

HAND DELIVERED *MC*

**UNITED STATES HOUSE OF REPRESENTATIVES
CALENDAR YEAR 2008 FINANCIAL DISCLOSURE STATEMENT**

FORM A
For use by Members, officers, and employees

LEGISLATIVE RESOURCE CENTER
2008 MAY 15 AM 11:44
OFFICE OF THE CLERK
U.S. HOUSE OF REPRESENTATIVES
(Office Use Only)

Dean Arthur Heller (Full Name) (202) 225-6155 (Daytime Telephone)

Filer Status	<input checked="" type="checkbox"/> Member of the U.S. House of Representatives State: <u>NV</u> District: <u>02</u>	<input type="checkbox"/> Officer Or Employee Employing Office: _____
Report Type	<input checked="" type="checkbox"/> Annual (May 15) <input type="checkbox"/> Amendment <input type="checkbox"/> Termination	Termination Date: _____

A \$200 penalty shall be assessed against anyone who files more than 30 days late.

PRELIMINARY INFORMATION -- ANSWER EACH OF THESE 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.	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	VI. 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)? If yes, complete and attach Schedule VI.	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
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.	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	VII. Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than \$335 from one source)? If yes, complete and attach Schedule VII.	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
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.	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	VIII. Did you hold any reportable positions on or before the date of filing in the current calendar year? If yes, complete and attach Schedule VIII.	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
IV. Did you, your spouse, or 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.	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	IX. Did you have any reportable agreement or arrangement with an outside entity? If yes, complete and attach Schedule IX.	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
V. 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 V.	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.	

EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION -- ANSWER EACH OF THESE QUESTIONS

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?	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
Exemptions--	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 Standards of Official Conduct.	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

SCHEDULE I - EARNED INCOME

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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.

Source	Type	Amount
Carson School District	Spouse Salary	\$3,717

SCHEDULE II - PAYMENTS MADE TO CHARITY IN LIEU OF HONORARIA

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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 envelope that is appropriately labeled.

Source	Activity	Date	Amount
N/A			

SCHEDULE III - ASSETS AND "UNEARNED" INCOME

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BLOCK A		BLOCK B	BLOCK C	BLOCK D	BLOCK E
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. 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.		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. For retirement plans or accounts that do not allow you to choose specific investments, you may write "NA". For all other assets including all IRAs, 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.	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.	Transaction Indicate if asset had purchases (P), sales (S), or exchanges (E) exceeding \$1,000 in reporting year.
SP	AD Clark Family Ltd Pshp % of Rental Property, see attached.	\$250,001 - \$500,000	RENT	NONE	
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	
JT	Bank of America	\$1,001 - \$15,000	INTEREST	\$1 - \$200	
SP	Brombach Family Ltd Pshp % of , see attached.	\$1,000,001 - \$5,000,000	INTEREST	\$50,001 - \$100,000	

SCHEDULE III - ASSETS AND "UNEARNED" INCOME

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	Loan to Heller for Congress	\$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	
DC	Mass Mutual Life Ins	\$15,001 - \$50,000	None	NONE	
SP	Mass Mutual Life Ins	\$15,001 - \$50,000	None	NONE	
	Mass Mutual Life Ins	\$50,001 - \$100,000	None	NONE	
	State of Nevada Retirement	\$50,001 - \$100,000	None	NONE	

SCHEDULE IV - TRANSACTIONS

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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 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.

SP, DC, JT	Asset	Type of Transaction	Date	Amount of Transaction
SP	Brombach Family Ltd Pshp (See attached)	P	various	\$500,001 - \$1,000,000
SP	Brombach Family Ltd Pshp (See attached)	S(part)	various	\$500,001 - \$1,000,000

SCHEDULE V - LIABILITIES

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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.

SP, DC, JT	Creditor	Type of Liability	Amount of Liability
	N/A		

SCHEDULE VI - GIFTS

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Report the source, a brief description, and the value of all gifts totaling more than \$335 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 \$134 or less need not be added towards the \$335 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
N/A		

SCHEDULE VII - TRAVEL PAYMENTS AND REIMBURSEMENTS

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Identify the source and list travel itinerary, dates, and nature of expenses provided for travel and travel-related expenses totaling 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 reimbursed or paid directly 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)	Point of Departure-- Destination--Point of Return	Lodging? (Y/N)	Food? (Y/N)	Was a Family Member Included? (Y/N)	Days not at sponsor's expense
N/A.						

SCHEDULE VIII - POSITIONS

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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
N/A	

SCHEDULE IX - AGREEMENTS

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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.

Date	Parties To	Terms of Agreement
	N/A	

FOOTNOTES

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Number	Section / Schedule	Footnote	This note refers to the following item
N/A			

**SCHEDULE III ATTACHMENT
AD CLARK FAMILY LTD PARTNERSHIP
12/31/2008**

DEAN HELLER

ADDRESS OF PROPERTY OWNED

**12801 WEST JEFFERSON BLVD
LOS ANGELES CALIFORNIA**

ESTIMATED VALUE OF PROPERTY	\$414,600
RENTAL GROSS INCOME	\$0
RENTAL NET INCOME (LOSS)	(\$6,207)

*** Net results at a loss for 2008 due to the property being vacant.**

SCHEDULE III ATTACHMENT
 BROMBACH FAMILY LP
 12/31/2008

DEAN HELLER

	ASSET VALUE	ESTIMATED INCOME
CMA MONEY FUND/CASH	\$24,626	\$76
ACCRUED INTEREST	\$17,295	-
MUNI BONDS		
LOS ANGELES CA UNI SCH	\$107,059	\$5,442
MONTEREY CNTY CA COP	\$70,082	\$3,455
PUERTO RICO MUN FIN AGY	\$64,566	\$3,420
CALIFORNIA ST ECONOMIC	\$50,489	\$2,419
BAKERSFIELD CA WASTEWTR	\$43,566	\$2,073
LOS ANGELES CO CA CTFS	\$66,738	\$3,265
LOS ANGELES CA MTA SLS	\$53,176	\$2,419
BENICIA CA UNI SCH DIST	\$30,137	\$1,161
LOS ANGELES CA CMNTY CLG	\$75,468	\$3,455
CALIFORNIA EDL FAC AUTH	\$90,356	\$4,146
SAN FRAN CA CY-CO PUB	\$91,127	\$4,146
CALIFORNIA ST DPT WTR RES PSR SER A OID	\$98,815	\$1,771
SAN FRANCISCO CA CY-CO	\$73,376	\$3,455
CALIFORNIA ST ECONOMIC	\$90,137	\$4,353
SAN JOAQUIN DELTA CCD	\$73,269	\$2,784
ORANGE CNTY CA SANTN	\$49,164	\$2,246
UNIVERSITY CA REVS GEN	\$38,200	\$1,728
BVRLY HILLS CA PUB FN AT	\$60,173	\$2,902
CENTRAL COAST WTR AUTH	\$75,924	\$3,455
SAN DIEGO CA UNI SCH	\$80,942	\$3,455
LOMPOC CA UNI SCH DIST	\$22,472	\$933
SACRAMENTO CA MUN UTIL	\$37,758	\$1,728
SAN DIEGO CO CA WTR AT	\$92,735	\$4,146
MONTEREY PENINSULA CA	\$43,201	\$1,866
SAN FRANCISCO CA CMNTY	\$80,583	\$3,939
SAN MATEO CA UN HIGH SCH	\$69,400	\$3,455
	<u>\$1,710,804</u>	<u>\$77,673</u>

SCHEDULE IV ATTACHMENT
 BROMBACH FAMILY LP
 12/31/2008

DEAN HELLER

PROCEEDS

RIVERSIDE CO CA TRCOM	6/2/2008	\$34,550
SAN JOSE CA REDEV AGY	8/1/2008	\$31,786
SAN JOSE CA REDEV AGY	8/1/2008	\$71,864
CABRILLO CA UNI SCH DIST	8/1/2008	\$41,460
CLOVIS CA UNISCH DIST	11/3/2008	\$68,100
SANTA ANA CA CMNTY REDEV	7/7/2008	\$56,440
LOS ANGELES CA MTA SLS	7/1/2008	\$103,650
BELL CA CMNTY HSG AUTH	4/16/2008	\$22,511
CALIFORNIA ST FSA-CR	10/8/2008	\$57,828
RICHMOND CA WASTEWTR REV	7/7/2008	\$64,326
OAKLAND CA UNI SCH DIST	7/7/2008	\$42,511
CALIF ST DPT WTR RES PSR PUT AMBAC	1/30/2008	\$34,550
LIVERMORE AMADOR VY WTR	7/7/2008	\$42,034
EAST BAY CA MUD WTR SYS	12/3/2009	\$51,825
PUERTO ORICO COMMWLTH	7/1/2008	\$69,100

TOTAL

\$793,535

PURCHASES

	DATE PUCHASED	ASSET VALUE	ESTIMATED INCOME
MONTEREY PENINSULA CA	1/24/2008	\$44,539	\$1,866
LOMPOC CA UNI SCH DIST	5/13/2008	\$22,287	\$933
SACRAMENTO CA MUN UTIL	6/13/2008	\$37,998	\$1,728
SAN FRAN CA CY-CO PUB	7/16/2008	\$89,423	\$4,146
CALIFORNIA ST DPT WTR	7/29/2008	\$37,653	\$1,771
BENICA CA UNI SCH DIST	2/7/2008	\$30,625	\$1,161
CALIFORNIA EDL FACS AUTH	7/31/2008	\$89,086	\$4,146
SAN DIEGO CO CA WTR AT	8/22/2008	\$92,036	\$4,146
LOS ANGELES CA CMNTY CLG	8/21/2008	\$74,540	\$3,455
LOS ANGELES CA MTA SLS	9/4/2008	\$52,610	\$2,419
SAN DIEGO CA UNI SCH	9/18/2008	\$76,041	\$3,455
PUERTO RICO MUN FIN AGY	11/6/2008	\$64,669	\$3,420
LOS ANGELES CO CA CTFS	12/9/2008	\$66,390	3265
CALIFORNIA ST ECONOMIC	12/12/2008	\$50,221	2419

TOTAL

\$828,118

\$35,911