	Termination Date:	Termination	Amendment	Annual (May 15)	Report Type
be assessed aga		Employee	District: 50	House of Representatives	Status
A \$200 penalty s	Employing Office:	— Officer Or	State: CA	✓ Member of the U.S.	Filer
u.s (Office use or	(Daytime Telephone)		ie)	(Full Name)	
2010 MAY 13 F	(202) 225-0508		Bilbray	Brian Phillip Bilbray	
Lausi ATIVE RESO					
L.,,,	For use by Members, officers, and employees		OSURE STATE	CALENDAR YEAR 2009 FINANCIAL DISCLOSURE STATEMENT	CALENDA
	FORM A Page 1 of 7	TATIVES	RESEN	UNITED STATES HOUSE OF REPRESENTATIVES	UNITE

## PRELIMINARY INFORMATION -- ANSWER EACH OF THESE QUESTIONS

Did you, your spouse, or a dependent child receive any reportable girls in or more from any acure in the reporting period?  If yes, complete and attach Schedule II.  Did you, your spouse, or a dependent child receive "unearned" income of more than \$200 at the end of the period?  If yes, complete and attach Schedule III.  Did you, your spouse, or a dependent child receive "unearned" income of more than \$200 to the period of the period?  If yes, complete and attach Schedule III.  Did you, your spouse, or a dependent child receive "unearned" income of more than \$200 to the period of the period of the period?  If yes, complete and attach Schedule III.  Did you, your spouse, or a dependent child receive "unearned" income of more than \$200 to the period of the period?  If yes, complete and attach Schedule IV.  Did you, your spouse, or a dependent child receive "unearned" income of more than \$200 to the period of the period?  If yes, complete and attach Schedule IV.  Did you, your spouse, or a dependent child receive "unearned" income of more than \$200 to the period of the period?  If yes, complete and attach Schedule IV.  Did you, your spouse, or a dependent child receive "unearned" income of more than \$200 to the period of the period?  If yes, complete and attach Schedule IV.  Did you, your spouse, or a dependent child receive "unearned" income our period?  If yes, complete and attach Schedule VIII.  Did you, your spouse, or a dependent child receive "unearned" income our period and any reportable travel or travel in the reporting period?  If yes, complete and attach Schedule VIII.  Did you, your spouse, or a dependent child receive "unearned" income our period and attach Schedule VIII.  Did you, your spouse, or dependent child income of the period?  If yes, complete and attach Schedule VIII.  Did you have any reportable period?  If yes, complete and attach Schedule VIII.  Did you have any reportable period or the date of filing in the reporting period?  If yes, complete and attach Schedule VIII.  Did you have any r
a dependent child receive any reportable gift in aggregating more than \$335 and not otherwise Yes attach Schedule VI.  a dependent child receive any reportable travel or el in the reporting period (worth more than \$335 Yes attach Schedule VIII.  bile positions on or before the date of filing in the Yes wattach Schedule VIII.  able agreement or arrangement with an outside Yes attach Schedule IX.  This part must be answered and the appropring of for each "Yes" response.  EACH OF THESE QUESTIONS  Conduct and certain other "excepted fitting you, your spouse, or dependent child Yes Number of a spouse or dependent Child Yes Number of the Committee on Yes Number of the Committee of
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No N
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## **SCHEDULE I - EARNED INCOME**

Name Brian Phillip Bilbray

Page 2 of 7

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.

Source	Туре	Amount
Bilbray Tax Service (spouse)	Self-Employment	\$52,000
County of San Diego	Public Employee Pension	\$14,000
CALPERS	State Public Emp Pension	\$12,000

SCHEDULE III -
ASSETS AND
"UNEARNED"
INCOME

Name Brian Phillip Bilbray

Page 3 of 7

	<del>`,</del>			· · · · · · · · · · · · · · · · · · ·				
SP	SP		SP	SP	ا ا	If you so chou that of your s in the optiona	Exclude: You debt owed to parent or sibl savings according to the control of the	Identify (a) ea a fair market and (b) any of than \$200 in and than \$200 in and in which you investments), in the accoun plans that are and its value and its activities, a information, s
Hancock Bank	First Nat'l Bank of Picayune	Cong. Federal CU-SEP	Bilbray Tax Service 970 Seacoast DR #7 Imperial Beach, CA	720 Caesar Rd Picayune, MS	19 Raleigh St Helena, MT	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.	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.	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 JRAs 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.
1,00	1,00	1,00	25,00 50,00	100,	None			Ye Value at close year. If value, p the method asset was included it is gen the value."None."
1,001-15,000	1,001-15,000	1,001-15,000	25,000,001- 50,000,000	100,001-250,000				Year-End 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."
Interest	Interest	Interest	Self-Employment	RENT	RENT			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 lRAs, 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 the calendar year.
1-200	1-200	1-200	50,001-100,000	5,001-15,000	2,501-5,000			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, including all IRAs, indicate the category of income by checking the appropriate box below. Dividends and interest, even if reinvested, should be listed as income. Check "None" if no income was earned or generated.
					S			BLOCK E  Transaction Indicate if asset had purchases (P), sales (S), or exchanges (E) exceeding \$1,000 in reporting year.

SCHEDULE II
Ξ
ASSETS.
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"UNEARNED" I
INCOME

SCHEDU	SCHEDULE III - ASSETS AND "UNEAKNED" INCUME	Name Brian Phillip Bilbray	ilip Bilbray		Page 4 of 7
	Nationwide Retirement Solutions (Formely Hartford)	\$100,001 - \$250,000	DIVIDENDS/CAPI \$15,001 - \$50,000 TAL GAINS	\$15,001 - \$50,000	
 	San Diego County CU	\$1,001 - \$15,000 INTEREST	INTEREST	\$1 - \$200	
     	SDC CU-Sep	\$15,001 - \$50,000	INTEREST	\$201 - \$1,000	
JT	US Savings Bonds	\$1,001 - \$15,000 INTEREST	INTEREST	\$1 - \$200	       
Sp	USAA IRA	\$1,001 - \$15,000 DIVIDENDS	DIVIDENDS	\$1 - \$200	
JT	USAA Mutual Funds	\$1,001 - \$15,000 DIVIDENDS	DIVIDENDS	\$1 - \$200	
J I	USAA SEP	\$1,001 - \$15,000 DIVIDENDS	DIVIDENDS	\$1 - \$200	

Name Brian Phillip Bilbray

Page 5 of 7

transaction. Do not report a transaction between you, your spouse, or your dependent child, or the purchase or sale of your personal residence, unless it is rented out. If only a portion of an asset is sold, please so indicate (i.e., "partial sale"). See example below. 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 exceeded \$1,000. Include transactions that resulted in a loss. Provide a brief description of any exchange

JT 1	SP,
19 Raleigh St. Helena, MT	Asset
S	Type of Transaction
No	Capital Gain in Excess of \$200?
5/20/09	Date
100,001-250,000	Amount of Transaction

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.

JT	SP, DC, JT
San Diego County CU	Creditor
Visa	Type of Liability
10,001-15,000	Amount of Liability

## SCHEDULE VIII - POSITIONS

Name Brian Phillip Bilbray

Page 7 of 7

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 honorary nature; and positions listed on Schedule I.

Position	Name of Organization
Advisory Board Member	Federation for American Immigration Reform

Galliard Stbl Val 0 bps

\$11.04 \$28.24 \$238.96

24 43 96 6

Deferrals/

52.998 430.633 62.173

Nationwide Retirement Solutions (formally Hartford)

Charges/

Dividends/

Gain/(Loss)/

Interest

Ending

Ralance

Your Account Values by Investment Option - January 1, 2010 through March 31, 2010

Withdrawals/

Terrefore Out Condito/Cone

457 Plan	Beginning Balance
HARTED TOT RET BD HLS	\$567.57
HARTFORD CAP APPR HLS	\$27,958.75
HARTFORD DIV & GTH HLS IA	\$9,514.58
Jns Twnty Fund T	\$5,303.89
Oakmark Equity & Inc Fd I	\$10,666.08
AmFds EuroPactc Gr R4	\$7,446.91
PIMCO Total Return Fd Adm	\$0.00
AmFds Gr Fd Am R4	\$11,660.24
VICTORY PORT DIV STK FD	\$5,428.82
A	1
SSGA S&P 500 Flagship	\$14,078.10
Galliard Stbl Val 0 bps	\$38,372.73
FnklnTmp Gr A	\$4,632.90
TOTAL	\$135,830.57

www.mydcplan.com

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