Yes No No	Exemptions— Have you excluded from this report any other assets, "unsamed" 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 Standards of Official Conduct.	
t Yes No	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 details of such a trust benefiting you, your spouse, or dependent child?	1
FIONS	EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION - ANSWER EACH OF THESE QUESTIONS	ξ
nd the appropriate	If yes, complete and attach Schedule V. We will not you, your spouse, or a dependent childrane any reportable lidering to yes. Yes Wo Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.	V. (mx
:	If yes, complete and attach Schedule IV.	ا اِحَادِ
Yes No 🗸	Did you, your spouse, or dependent child purchase, sell, or exchange any reportable agreement or arrangement with an outside reportable asset in a transaction exceeding \$1,000 during the reporting Yes V No UX. entity?	₹ 2
	If yes, complete and attach Schedule III.	J 8
Yes No	Did you, your spouse, or a dependent child receive "unearned" income of Yes W No Will. current calendar year?	II. Did
	If yes, complete and att	 #y
\$335 Yes No 🗸	Did any individual or organization make a donation to charity in lieu of paying Yes No VII. reimbursements for travel in the reporting period (worth more than \$335 from one source)?	II. you
	If yes, complete and att	If y
rwise Yes No V	Did you or your spouse have "earned" income (e.g., salaries or fees) of \$200 Yes W No 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)?	t. or r
	PRELIMINARY INFORMATION LANSWER EACH OF THESE QUESTIONS	PREL
more than 30 days late.	☐ Annual (May 15) Amendment ☐ Termination ☐ Termination	Report Type
A \$200 penalty shall be assessed against anyone who files	Member of the U.S. State: CA Officer Or Employing Office: House of Representatives District: 50	Filer Status
(Office Use Only)	(Full Name) (Daytime Telephone)	1
Wolf JUN 29 PM 2: 15	Brian Phillip Bilbray (202)225-0508	
DELIVERED	UNITED STATES HOUSE OF REPRESENTATIVES FORM A For use by Members, officers, and employees	CALE

SCHEDULE I - EARNED INCOME

Name Brian Phillip Bilbray

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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.

Туре	Amount
Self-Employment	\$52,000
Public Employee Pension	\$14,000
State Public Emp Pension	\$12,000
	Type Self-Employment Public Employee Pension State Public Emp Pension

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SP SP SP SP that of your spouse (SP) or dependent child (DC) or is jointly held (JT) plans that are not self-directed, name the institution holding the account in the account that exceeds the reporting threshold. For retirement mutual funds (do not use ticker symbols). For all fRAs and other a fair market value exceeding \$1,000 at the end of the reporting period, in the optional column on the far left. savings accounts; any financial interest in or income derived from U.S. debt owed to you by your spouse, or by your or your spouse's child, Exclude: Your personal residence(s) (unless there is rental income); any its activities, and its geographic location in Block A. For additional that is not publicly traded, state the name of the business, the nature of investments), provide the value and income information on each asset in which you have the power, even if not exercised, to select the specific retirement plans (such as 401(k) plans) that are self directed (i.e., plans land, provide a complete address. Provide full names of stocks and than \$200 in "unearned" income during the year. For rental property or and (b) any other assets or sources of income which generated more Identify (a) each asset held for investment or production of income with If you so choose, you may indicate that an asset or income source is Government retirement programs. parent or sibling; any deposits totaling \$5,000 or less in personal information, see the instruction booklet. and its value at the end of the reporting period. For an active business Asset and/or income Source Hancock Bank Picayune Cong. Federal CU-Sep Bilbray Tax Service 720 Caesar Rd, Picayune, MS First National Bank of 19 Raleigh St, Helena, MT ī \$1,001. \$15,000 \$15,000 \$1,001 -\$1,001 -\$15,000 \$50,000 \$15,001 \$100,001 \$250,000 None. the value should be it is generated income asset was sold and is the method used. If an value, please specify other than fair market valuation method year. If you use a at close of reporting included only because Value of Asset Year-End BLOCK B Name Brian Phillip Bilbray RENT RENT INTEREST INTEREST INTEREST **Employment** Other: Selfduring the calendar year. not generate any income Check "None" if asset did be listed as income. even if reinvested, should Dividends and Interest, appropriate box below. other assets including all may write "NA". For all plans or accounts that do Check all columns that RAs, indicate the type of specific investments, you not allow you to choose apply. For retirement ncome by checking the Type of Income **BLOCK C** \$1 - \$200 \$50,001 - \$100,000 \$5,001 - \$15,000 \$1 - \$200 \$1 - \$200 \$2,501 - \$5,000 of income by checking the other assets, including all earned or generated. appropriate box below. IRAs, indicate the category For retirement plans or Dividends and interest, even "NA" for income. For all you to choose specific accounts that do not allow 'None" if no income was nvestments, you may write Amount of Income isted as income. Check reinvested, should be ഗ Transaction reporting year. \$1,000 in exceeding exchanges (E) (P), sales (S), or had purchases Indicate if asset BLOCK E Page 3 of 7

SCHEDULE III - ASSETS AND "UNEARNED" INCOME SP 4 ┧ ٦ SP USAA SEP SDCCU-Sep San Diego County CU USAA-IRA **US Savings Bonds** (Formerly Hartford) National Retirement Solutions **USAA Mutual Funds** \$1,001 -\$15,000 \$1,001 -\$15,000 \$1,001 -\$15,000 \$1,001 -\$15,000 \$15,001 -\$50,000 \$100,001 -\$250,000 \$1 - \$1,000 Name Brian Phillip Bilbray DIVIDENDS DIVIDENDS/CAPI \$15,001 - \$50,000 TAL GAINS DIVIDENDS DIVIDENDS INTEREST INTEREST INTEREST \$1 - \$200 \$1 - \$200 \$1 - \$200 \$1 - \$200 \$201 - \$1,000 \$1 - \$200 Page 4 of 7

SCHEDULE IV - TRANSACTIONS

Name Brian Phillip Bilbray

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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

SP, DC,		Type of	Capital Gain in		
JT	Asset	Transaction	of \$200?	Date	Amount of Transaction
JT 19	19 Raleigh St, Helena, MT	S	Yes	5/20/09	\$100,001 - \$250,000

Name Brian Phillip Bilbray

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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.

J D SP	Creditor County CII	Visa	Type of Liability
ΤΓ	San Diego County CU	Visa	

SCHEDULE VIII - POSITIONS

Name Brian Phillip Bilbray

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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 honorary nature; and positions listed on Schedule I.

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