s. Yes No	ncome, transactions, or liabilities of a spouse or dependent child yes" unless you have first consulted with the Committee on Ethics	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 Ethics
Yes No 🔇	ttee on Ethics and certain other "excepted trusts" need not be ust benefiting you, your spouse, or dependent child?	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 dependent child?
IONS	ATION ANSWER EACH OF THESE QUESTIONS	EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION - ANSWE
	schedule attached for each "Yes" response.	if yes, complete and attach Schedule V.
d the appropriate	Each question in this part must be answered and the appropriate	Did you, your spouse, or a dependent child have any reportable liability (more V. than \$10,000) during the reporting period?
	If yes, complete and attach Schedule IX.	If yes, complete and attach Schedule IV.
Yes 🗸 No 🗆	Did you have any reportable agreement or arrangement with an outside IX. entity?	Did you, your spouse, or dependent child purchase, sell, or exchange any IV. reportable asset in a transaction exceeding \$1,000 during the reporting Yes No leading to be record?
	If yes, complete and attach Schedule VIII.	If yes, complete and attach Schedule III.
in the Yes 🗸 No 🗌	Did you hold any reportable positions on or before the date of filing in the VIII. current calendar year?	Did you, your spouse, or a dependent child receive "unearned" income of III. more than \$200 in the reporting period or hold any reportable asset worth Yes V No more than \$1 000 at the and of the period?
	If yes, complete and attach Schedule VII.	If yes, complete and attach Schedule II:
avel or □ No 🗸	Did you, your spouse, or a dependent child receive any reportable travel or VII. relmbursements for travel in the reporting period (worth more than \$335 from one source)?	Did any individual or organization make a donation to charity in lieu of paying  II. you for a speech, appearance, or article in the reporting period?  Yes No
	If yes, complete and attach Schedule VI.	If yes, complete and attach Schedule I.
ritin Ves No V	Did you, your spouse, or a dependent child receive any reportable gift in VI. the reporting period (i.e., aggregating more than \$335 and not otherwise exempt)?	Did you or your spouse have "earned" income (e.g., salaries or fees) of \$200    I. or more from any source in the reporting period?    Yes □ No ✔
	QUESTIONS	PRELIMINARY INFORMATION ANSWER EACH OF THESE QUESTIONS
late.		Type ( Annual (May 15)
more than 30 days	Termination Date:	Report
A \$200 (December Spains)		Status House of Representatives District: 12
OFFINE COLUMN		Member of the ITS
MOHILLE DOLL JAN, AM III: 44	(Daytime Telephone)	(Full Name)
AC) WILL'E BESOURCE CLAILS	202-225-2823	JOHN JENKINS BARROW
1 1		
HAND DELIVERED	FORM A Page 1 of 4 For use by Members, officers, and employees	UNITED STATES HOUSE OF REPRESENTATIVES CALENDAR YEAR 2010 FINANCIAL DISCLOSURE STATEMENT

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Exclude: Your personal residence, including second homes and publically traded, state the name of the business, the nature of its of the institution holding the account and its value at the end of the self-directed (i.e., plans in which you have the power, even if not a fair market value exceeding \$1,000 at the end of the reporting period, vacation homes (unless there was rental income during the reporting activities, and its geographic location in Block A. For an ownership interest in a privately-held business that is not For rental or other real property held for investment, provide a complete reporting period. asset held in the account that exceeds the reporting thresholds. For exercised, to select the specific investments), provide the value for each symbols.) Provide complete names of stocks and mutual funds (do not use ticker and (b) any other reportable asset or sources of income which Identify (a) each asset held for investment or production of income with address. retirement accounts which are not self-directed, provide only the name For all JRAs and other retirement plans (such as 401(k) plans) that are generated more than \$200 in "unearned" income during the year. Asset and/or Income Source ACCOUNT) (INTEREST BEARING COUNTY, GA BANK OF AMERICA 158 ACRES, OGLETHORPE BLOCK A \$1,001 -\$15,000 \$5,000,000 \$1,000,001 -"None." the value should be It is generated income asset was sold and is method used. If an please specify the valuation method other year. If you use a at close of reporting than fair market value, ncluded only because Value of Asset Year-End **BLOCK B** Name JOHN JENKINS BARROW RENT even if reinvested, must column. Dividends, check the "None" pians or IRAs), you may Check all columns that INTEREST during the reporting generated no income Check "None" if the asset be disclosed as income. interest, and capital gains income (such as 401(k) generate tax-deferred investments or that you to choose specific accounts that do not allow apply. For retirement Type of Income BLOCK C NONE \$1,001 - \$2,500 earned or generated. generate tax-deferred income disclosed as income. Check reinvested, must be capital gains, even if of income by checking the assets, indicate the category (such as 401(k) plans or specific investments or that do not allow you to choose "None" if no income was Dividends, interest, and appropriate box below. 'None" column. For all other RAs), you may check the For retirement accounts that Amount of Income BLOCK D reporting year. \$1,000 in exceeding exchanges (E) (P), sales (S), or had purchases Transaction Indicate if asset BLOCK E Page 2 of 4

& STOLZ, P.C. (30%)

\$1,000,000

\$500,001 -

NONE

NONE

WINBURN, LEWIS, BARROW

## **SCHEDULE VIII - POSITIONS**

Name JOHN JENKINS BARROW

Page 3 of 4

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.

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Position	Name of Organization
TRUSTEE	POPE BARROW CEMETARY TRUST

## **SCHEDULE IX - AGREEMENTS**

Name JOHN JENKINS BARROW

Page 4 of 4

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.