Saac Saac Saac Saac Saac Saa
CNEUBERGER + BERMAN)				Examples:		vide a complete address. For an ownership interest in a privately-held business that is not publicly traded, state the name of the business, the nature of its activities, and its geographic location in Block A. Exclude: Your personal residence, including second homes and vacation homes (unless there was rental income during the reporting period); any deposits totaling \$5,000 or less in a personal checking or saving accounts; and any financial interest in, or income derived from, a federal retirement program, including the Thrift Savings Plan. 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 with your spouse (JT), in the optional column on the far left. For a detailed discussion of Schedule III requirements, please refer to the instruction booklet.
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SCHEDULE III—ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

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

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SCHEDULE IV— TRANSACTIONS

Name Bos FIL NE

VER Page 7

									1	ROBLA, CA SCHOOL DIST. BOND	SP Example: Mega Corporation Common Stock (partial sale)	SP, DC, JT Asset	cate (<i>i.e.</i> , "partial sale"). See example below. 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.	resulted in a capital loss. Provide a brief description of any exchange trans- action. Exclude transactions between you, your spouse or dependent chil- dren, or the purchase or sale of your personal residence, unless it gener- ates rental income. If only a portion of an asset is sold, please so indi-	Report any purchase, sale, or exchange transactions by you, your spouse, or dependent child during the reporting period of any security or real property held for investment that exceeded \$1,000. Include transactions that
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									×	×	×		SALE	·	Type of Transaction
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SCHEDULE V— LIABILITIES

Name BOB FILDER

Page **T** of C

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 (unless you are personally liable); 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.

 _						
:					JT SP,	
		-	240	Example:		
			CHASE	First Bank of Wilmington, DE	Creditor	
			Per ano	May 1998	Date Liability Incurred Mo/Year	
			CREDIT CARD	Mortgage on 123 Main St., Dover, DE	Type of Liability	
					\$10,001- \$15,000	
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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 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

relationship to you. Gifts with a value of \$134 or less need not be added towards the \$335 disclosure threshold.

 _	 	 _		_
		Example: Mr. Joseph H. Smith, Anytown, Anystate	Source	
		Silver Platter (determination on personal friendship received from Committee on Standards)	Description	
		\$345	Value	1:

BOB
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Pag

Name

\$ **4**

SCHEDULE VII — TRAVEL PAYMENTS AND REIMBURSEMENTS

or were paid by you and reimbursed by the sponsor. Identify the source and list travel itinerary, dates, and nature of expenses provided for travel and travel-related expenses totalling more than \$335 received by 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 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

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

Examples: Pacifica Institute Street Eduction Fund Roycroft Corporation Chicago Chamber of Commerce Source Dec. 22-31 F&.13-19 Aug. 6-11 Date(s) Mar. 2 Pa - Krast - Jorda-De City of Departure—Destination— City of Return DC ーToray - DC DC—Los Angeles—Cleveland DC—Chicago—DC Lodging? (Y/N) Z Food? Z Was a Family Member Included? 3 Z Z Z ≺! Number of days <u>not</u> at sponsor's expense Xone None との入 2 Days None