| 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? 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 No Resch 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 | Did you, your spouse, or dependent child purchase, sell, or exchange any liv. reportable asset in a transaction exceeding \$1,000 during the reporting Yes No Vix. emitty? If yes, complete and attach Schedule IV. If yes, complete and attach Schedule IV. If yes, complete and attach Schedule IX. | eive "unearned" income of any reportable asset worth Yes No VIII. | ation to charity in lieu of paying reporting period? | H OF THESE QUESTIONS | Report Type Annual (May 15) Amendment Termination Termination | Filer Member of the U.S. State: GA Officer Or Employing Office: Status Control of the U.S. State: GA Control of the U.S. Stat | John Lewis (Full Name) 202-225-3801 (Daytime Telephone) | UNITED STATES HOUSE OF REPRESENTATIVES FORM A Page 1697 FORM Page 1697 FORM A CALENDAR YEAR 2009 FINANCIAL DISCLOSURE STATEMENT For use by Members, officers, and employees MAY 17 PM 2: 19 |
|--|---|--|--|--|----------------------|--|--|---|---|
| ndent Yes No I | d and the appropriate | outside Yes No | iling in the Yes V No | rwise Yes No V | to citt in the | more than 30 days late. | A \$20 DELIJXERHU be assessed against anyone who files | (Office (Jabonna) | NY 17 PH 2: 19 |

SCHEDULE I - EARNED INCOME

Name John Lewis

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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. Clark Atlanta University Source Spouse Pension Type N/A Amount

| ገ ሳ | | tt tt Ospen topttitizantees | (0 | (0 | 1 | | T | (0 |
|-----------------|---------|--|-------------------------------------|----------------------------------|-----------------------------------|----------------------------------|----------------------------------|-------------------------------------|
| | | ASSE dentify (a) eau i fair market v ind (b) any ot han \$200 in " and, provide and, provide and, provide and, provide and provide in the accoun hat are not so is value at the iot publicly tr citivities, and iformation, s ixclude: You lebt owed to parent or sibli avings accou sovernment r if you so choo hat of your si he optional c | SP | SP | | | | SP |
| | BLOCK A | 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 debot 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. | Bank of America "Fixed Term IRA" | Bank of America "Fixed Term IRA" | Bank of America "Fixded Term IRA" | Bank of America "Fixed Term IRA" | Bank of America "Fixed Term IRA" | Bank of America "Fixed Term IRA" |
| Name John Lewis | BLOCK B | 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." | \$1,001 - \$15,000 | \$1,001 - \$15,000 | \$1,001 - \$15,000 INTERE | \$1,001 - \$15,000 INTERE | \$1,001 - \$15,000 INTEREST | \$1,001 - \$15,000 INTEREST |
| is | BLOCK C | 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. | intrest | INTEREST | INTEREST | INTEREST | INTEREST | INTEREST |
| | BLOCK D | 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. | \$201 - \$1,000 | \$201 - \$1,000 | \$201 - \$1,000 | \$201 - \$1,000 | \$201 - \$1,000 | \$201 - \$1,000 |
| Page 3 of 7 | BLOCK E | Transaction Indicate if asset had purchases (P), sales (S), or exchanges (E) exceeding \$1,000 in reporting year. | | | | † — — | | |

SCHEDULE III - ASSETS AND "UNEARNED" INCOME Sp Bank of America
"Fixed Term IRA" Fedelity Investments "Fidelity Puritin IRA" Bank of America "Fixed Term IRA" | \$1,001 - \$15,000 | INTEREST \$1,001 - \$15,000 | INTEREST \$1,001 - \$15,000 INTEREST Name John Lewis \$201 - \$1,000 \$201 - \$1,000 \$201 - \$1,000 Page 4 of 7

SCHEDULE VII - TRAVEL PAYMENTS AND REIMBURSEMENTS

Name John Lewis

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spouse or dependent child that is totally independent of his or her relationship to you. 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 sponsor. Exclude: Travel-related expenses provided by federal, state, and local governments, or by a foreign government required to be separately reported under 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 dentify 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

| | | | | Was a Family | Days not at |
|-----------------|--|---|--|--|---|
| Date(s) | Point of Departure DestinationPoint of Return | Lodging? (Y/N) | Food? (Y/N) | Member Included? (Y/N) | sponsor's expense |
| Jan. 4 | ATL-North Carolina-ATL | Z | Z | Z | None |
| Jan 28-29 | DC-Jacksville, FL-ATL | ≺ | ≺! | Z | None |
| Feb. 9 | DC-Willimington,DE-DC | Z | Z | Z | None |
| March 20- 21 | ATL-Jackson, MS-ATL | ≺ | ≺ | Z | None |
| April 5 | ATL-Tuskeege, AL-ATL | z | Z | Z | None |
| April 14-15 | DC-NY, NY-DC | - - | ~ | Z | None |
| April 19-20 | ATL-San Diego, CA-ATL | - ≺ | - ≺ | Z | None |
| May 15-16 | ATL-Tampa, FL-ATL | ≺ | ~ | Z | None |
| May 17-18 | ATL-Boston, MA-DC | ~ | ~ | Z | None |
| May 27-28 | DC-NY, NY-DC | ≺ | ≺ [| Z | None |
| | Date(s) Jan. 4 Jan. 28-29 Jan 28-29 March 20- 21 April 14-15 April 19-20 May 15-16 May 17-18 May 27-28 | (s) 129 20- 4-15 4-15 7-18 | Point of Departure DestinationPoint of Return (Y/N) ATL-North Carolina-ATL N ATL-North Carolina-ATL N DC-Jacksville, FL-ATL N DC-Willimington, DE-DC N ATL-Jackson, MS-ATL Y A-15 DC-NY, NY-DC Y 9-20 ATL-San Diego, CA-ATL Y 7-18 ATL-Boston, MA-DC Y 7-28 DC-NY, NY-DC Y | Point of Departure- DestinationPoint of Return (Y/N) (Y/N) ATL-North Carolina-ATL N N N N DC-Jacksville, FL-ATL P DC-Willimington, DE-DC N ATL-Jackson, MS-ATL ATL-Tuskeege, AL-ATL N ATL-Tuskeege, AL-ATL P P-20 ATL-San Diego, CA-ATL P T-18 ATL-Boston, MA-DC P T-28 DC-NY, NY-DC P T-28 DC-NY, NY-DC | (s) Point of Departure Lodging? Food? Membe Point of Return (Y/N) (Y/N) Membe (Y/N) (Y/N) N N N N N N N N N N N N N N N N N N |

SCHEDULE VII - TRAVEL PAYMENTS AND REIMBURSEMENTS

Name John Lewis

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spouse or dependent child that is totally independent of his or her relationship to you. 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 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 sponsor. Exclude: Travel-related expenses provided by federal, state, and local governments, or by a foreign government required to be separately reported under 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

| Source | Date(s) | Point of Departure DestinationPoint of Return | Lodging? (Y/N) | Food? (Y/N) | Was a Family Member Included? (Y/N) | Days not at sponsor's expense |
|---|------------|--|-------------------|----------------|---|-------------------------------|
| John Marshall Metropolitan High School | June 5-6 | DC-Chicago, IL-DC | ~ | Υ | Z | None |
| Burroughs and Chapman Art Musuem | July 19 | ATL-Mrytle Beach, SC, ATL | ≺ ' | ~ | Z | None |
| Worldwide Fogiveness Allance | Aug 2-3 | Nashville, TN-San Fransico, CA-ATL | ≺ | ~ | Z | None |
| A Phillip Randolph Inst. | Aug. 15-16 | Memphis, TN-Phonix,AZ-ATL | ≺ | ~ | Z | None |
| Sadie Grace Funny Scholarship | Aug. 29-30 | DC-Myrtle Beach,SC-ATL | ≺ | ~ | Z | None |
| Cherokee Nation | Sept. 4-5 | ATL-Tulsa, Ok-ATL | ≺ | ~ | Z | None |
| Equality Alabama | Sept. 19 | ATL-Birmingham-ATL | Z ; | Z | Z | None |
| National Trust for Historic Peservation | Oct. 17 | ATL-Nashville, TN-ATL | Z | Z | Z | None |
| Hampton NAACP | Nov. 15 | DC-Hampton, VA-DC | Z | Z | Z | None |

SCHEDULE VIII - POSITIONS

Name John Lewis

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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 |
|--------------|--------------------------------------|
| Board member | Stennis Center for Public Service |
| Board Member | Congressional Black Caucus Fondation |