UNITED STATES HOUSE OF REPRESENTATIVES CALENDAR YEAR 2011 FINANCIAL DISCLOSURE STATEMENT	Form A For use by Members, officers, and employees	HAND DELIVERED LEGISLATIVE RESOURCE CLATLE
Name: BOB FILNER Daytime	Telephone: 225-7933	2012 JUL 13 PM 1:39 U.S. HOUSE OF THE CLERK (SAME BESENTATIVES
Filer Status Member of the U.S. House of Representatives District: Office Employment Type Annual (May 15, 2012) Member of the U.S. State: CA District: District: Amendment		A \$200 penalty shall be assessed against anyone who files more than 30 days late.
PRELIMINARY INFORMATION — ANSWER EACH OF THE	SE QUESTIONS	
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.	VI. Did you, your spouse, or a dependent child reportable gift in the reporting period (i.e., agg than \$350 and not otherwise exempt)? If yes, complete and attach Schedule VI.	receive any regating more Yes No No
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? If yes, complete and attach Schedule II.	VII. Did you, your spouse, or a dependent child	n the reporting
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.	VIII. Did you hold any reportable positions on of filing in the current calendar year? If yes, complete and attach Schedule VIII.	r before the date Yes No No
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.	IX. Did you have any reportable agreement or an outside entity? If yes, complete and attach Schedule IX.	arrangement with Yes No No
V. Did you, your spouse, or a dependent child have any reportable liability (more than \$10,000) during the reporting period? Yes No If yes, complete and attach Schedule V.	Each question in this part appropriate schedule attach	
EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFO	RMATION — ANSWER <u>EACH</u> O	F THESE QUESTIONS
TRUSTS—Details regarding "Qualified Blind Trusts" approved by the Committee on Ethics a excluded from this report details of such a trust benefiting you, your spouse, or dependent of		closed. Have you Yes No No
EXEMPTION —Have you excluded from this report any other assets, "unearned" income, trathey meet all three tests for exemption? Do not answer "yes" unless you have first consulted		child because Yes No No

1.

Name	BOB	FILNER	Page 2 of
		, , = , , = ,	

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.

	Sou	rce	Туре	Amount
Keene State	<u> </u>		Approved Teaching Fee	\$6,000
	nd	<u></u>	Legislative Pension	\$9,000
		,	Spouse Speech	\$1,000
		,	Spouse Salary	NA NA
		RETILEMENT SYSTEM	PENEION	14,091
,				
	/ 2/			
		7 B B B 7		
	Civil War Round Ontario County	Keene State State of Maryland Civil War Roundtable (Oct. 2nd) Ontario County Board of Education	State of Maryland Civil War Roundtable (Oct. 2nd)	Keene State Approved Teaching Fee State of Maryland Legislative Pension Civil War Roundtable (Oct. 2nd) Spouse Speech Ontario County Board of Education Spouse Salary

SCHEDULE III—ASSETS AND "UNEARNED" INCOME

BLOCK A					В	OC	⟨B					T				BI	LOC	κ	C		Т				BLC	ЭÇК	(D					BLOCK E
Asset and/or Income Source				V	alue	of	As	set							Тур	ре	of l	Inc	on	ne			A	mo	unt	of	Inc	con	ne			Transaction
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 reportable asset or sources of income which generated more than \$200 in "unearned" income during the year. Provide complete 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 for each asset held in the account that exceeds the reporting thresholds. For retire-	re mo ple If a ye ge	portetho	ting od (e sp asse and atec	yea othe ecif et wa is	ar. In the fy the as so	of a i you an e me old d uded e, th	u us fair etho urin d or	se a ma d us g th	a varket sed. se re bec	alua va por aus	tion lue, ting e it	t t () r I	etire /ou i hat such nay Divi jain disc	ck a eme- to ch gei h as che den is, e	all on an	colu cca se s ate)1(k he " in in if is ir	mns unts tax) pla Tax- tere rein con	s the ific ans -De st, ne me.	hat at de inve ferre or ferre an sted . Ch	apply. For o not allow estments <u>or</u> ed income IRAs), you ed" column. nd capital d, must be eck "None" ncome dur-	De "N ca the in re in	eferrate the terminate of the terminate	ed" i ed" i oprop st, a este e. C	n Bl umn ategoriat and d, r	ock . For ory o e bo car nus k "N	C, y rall of in ox t pita t b	othe com pelo l ga	may er as ne by w. C ains disc	che set: y ch livid , ev lose	eck to s, in ecki lend ven ed	the idi- ing is, if	Indicate if the asset had purchases (P), sales (S), or exchanges (E) exceeding \$1,000 in reporting year.
ment accounts which are not self-directed, provide only the name of the institution holding the account and its value at the end of the reporting period. For rental or other real property held for investment, provide a complete address.	А	В	С	D	Е	FC	a H	1 1	J	к	L									â		Н	Ш	IV	v	VI	VII	VIII	ıx	x	ΧI	If only a portion of an asset is sold, please
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.							:													or Farm Income												indicate as follows: (S) (partial) See below for exam-
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,	None	\$1 - \$1,000	\$1,001 - \$15,000	\$15,001 - \$50,000	97	1	1		\$1,000,001 - \$5,000,000 \$5,000,001 - \$5,000,000	4 1	Over \$50 000 000	NONF	DIVIDENDS	BENT	NTEBEST	OADITAL OARIO	CAPITAL GAINS	EXCEPTED/BLIND TRUST	TAX-DEFERRED	Other Type of Income (Specify: e.g., Partnership income or Farm Income)	None	\$1 - \$200	\$201 - \$1,000	\$1,001 - \$2,500	\$2,501 - \$5,000	\$5,001 - \$15,000	\$15,001 - \$50,000	\$50,001 - \$100,000	\$100,001 - \$1,000,000	\$1,000,001 - \$5,000,000	Over \$5,000,000	ple. P, S, E
please refer to the instruction booklet.			\dashv		x	\perp	+	+	\perp	+	-	╀	 	_	+	+	+	_	\dashv	\leftarrow	╀		_	Х	\Box							S (partial)
SP Mega Corp. Stock DC, Examples: Simon & Schuster	ł	l	lefini	ta									+^	`-	-+					Royalties	-	·							Х			3 (partiar)
JT 1st Bank of Paducah, KY Accounts			T			x -						+		X	:†					· ioyanioo					•	 Х						
GUARDIAN MUTUAL FUND (NEUBERGER * BERMAN)				X)	<		7	K							X								
									į																							

SCHEDULE III—ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Name BOB FILNER Page 4 of 7

	BLOCK A Asset and/or Income Source				Va	Ye	ar-	CK E -En	ıd	et			i					Ту	coi				An	101		ock of		on	1e			BLOCK E Transaction
SP, DC, JT		A							\$500,001 - \$1,000,000 I	- \$1,000,001 - \$5,000,000		000,000	000,00		S			AINS	J/BLIND TRUST	RRED	Other Type of Income (Specify: e.g., Partnership Income or Farm Income)		.11							\$100,001 - \$1,000,000 X		P, S, E
i		None	\$1 - \$1,000	\$1,001 - \$15,000	\$15,001 - \$50,000	\$50,001 - \$100,000	\$100,001 - \$250,000	\$250,001 - \$500,000	\$500,001 -	\$1,000,001	\$5,000,001	\$25,000,00	Over \$50,0	NONE	DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED/BLIND	TAX-DEFERRED	Other Type of Income (Specify: e.g., Partnership Income o Farm Income)	None	\$1 - \$200	\$201 - \$1,000	\$1,001 - \$2,500	\$2,501 - \$5,000	\$5,001 - \$15,000	\$15,001 - \$50,000	\$50,001 - \$100,000	\$100,001 - \$1,000,000	Over \$5,000,000	
	BANK & AMERICA (Checking) Congressional Feu			X										X X								X							_			
																																nen .
																													1			
	BREAT AMERINS TSA FRESNO SCHOOL DIST. BOLD			X	X								-				X							X	X				+	+		
	RESERVE MONEY FUNDESMAN) GELIFE COMMONWEARD AND					X	X							X			X					X							-			~
- 1	GELIFE COMMONWEARD AND FRESNO, CA. SUM BOND				X		^							^			X								X							
 								_					-																+	 		
$\frac{1}{2}$		 								+		+	1				+											1	$\frac{1}{4}$	+		

SCHEDULE III—ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Name Bob FILUER Pag 5 of 7

	BLOCK A Asset and/or Income Source				Va	Ye	e o	-Er	nd	et					_			Ty _l	ре				An	noı		ock of		con	ne			BLOCK E Transaction
SP, DC, JT		None	\$1 - \$1,000	\$1,001 - \$15,000 O	\$15,001 - \$50,000	\$50,001 - \$100,000 m	\$100,001 - \$250,000	\$250,001 - \$500,000	0	\$1,000,001 - \$5,000,000	\$5,000,001 - \$25,000,000	\$25,000,001 - \$50,000,000 X	Over \$50,000,000	NONE	DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED/BLIND TRUST	TAX-DEFERRED	Other Type of Income (Specify: e.g., Partnership Income or Farm Income)	None	200	000	\$1,001 - \$2,500	\$2,501 – \$5,000	\$5,001 - \$15,000	\$15,001 – \$50,000	0	\$1,000,001 - \$5,000,000 X	Over \$5,000,000	P, S, E
	FRAKLIN FIEX OAP GWFII FRANKUN FED TAX FREE EATON VANCE INVI, TR.				XXX										XXX		XXX					X		X								
18 An Esteau	FRANKLIN TAX FREE TR BOLUMBIA FUNDS SERTR PIMCO FUNDS PACINUT. MONEY FUND		X		X										X X X X		X					X	X	X								
	SUN-AMERICA CASH TR. (IRA-AIG) AMER. NATL.INS. 751				X		X								X		X X							X	X							

Page 6 of 7

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. **NOTE:** Pending legislation may require Members to report mortgages on personal residences.

			Data					Ame	ount c	f Liab	ility			
SP, DC, JT	;	Creditor	Date Liability Incurred Mo/Year	Type of Liability	\$10,001- \$15,000	\$15,001- \$50,000	\$50,001- \$100,000	\$100,001- \$250,000	\$250,001- \$500,000	\$500,001- \$1,000,000	\$1,000,001- \$5,000,000	\$5,000,001- ± \$25,000,000	\$25,000,001- \$50,000,000	Over \$50,000,000
	Example:	First Bank of Wilmington, DE	May 1998	Mortgage on 123 Main St., Dover, DE				Х						
	CHA	S	ASR, 2018	Mortgage Westington, ac					X					
	CHA	sE	MAY, 2000	Mortgage Wedington De /Mortgage Chula Vista en				X						
:														

SCHEDULE VI— GIFTS

Report the source, a brief description, and the value of all gifts totalling more than \$350 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 \$140 or less need not be added towards the \$350 disclosure threshold.

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

Source	Description	Value
Example: Mr. Joseph H. Smith, Anytown, Anystate	Silver Platter (determination on personal friendship received from Committee on Ethics)	\$375
	Λ -	
, , , , , , , , , , , , , , , , , , ,		

SCHEDULE VII — TRAVEL PAYMENTS AND REIMBURSEMENTS

Identify the source and list travel itinerary, dates, and nature of expenses provided for travel and travel-related expenses totalling more than \$350 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 or were paid by you and reimbursed by the sponsor.

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

	Source	Date(s)	City of Departure—Destination— City of Return	Lodging? (Y/N)	Food? (Y/N)	Was a Family Member Included? (Y/N)	Number of days <u>not</u> at sponsor's expense
Examples:	Chicago Chamber of Commerce	Mar. 2	DC—Chicago—DC	N	N	N	None
<u> </u>	Roycroft Corporation	Aug. 611	DC-Los Angeles-Cleveland	Υ	Υ	Υ	2 Days
PACI	FICA INSTITUTE	Apr. 15-24	DC-ISTANBUL -DC	Y	Y	N	NONE
Har	.Po Propuenaus	Apr. 27-30	Sen Diego-Chicap-De	y	y	N	2
Color	ADO IBANMU-AMERICA	June 16-	De - Paris - pe	Y	y	N	2
	commun my	21		•			
					1		