<u></u>	Yes No V	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.	Exemptions Have you excluded from this rubecause they meet all three teasons of Official Conduct.
	d Yes No V	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?	
ì	FIONS	SPOUSE, DEPENDENT, OR TRUST INFORMATION ANSWER EACH OF THESE QUESTIONS	EXCLUSION OF SPOUSE, DI
		v. schedule attached for each "Yes" response.	If yes, complete and attach Schedule V
	nd the appropriate	I have any reportable liability (more Yes │	V. than \$10,000) during the reporting period?
		If yes, complete and attach Schedule IX.	If yes, complete and attach Schedule IV.
	tside Yes ✔ No ☐	ourchase, sell, or exchange any Yes ☐ No ✔ 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 period?
1		III. If yes, complete and attach Schedule VIII.	If yes, complete and attach Schedule III.
	y in the Yes ☑ No ☐	old any reportable asset worth Yes ✓ No ☐ VIII. current calendar year?	Ill. more than \$200 in the reporting period or hold any reportable asset worth
_			If yes, complete and attach Schedule II.
	travel or Substitution (1985) \$335 Yes No	donation to charity in lieu of paying Yes No VII. reimbursements 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?
,	 	 	If yes, complete and attach Schedule I.
ب ب	gift in Yes No	or fees) of \$200 Yes No VI. the reporting period (i.e., aggregating more than \$335 and not otherwise exempt)?	Did you or your spouse have "eamed" income (e.g., salaries or fees) of \$200 l. or more from any source in the reporting period?
! :		ON ANSWER EACH OF THESE QUESTIONS	PRELIMINARY INFORMATION
	more than 30 days late.	Termination Date: [] Amendment Termination Termina	Report Type Annual (May 15)
9	S 100SE OF A SERVICE SHALL A \$200 penalty shall be assessed against anyone who files	State: GA Officer Or Employing Office:	Filer Member of the U.S. Status House of Representatives
ا آ	(Office Use Only)	(Full Name) (Daytime Telephone)	
= 22	2010 MAY 17 PM 3: 11 4/7	JOHN JENKINS BARROW 202-225-2823 201	L NHOL
	FGISLATIVE RESOURCE CEATE	19619	
		AL DISCLOSURE STATEMENT For use by Members, officers, and employees	CALENDAR YEAR 2009 FINANCIAL DISCLOSURE STATEMENT
<u> </u>	ELIVERED	OF REPRESENTATIVES FORM A Page 1 of 4	UNITED STATES HOUSE
	HAND		

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."	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.	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.	BLOCK E Transaction Indicate if asset had purchases (P), sales (S), or exchanges (E) exceeding \$1,000 in reporting year.
158 ACRES, OGLETHORPE COUNTY, GA.	\$1,000,001 - \$5,000,000	RENT	\$1,001 - \$2,500	
BANK OF AMERICA (INTEREST BEARING ACCOUNT)	\$1,001 - \$15,000 INTEREST	INTEREST	NONE	1 — 1 ! !
WINBURN, LEWIS, BARROW & STOLZ, P.C. (30%)	\$500,001 - \$1,000,000	None	NONE	

SCHEDULE VIII - POSITIONS

Name JOHN JENKINS BARROW

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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. Report all positions, compensated or uncompensated, held during the current calendar year as an officer, director, trustee of an organization, partner, proprietor,

Position	Name of Organization
TRUSTEE	POPE BARROW CEMETARY TRUST

SCHEDULE IX - AGREEMENTS

Name JOHN JENKINS BARROW

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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.

Date	Parties To	
12/31/2007	JOHN BARROW, LAMAR LEWIS, IRWIN STOLZ, GENE MAC WINBURN (BY POA), WINBURN LEWIS BARROW & STOLZ, PC, WINBURN LEWIS & STOLZ LLP	BUYOUT AGREEMWNT (DISPOSITION OF PROCEEDS OF FUTURE SALE OF REAL ESTATE)