		MAY 1 4 2014
UNITED STATES HOUSE OF REPRESENTATIVES FINANCIAL DISCLOSURE STATEMENT For New Members, Car	FORM B For New Members, Candidates, and New Employees	2014 MAY 22 PM 12: 04
Name: ①のhい しんがら Daytime Telephone:_		OFFICE OF THE CLERK U.S. HOUSE OF REPRESENTATIVES
New Member of or Candidate for State: MT U.S. House of Representatives District: AL Candidates – Date of Election: NOV 4, 201	Check if Amendment	(Office Use Only)
STATUS New Officer or Employee Employing Office:	Period Covered: January 1, 2013 to 1720 31 2013	A \$200 penalty shall be assessed against any individual who files more than 30 days late.
PRELIMINARY INFORMATION – ANSWER <u>EACH</u> OF THESE QUESTIONS	NS	
A. Did you, your spouse, or your dependent child: a. Own any reportable asset that was worth more than \$1,000 at the end of the reporting period? or in the b. Make more than \$200 in unearmed income from any reportable asset during the reporting period?	E. Did you hold any reportable positions during the reporting period or in the current calendar year up through the date of filing?	ing the reporting period Yes No K
C. Did you or your spouse have "earned" income (e.g., salaries, honoraria, or pension/IRA distributions) of \$200 or more during the Yes No an outperform period?	F. Do you have any reportable agreements or arrangements with an outside entity?	or arrangements with Yes No
D. Did you, your spouse, or your dependent child have any reportable Yes No J. Did is limited in the reporting period?	J. Did you receive compensation of more than \$5,000 from a single source in the current year and two prior years?	an \$5,000 from a single Yes No
ATTACH THE CORRESPONDING SCHEDULE IF YOU ANSWER "YES" THIS FORM INCLUDES ONLY THE SCHEDULES THAT YOU ARE REQUIRED TO	ULE IF YOU ANSWER "YE AT YOU ARE REQUIRED T	YES"
EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION - ANSWER BOTH OF TH	_	ESE QUESTIONS
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 that benefits you, your spouse, or dependent child?	cepted trusts* need not be disclosed. H	lave you excluded from Yes No X
EXEMPTION – Have you excluded from this report any other assets, "uneamed" income, transactions, or liabilities of a spouse or dependent child tests for exemption? Do not answer 'yes' unless you have first consulted with the Committee on Ethics.	_	because they meet all three Yes No 🔣

SCHEDULE

LE A - ASSETS & "UNEARNED INCOME"
Name: John Lewis
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	"UNEARNED INCOME"
:	Name: John Lewis
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Use additional sheets if more space is required.

SCHEDULE C - EARNED INCOME

Name: John Lewis Page 4 or 7

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 reporting period. For and filer's 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 new (such as National Guard or Reserve pay) federal retirement incorpans and benefits received under the Social Security Act

		Am	Amount
Source (include date of receipt for honoraria)	Туре	Current Year to Filing	Preceding Year
ABC Trade Association, Baltimore, MD (July 15)	Honorarium	\$0	\$500
Examples: Cloff War Roundtable, Richmond, VA (Oct. 2)	Spouse Speech	\$0 \$0	\$1,000
HATTERSTON IN A STREET	Operato Sensity	747	3
Mellisa Lewis à Associates	Charas as nods	\$20,000	\$ 100,000

SCHEDULE D - LIABILITIES

Name: John Lewis Page of T

Report liabilities of over \$10,000 owed to any one creditor at any time during the reporting period by you, your spouse, or your dependent child. Mark the highest amount owed during the reporting period. New Members: Members are required to report all itabilities secured by real property including mortgages on their personal residence (unless you are a Member); loans secured by automobiles, household furniture, or appliances; liabilities of a business in which you own an interest (unless you are personally liabil); and liabilities owed to you by a spouse or the child, parent, or sibling of you or your spouse. Report a revolving charge account (i.e., credit card) only if the balance at the close of the reporting period exceeded \$10,000. *Column K is for liabilities held solely by your spouse or dependent child.

6	&	Date Liability	Date		2	w	And the second s		Amount of Liability	of Li	bility	x		rungan (sama) rungan (sama) g ar
DC 51		Greditor	Liability Incurred MO/YR	Type of Liability	\$10,801 \$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 \$8,000,000	\$5,000,001-	\$25,000,000	\$25,000,001- \$50,000,000
	Example	First Bank of Wilmington, DE	5/98	Mortgage on Rental Property, Dover, DE				×						,
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SCHEDULE E - POSITIONS

Report all positions, compensated or uncompensated, as an officer, director, frustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm, partnership, or other business enterprise, nonprofit organization, labor organization, or educational or other institution other than the United States. Exclude: Positions listed in Schedule C; positions held in any religious, social, fraternal, or political entities (such as political parties and campaign organizations); and positions solely of an honorary nature. New Members and second-year candidates report

positions held in the reporting period and the current calenda	positions held in the reporting period and the current calendar year. First-year candidates and new employees report positions held in the current calendar year and two previous years.
Position	Name of Organization
Gente Director	Genater Mrx Paucus - US Senate

SCHEDULE F - AGREEME

:	ENTS
	Name: John Lewis
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Identify the da continuation o	ate, parties to, and general terms of any agreement or arrangement that you hav or deferral of payments by a former or current employer other than the U.S. gove	Identify the date, parties to, and general terms of any agreement or arrangement that you have 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 Agreement	Terms of Agreement

SCHEDULE J - COMPENSATION IN EXCESS OF \$5,000 PAID BY ONE SOURCE

Report sources of compensation received by you or your business affiliation for services provided directly by you during the current year and two prior years. This includes the names of clients and customers of any corporation, firm, partnership, or other business enterprise 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 recognized by law. Do not repeat information listed on Schedule C.

	Source (Name and City/State)	Brief Description of Duties
Example:	Doe Jones & Smith, Hometown, Homestate	Accounting Services

FILER NOTES (Optional)

Name: John Lewis Page]

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