

**HAND DELIVERED**

**UNITED STATES HOUSE OF REPRESENTATIVES**  
**FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 2007**

**FORM A** Page 1 of 9  
For use by Members, officers, and employees

John Lewis  
(Full Name)

202-225-3801  
(Daytime Telephone)

(Office Use Only)

2008 JUN 16 AM 11:56

LEGISLATIVE RESOURCE CENTER

**Filer Status**

☒ Member of the U.S. House of Representative

State: GA District: 05

☐ Officer Or Employee

Employing Office:

**Report Type**

☒ Annual (May 15)

☐ Amendment

☐ 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?	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 \$305 and not otherwise exempt)?	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
II. If yes, complete and attach Schedule I. 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?	Yes <input checked="" type="checkbox"/> No <input 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 \$305 from one source)?	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
III. If yes, complete and attach Schedule 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?	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?	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
IV. If yes, complete and attach Schedule III. 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?	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	IX. If yes, complete and attach Schedule VIII. Did you have any reportable agreement or arrangement with an outside entity?	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
V. If yes, complete and attach Schedule IV. Did you, your spouse, or a dependent child have any reportable liability (more than \$10,000) during the reporting period?	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		

If yes, complete and attach Schedule V.

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**

<b>Trusts-</b>	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"/>
<b>Exemptions--</b>	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?	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
Clark Atlanta University	Pension	N/A

**SCHEDULE II - PAYMENTS MADE TO CHARITY IN LIEU OF HONORARIA**

Name John Lewis

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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
University of Arkansasaw / Dole Leadership Institute	Speech	Oct. 21, 2007	\$10,000

# SCHEDULE III - ASSETS AND "UNEARNED" INCOME

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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 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.	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."	BLOCK C Type of Income  Check all columns that apply. Check "None" if asset did not generate any income during the calendar year. If other than one of the listed categories, specify the type of income by writing a brief description in this block. (For example: Partnership income or Farm Income)	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, indicate the category of income by checking the appropriate box below. Dividends, even if reinvested, should be listed as income. Check "None" if no income was earned.	BLOCK E Transaction  Indicate if asset had purchases (P), sales (S), or exchanges (E) exceeding \$1,000 in reporting year.
SP Bank of America "Fixed Term IRA	\$1,001 - \$15,000	interest	\$201 - \$1,000	
Bank of America "Fixed Term IRA"	\$1,001 - \$15,000	INTEREST	\$201 - \$1,000	
Bank of America "Fixed Term IRA"	\$1,001 - \$15,000	RENT/INTEREST /INTEREST	\$201 - \$1,000	
SP Bank of America "Fixed Term IRA"	\$1,001 - \$15,000	INTEREST	\$201 - \$1,000	
SP Bank of America "Fixed Term IRA"	\$1,001 - \$15,000	INTEREST	\$201 - \$1,000	
SP Bank of Amreica "Fixed Term IRA"	\$1,001 - \$15,000	INTEREST	\$201 - \$1,000	

**SCHEDULE III - ASSETS AND "UNEARNED" INCOME**

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SP				
	Bank of Amreica "Fixed Term IRA"	\$1,001 - \$15,000	INTEREST	\$201 - \$1,000
	Bank of Amrica "Fixed Term IRA"	\$1,001 - \$15,000	INTEREST	\$201 - \$1,000
	Fedelly Investments "Fidelity Puritin IRA"	\$1,001 - \$15,000	INTEREST	\$201 - \$1,000

# **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 \$305 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
Harris Stowe State University	Jan. 6	DC-St. Louis, MO-ATL	N	Y	N	none
Vanderbilt University	Jan. 26-28	ATL-Nashville, TN-ATL	Y	Y	N	none
National Underground Freedom Center	Feb. 16-17	DC-Cininnati, OH - ATL	Y	Y	N	none
Baylor Law School	Feb. 20-21	ATL- Dallas, TX-ATL	Y	Y	N	none
Al Roker Production	Feb. 26-27	DC-NY, NY-DC	Y	Y	N	none
Peter Jennings Project	March 18- 19	ATL-Philidelphia, PA-DC	Y	Y	N	none
Beloit College	March 23- 24	DC-Chicago, IL-ATL	Y	Y	N	none
International Brotherhood of Teamsters Union	April 26-27	DC-Las Vegas, NV-ATL	Y	Y	N	none
Fellowship Farm	April 28	ATL- Philidelphia, PA-NY, NY	N	Y	N	none
Lotus Music and Dance	April 28-29	NY, NY- DC	Y	Y	N	none
Miami University	May 4-5	DC- Cininnati, OH- ATL	Y	Y	N	none

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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
University of Burma	May 19-20	DC-Burlington, VT-NY,NY	Y	Y	N	none
Adelphi University	May 20-21	NY,NY -DC	Y	Y	N	none
Piney Woods School	May 25-27	ATL-Jackson, MS- ATL	Y	Y	N	none
University of Massachusetts-Lowell	June 2-3	ALT-Boston, MA-DC	Y	Y	N	none
Huntsville Madison NAACP Branch	Aug. 9-10	ATL- Huntsville, AL-Memphis, TN	Y	Y	N	none
Realizing the Dream	Aug. 21-22	ATL-Jackson, MS-ATL	Y	Y	N	none
Hobart and Williams Smith College	Aug. 29-30	ATL-Rochester, NY-ATL	Y	Y	N	none
Grinnell College	Sep. 23	ATL-Desmoie, IA-Little Rock, AK	N	Y	N	none
Central High School	Sept. 23- 24	Little Rock, Ak- DC	Y	Y	N	none
Gerald Ford Presidential Museum	Oct. 5-6	ATL-Grand Rapids, MO-ATL	Y	Y	N	none
Okaloosa County NAACP Branch	Oct. 13-14	ATL-Fort Walton, FL-ATL	Y	Y	N	none

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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
University of Kansas	Oct. 21-22	ATL-Kansas City, Kansas-ATL	Y	Y	N	none
Mathew Shepard Foundation	Oct. 25-27	Baltimore, MD-Los Angeles, CA-Baltimore, MD	Y	Y	N	none
Chicago NEA	Nov. 1-2	DC-Chicago-ATL	Y	Y	N	none



**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
Board Member	Robert F. Kennedy Foundation
Board Member	Peter Jennings Project
Board Member	Stennis Center for Public Service