| Š Š | Yes 🔲 | pendent child | lilties of a spouse or dependent child Committee on Ethics. | | arned" income, s you have first | er assets, "uner wer "yes" unles | EXEMPTION – Have you excluded from this report any other assets, "unearned" income, transactions, or liab because they meet all three tests for exemption? Do not answer "yes" unless you have first consulted with the | EXE becau |
|--------------------|---|---|---|--|-------------------------------------|-------------------------------------|--|---|
| N _o | Yes 🔲 | ot be | pted trusts" need no child? | and certain other "exce pouse, or a dependent | ittee on Ethics ing you, your sp | d by the Comm า a trust benefit | TRUSTS —Details regarding "Qualified Blind Trusts" approved by the Committee on Ethics 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 a dependent child? | TRU: |
| S | QUESTION |)F THESE | SWER EACH OF THESE QUESTIONS | – AN | T INFORM | OR TRUS | EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION | EXC |
| | esponse. | each "Yes" r | dule attached for each "Yes" response | sche | and the ap | e answered | Each question in this part must be answered and the appropriate | |
| N _O | Yes 🔲 | \$5,000 from | ompensation of more than two prior years? attach Schedule VI. | VI. Did you receive compensation of more than \$5,000 from a single source in the two prior years? If yes, complete and attach Schedule VI. | 8 | Yes X | III. 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 III. | III. Di able li If yes , |
| Ž Ž | Yes | rangement | table agreement or an | V. Did you have any reportable agreement or arrangement with an outside entity? If yes, complete and attach Schedule V. | 8 | Yes 🖂 | II. 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 II. | II. Dic incom report If yes |
| No M | Yes 🔲 | pefore the date or two years? | table positions on or bendar year or in the price. | IV. Did you hold any reportable positions on or before the date of filing in the current calendar year or in the prior two years? If yes, complete and attach Schedule IV. | No D | Yes 🔀 | 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. | I. Did fees) If yes |
| | | | | ANSWER EACH OF THESE QUESTIONS | OF THESE | ER EACH | PRELIMINARY INFORMATION — ANSWE | PRE |
| | | | | | | | tections please type or print clearly in blue or black ink | |
| assessed who files | A \$200 penalty shall be a against any individual w more than 30 days late. | A \$200 per against and more than : | Check if Amendment | Election: Two 3, 201 4 | Date of • Election: | Office: | Filer Candidate for the State: MT District: OC Status New officer or Employing Office: | St. F |
| | (Office Use Only) | (| | | | | | |
| VES CA | TE OF REPRESENTATIVES | o Fice | | Daytime Telephone. | Daytime 1 | | ne: John Lewis | Name: |
| Page 1 of WiffER | Page LEGISLATIVE RESOURCE CENTER 2013 SFP 30 PM 12: 25 | LEGISLATIVI 2013 SFP | M B and new employees | FORM B | 1613 | ATIVES | UNITED STATES HOUSE OF REPRESENTATIVES FINANCIAL DISCLOSURE STATEMENT Period covered: January 1, 2012- 「ピカだmのどん | UNI Peri |

SCHEDULE I—EARNED INCOME (INCLUDING HONORARIA)

Name John Lawis

Pages of (

| ist 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 note 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 |
|--|
| nore 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 |
| xceeding \$1,000. See examples below. |
| "Volido: Military now (such as National Cuard as December 2011) follows the professional response to the control of the contro |

Exclude: military pay (such as National Guard of Heserve pay), lederal retirement programs, and benefits received under the Social Security Act.

| | | | | | | Melissa Lewis and Associates | Friends of Max Davous | US Jegate | Harris County, Texas Public Schools | - | First Bank & Trust, Houston, TX | XYZ Corporation, Houston, TX | Course (mounte date of tecept for Horizograf) | Source (include date of receipt for honoraria) |
|--|--|--|--|--|---|------------------------------|-----------------------|-----------|-------------------------------------|------------|---------------------------------|------------------------------|---|--|
| | | | | | | Spouse Jelan | Solari | Sclary | Spouse Salary | Honorarium | Director's Fee | Salary | , Apr | Tuno |
| | | | | | | | 5,833 | | | 0 | \$400 | \$6,300 | Current Year to Filing | Amount |
| | | | | | • | 75,000 | 10,000 | 82,000 | NA | \$1,000 | \$3,200 | \$28,450 | Preceding Year | unt |

| | | _ | S | 5 | | JT | Ŋ, | SP. | 무지 항문하는 숙순용하다로때 | ਰ⊋ੁ≑ | ַ יוֹג | יעסי | יקסע | a D | ∃ā⊈⊊ā | |
|----------|------------------|---|--|--|--|----------------------------------|--|---------------------|--|--|--|---|--|--|---|----------------------------|
| - | | | · <u>0</u> | | | Γ- | <u>ე</u> | ٠ <u>٠</u> | Exclude: Your personal residence, including second homes and vacation homes (<i>unless</i> there was rental homes and vacation homes (<i>unless</i> there was rental home during the reporting period); any deposits totaling \$5,000 or less in personal checking or savings 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 II requirements, please refer to the instruction booklet. | that is not publicly traded, state the name of the business, the nature of its activities, and its geographic location in Block A. | For an ownership interest in a privately-held business | For rental or other real property held for investment, provide a complete address or a description, e.g., "rental property" and the city and state. | For all IRAs and other retirement plans (such as 401(k) plans) provide the value for each asset held in the account that exceeds the reporting thresholds. | Provide complete names of stocks and mutual funds (do not use ticker symbols). | dentify (a) seen accent had for more more 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. | > |
| Į. | | i | 10 | 3 | , <u>.</u> | | Examples: | | and and strict in the strict i | i i i | OW! | product in the | pro T | esn : | nan (| Asset and/or Income Source |
| | 1 | | anguard | merica timbs IR | | | les: | | four four and war aving those avince and control of the control of | publ Bloc | nerst , | or s | r ide as | 핝 | with the | <u>e</u> |
| | | ~ | <u>چ</u> | 1 . | | | | Ϋ́ | per catto catto catto catto catto es any any se, 1 is e, 1 is | ∑ 8 €. | 5 | ther san | G # 6 | ers: | in to a fair | Ę |
| ľ | | | 8 | 3 | | 1st | တ္တ | SP Mega Corp. Stock | sona n ho in ho epor fin fin fin fin fin fin fin fin hat lan. hat lan. si joir man o si si si si si si si si si si si si si | f its | ntere | de e e | # ¥ € 7 | mb | r ma porti | · 6 • |
| 1 | \ \ | | <u>م</u> | 7 | | 1st Bank of Paducah, KY accounts | Simon & Schuster | 8 | If relation the control of the contr | act | St T | dreg | 1 | 96 of 015). | rket me | or Inco |
| Į. | | | | 31 | | 홋 | δ. | è | side s (u) peri ind indicate i | ivitie | a | ypert Ss c | a men | sto | of in | ਼ਨੂ∂ |
| | | | \Box | S _ | | Pad | 양 | ဋ္ဌ | nce, n/ess od); i ch); i ch i ch intere ant p icate pous with left. left. | , a a | oriva a | y he | ach pla | 읈 | COM S | įį́ |
| | 1 1 | | ¥ | 1 | | UCB. | ěξ | 홋 | incless the street of the stre | na nam | ely- | و علاق | ns (s | pue | e ¥t | (A) |
| 1 | 1 1 | | ست | 7 | , | 5 | | | required | 87 65 CD C3 | held | or in | 를 가 있 의 바 Si | Ē | | Ď |
| | | | | K- | | ag | | | was osits or incl incl or d or d | ed t | pr. | west tion, | S e as | tual | \$1,0 | . ₫ |
| | | | | - | | | | | Becon rent tota aving com ludin set (Set (JT nent | raph bus | šines | e.g e.g | = 5 = 6 | func | year of the | . 0 |
| <u> </u> | - | | | <u> </u> | - | ਲ | | | | <u>ਨ` ਦ</u> | ٠, | | | | | |
| | | | | ļ | | ┞ | | | None | | _ | by 5 | it generate be "None." | 2 2 | ples | <u> </u> |
| <u> </u> | + | | | | | - - | = | | \$1 - \$1,000 | | ВС | is c | ο No e | γea ea | ortir ase | } |
| | | | \geq | × | | ┝╌ | Indefinite | | \$1,001 - \$15,000 \$15,001 - \$50,000 | | a | sh of | ne." | i e | spe de s | , |
| | 1 | | | | - | ļ | 3 | × | | | 3 (| 엹퓕 | | | her eat | S |
| - | | | | | ├ | × | Φ | | \$50,001 - \$100,000 \$100,001 - \$250,000 | | F | ő is C ≇ | 8 | S S | # # # # | . E 2 |
| | + | | l | | <u> </u> | ۴ | - | Н | \$250,001 - \$250,000 \$250,001 - \$500,000 | | -] G | *This column is for assets solely held by your spouse or dependent child. | it generated income, the value should be "None." | If an asset was sold during the report- ing year and is included only because | reporting year. If you use a valuation method other than fair market value, please specify the method used. | Value of Asset |
| - | | | | | | ┞╌ | | | \$500,001 - \$1,000,000 | | I | epe | Ş | <u>ල්</u> දු | air r | 7 |
| | | | ļ | | | ┢╌ | - | | \$1,000,001 – \$5,000,000 | | | nd st | \$ | 5 <u>S</u> | nar a | SS |
| - | 11 | | | | | ┢ | | H | \$5,000,001 - \$25,000,000 | | r. | ont sole | il (| ₹ ₹ | Ket va | P |
| | | | | +- | | i | | | \$25,000,001 - \$50,000,000 | | | SE * | ris Hs | 6 3 6 3 | e kallua | 2 |
| \vdash | | | ļ | | | ┢ | | | Over \$50,000,000 | | _ | a. nek | <u>ē</u> | aus Por | , e g | - |
| | | | | \vdash | | ┢ | | | Spouse/DC Asset over \$1,000,000* | | Z | 1 | σ. | φ÷ | | |
| | | | × | × | - | Г | | × | NONE | | | 윤 큐 | 요폭 | . 4. S | e # a a a | 2 |
| | | | | | | | | | DIVIDENDS | | | it the asset generated no industry the reporting period. | Tell Control | P-S | iren ow /estr | - |
| | | | | | | | | | RENT | | | the | nve das | 1 e 12 | nent you dir | Type of Income |
| | | | | | | × | | | INTEREST | | | re ge | in co | 18 <u>8</u> | acc acc | e |
| | | | | | | | | | CAPITAL GAINS | | | ortin | om a | <u>6</u> 6 | ch chartha | e of Inc |
| | | | | l | | ┨ _ | | | EXCEPTED/BLIND TRUST | | | g pg | Ω Surger | [∄ā | ts the | 0 6 |
| | | | | | _ | | | | TAX-DEFERRED | | | j j | × 5 | Ş.Ş. | nat e s nera | E |
| | | | | | | | Royalties | | Other Type of Income | | | if the asset generated no income during the reporting period. | iff reinvested, must be dis- closed as income. Check "None" | plans or IRAs), you may check the "Tax-Deferred" column. Dividends, | cineux an countris triat apply, For retirement accounts that do not allow you to choose specific investments of that generate tax-deferred income (such as 401(k)) | P |
| <u> </u> | | | | | | L. | 8 | | (Specify: e.g., Partnership Income or Farm Income | 3) | | me | og | 5 3 | ⋧ ४हें इंड | |
| L | | | × | × | | _ | | | | | | | <u>د</u> ج | | 후크라고 | |
| L | | | | _ | | ┖ | <u> </u> | | ¥· | =1 | | ì | ĕ | 8 | g con or a | |
| | _ | | | <u> </u> | | | <u> </u> | | | ■ | | | 98 0 | Ħ | Can He He ISSE | |
| <u> </u> | | | ļ | | | - | 1. | × | | ╗ (| ດ | | 악 | Ω | pita by a #s | |
| — | | | | | | ľ | × | <u> </u> | | | | | je ji |)ec | 들을 | |
| <u> </u> | | | <u> </u> | | <u> </u> | ┡ | - | | \$5,001 - \$15,000 | XI WIN IN | Current Year | | * This column is for incoms spouse or dependent child. | , X | ja & a ≱ | |
| | | | - | 1 | | ┞ | - | 1 | \$15,001 - \$50,000 \$50,001 - \$100,000 | - 7 | ₹ | Ī | er of | र्व | ૻ ૱૽૽ૄઙ૽ | |
| | | | | ┼ | | Ͱ | ! | | \$100,001 - \$1,000,000 | [] | 6 | | 함 | <u> </u> | 6 ⊈ ₽ ≥ | |
| — | - | _ | | | - | ╀ | <u> </u> | _ | | <u>×</u> | ₹ | . | 픮 | , ⊒ | en ap Tich | A |
| — | 1 | | | + | ļ . | \vdash | +- | | | <u>ŝ</u> | | | О | . S | ⇒ pro | 2 |
| | + | | | | 1 | ┢ | | - | Spouse/DC Income over \$1,000,000* | × | | | eri | . <u>ই</u> | pri: | = 5 |
| \vdash | - | | × | X | | ٢ | | | | | | 1 | èd. | income. Check "None" if no income was earned or generated | For assets for which you checked "Tax-Deferred" in Block C, you reheck the "None" column. For all other assets, indicate the categor income by checking the appropriate box below. Dividends, interand capital gains, even if reinvested, must be disclosed | Amount of Income |
| | - | | 1 | + | † = | T | - | ! | | | | 1 | तं | ¥a | ex-l | ∣ਙੁਰ |
| | | | † | 1 | | t | T | × | \$201 - \$1,000 | ᠍ . | 7 | | Í. | Ω̈́ | en çeş Çeş | ĕ |
| | | | † | \top | | T | <u> </u> | | \$1,001 - \$2,500 | = = ₹ | <u>ā</u> | ľ | ass | a d | a softs, erre | ne |
| | | | | 1 | † | × | × | Г | \$2,501 - \$5,000 | \overline{a} | 0 | | ets | - B | rst ind | |
| | | | | | Ī | Γ | Π | | \$5,001 - \$15,000 | ፭ | <u>=</u> | | S | . 연 | P ¥ cat in | |
| | | | | | | Γ | | | \$15,001 - \$50,000 | ≦ | 5 | | ely | ě | e e ⇔ | |
| | | | | | | Γ | | | \$50,001 - \$100,000 | VI WIIVIIII X | Preceding Year | | , T | era | Se de X | |
| L | | | | | | | | | | | 9 | ļ | ä | ted | % = 3.7. | |
| | ' | | | | | | | ! | | 1 | | | 0 | | | |
| | | | | <u> </u> | | L | <u> </u> | <u> </u> | | × | | | ~ | | | |
| | | | | | | 上 | | | | × × × | | | This column is for income derived from assets solely held by your pouse or dependent child. | | For assets for which you checked "Tax-Deferred" in Block C, you may check the "None" column. For all other assets, indicate the category of income by checking the appropriate box below. Dividends, interest, and capital gains, even if reinvested, must be disclosed as | |

| = |
|---|
| ĭis |
| 8 |
| page |
| Φ |
| ₹ |
| ₹ |
| ጀ |
| Ö |
| 음 |
| ₫. |
| <u>-</u> - |
| <u>=</u> |
| 5 |
| |
| œ, |
| 9 9 |
| e spac |
| e space |
| e space is |
| e space is re |
| e space is requ |
| may be copied if more space is required |

| | | | 1 | | | _ | 1 | | | | _ | - | I 0 46 |
|------|----------|--|---|--|--|---|---|---|--|-----------------------------|----------------------------|---------|---|
| | <u> </u> | | | | | | | | JT, | SP. | | | |
| | | | | | | | | , | | | Asset and/or income Source | BLOCK A | SCHEDULE II — ASSETS ANI Continuation Sheet (if needed) |
| | | | | | | | | | 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 - \$1,000,000 \$1,000,001 - \$5,000,000 \$5,000,001 - \$25,000,000 \$25,000,001 - \$50,000,000 Over \$50,000,000 Spouse/DC Asset over \$1,000,0 | A B C D E F G H J K L M | Value of Asset | ВLОСК В | ASSETS AND "UNEARNED" INCOME |
| | | | | | | | | | NONE DIVIDENDS RENT INTEREST CAPITAL GAINS EXCEPTED/BLIND TRUST TAX-DEFERRED Other Type of Income(Spec Partnership Income or Farm Income | ify: e.g., | Type of Income | вгоск с | |
| | | | | | | | | | None | Current Year Preceding Year | Amount of Income | BLOCK D | Name John Lewis Page Jor Le |

| ທ |
|------------------|
| റ |
| Ĭ |
| m |
| Ë |
| \succeq |
| |
| |
| Ш |
| _ |
| |
| 1 |
| |
| |
| \triangleright |
| |
| ☱ |
| |
| = |
| = |
| 顶 |
| |

Name John Lewis

Page of L

ture, 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 sibowed during the reporting period. Exclude: Any mortgage on your personal residence (unless there is rental income); loans secured by automobiles, household furniling of you or your spouse. Report revolving charge accounts (i.e., credit cards) only if the balance at the close of the previous calendar year exceeded \$10,000. Beport 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

| | | | | | | | An | Amount of Liability | of Liab | dility | | | |
|------------|---------------------------------------|---------------------|--|----------------------|--|--------------------------------------|--------------------------------------|---------------------------|-----------------------------|------------------------------|------------------------------|----------------------|---|
| 7 S | Creditor | Date Liability | Type of Liability | > | ₩ | C | m | , _{TI} | | | | | er ⊼ |
| ٦ <u>,</u> | Creditor | incurred mo/year | lype of Liability | \$10,001 \$15,000 | \$15,001— \$50,000 \$50,001 | \$100,000 \$100,001— \$250,000 | \$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 | Spouse/DC Liability ove \$1.000.000 |
| | Example: First Bank of Wilmington, DE | May 1998 | Mortgage on 123 Main Street, Dover, DE | | | Ш | | | | | | | |
| | US Federal Could Union | Mark 2011 | And 2011 (Crsanol Loc. | X | | | | | | | | | |
| | | | | | | | | | | | | | |
| | | | | | | | | | | | | | |
| | | | | | | | | | | | | | |
| | | - 1 | | | | | | | | | | | |
| | | | | | | | | | | | | | į |

SCHEDULE IV - POSITIONS

any nonprofit organization, any labor organization, or any educational or other institution other than the United States. cer, director, trustee, partner, proprietor, representative, employee, or consultant of any corporation, company, firm, partnership, or other business enterprise, Report all positions, compensated or uncompensated, held on or before the date of filing during the current calendar year and in the two prior years as an offi-

Exclude: Positions listed on Schedule I; positions held in any religious, social, fraternal, or political entities (such as a political party or campaign organization);

| and positions solely of an honorary nature. | ature. |
|---|----------------------|
| Position | Name of Organization |
| | |
| | |
| | |
| | |
| | |

SCHEDULE VI — COMPENSATION IN EXCESS OF \$5,000 PAID BY ONE SOURCE SCHEDULE V — AGREEMENTS Example: Report sources of such compensation received by you or your business affiliation for services provided directly by you during the two prior years. This includes the names of clients and customers of any corporation, firm, partnership, or other business enterprise, or any nonprofit organization if you directly provided the services generating a fee or payment of more than \$5,000. Exclude: Payments by the U.S. Government and any information considered confidential as a result of a privileged relationship efit plan maintained by a former employer. recognized by law. Do not repeat information listed on Schedule I. 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 section continuence of payments by a former or current employer other than the LLS. Government or continuing participation in an employee welfare or between continuing participation in an employee welfare or between the LLS. Government or continuing participation in an employee welfare or between Doe Jones & Smith, Hometown, Homestate Source (Name and Address) Parties To Accounting services John Lewis **Brief Description of Duties** Terms of Agreement Page 10 of -

GPO: 2013

78-995 (mac)