| | ₩ % | . Yes □ | e, transactions, or liabilities of a spouse or dependent child inless you have first consulted with the Committee on Ethics. | ets, "unearmed" income Do not answer "yes" u | Exemptions— Have you excluded from this report any other assets, "unearned" income, transactions, or because they meet all three tests for exemption? Do not answer "yes" unless you have fire | Ex |
|-------------|---------------------------|--|--|---|--|------------|
| | _ ~ ~ | Yes | n Ethics and certain other "excepted trusts" need not be nefiting you, your spouse, or dependent child? | ed by the Committee or | Trusts— Details regarding "Qualified Blind Trusts" approved by the Committee on Ethics and certain disclosed. Have you excluded from this report details of such a trust benefiting you, your | In |
| | | TIONS | ON - ANSWER EACH OF THESE QUEST | ST INFORMATIO | EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION - ANSWER EACH OF THESE QUESTIONS | EXCL |
| | | | schedule attached for each "Yes" response. | | If yes, complete and attach Schedule V. | lf yı |
| | ropriate | and the app | Each question in this part.must be answered and the appropriate | Yes No V | Did you, your spouse, or a dependent child have any reportable liability (more than \$10,000) during the reporting period? | V. ther |
| | | | If yes, complete and attach Schedule IX. | | If yes, complete and attach Schedule IV. | If yes, |
| <u>S</u> | □ 8 S | tside Yes | Did you have any reportable agreement or arrangement with an outside entity? | Yes No W IX. | , your spouse, or dependent child purchase, sell, or exchange any we asset in a transaction exceeding \$1,000 during the reporting | ₹ 04 |
| | : | | If yes, complete and attach Schedule VIII. | | If yes, complete and attach Schedule III. | H ye |
| | ₹ | g in the Yes | Did you hold any reportable positions on or before the date of filing in the VIII. current calendar year? | Yes 🐼 No 🖂 VIII. | I receive "unearned" income of loid any reportable asset worth | II. Mor |
| | | | if yes, complete and attach Schedule VII. | | If yes, complete and attach Schedule II. | If ye |
| | S □ | travel or n \$335 Yes | Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than \$335 from one source)? | Yes No VII. | Did any individual or organization make a donation to charity in lieu of paying you for a speach, appearance, or article in the reporting period? Y | Fou |
| | | | if yes, complete and attach Schedule VI. | | If yes, complete and attach Schedule I. | H Y |
| | □ 8 K | gift in the Yes | Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than \$335 and not otherwise around?) | Yes 🐼 No 🖂 VI. | Did you or your spouse have "samed" income (e.g., salaries or fees) of \$200 or more from any source in the reporting period? | i. ora |
| | | | STIONS | OF THESE QUE | PRELIMINARY INFORMATION — ANSWER EACH OF THESE QUESTIONS | PREL |
| | , | late. | Te. | ☐ Termination | ye ☑Annual (May 15) ☐ Amendment | Туре |
| | 30 days | more than 30 days | Termination Date: | | | Report |
| St. | d again | be assessed against | Employee | Emp | | Status |
| <u>=</u> | alty sha | A \$200 penalty shall | Employing Office: | ☐ Offic | <u> </u> | |
| D.K.E. | se daly, | (Office Use Only) LIKE | (Daytime Telephone) | | (Full Name) | |
| ENTIVES | | STALLER OF THE SERVICES OF THE STALLER OF THE STALL | 202-544-2905 H A | | John Lewis | |
| 2: 15 | | 2011 MR1 16 PM 2: 15 | | | | () |
|) - 1 | ר כ | 9611 MAY 1 | bers, officers, and employees | (| CALENDAR VEAR 2010 FINANCIAL DISCLOSLIRE STATEMENT | |
| E CENTER | RESOURC | CEGISLATIVE RESOURCE CENTER | FORM A Page 1 of 7 E | ATIVES . | INITED STATES HOUSE OF BEPRESENTATIVES | |
| | | | | | | |

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SCHEDULE I - EARNED INCOME

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. Name John Lewis Page 2 of 7

| Source | Туре | Amount |
|--------------------------|----------------|---------|
| Clark Atlanta University | Spouse Pension | NA |
| Boston University | Speech | \$5,000 |
| | | |

| SCHEDOL | SCHEDOLE III - ASSETS AND ONEAHNED INCOME | Name John Lewis | is | | Page 3 of 7 |
|---|--|---|--|--|--|
| | BLOCK A | вгоск в | BLOCK C | BLOCK D | BLOCK E |
| ASS Identify (a) ea a fair market and (b) any o more than \$2 | 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 reportable asset or sources of income which generated more than \$200 in "unearned" income during the year. | Year-End Value of Asset at close of reporting year. If you use a | Type of income Check all columns that apply. For retirement accounts that do not allow you to choose specific | Amount of income For retirement accounts that do not allow you to choose specific investments or that generate tax-deferred income | Transaction indicate if asset had purchases (F), sales (S), or exchanges (E) |
| Provide com symbols.) For all IRAs a self-directed exercised, to asset held in retirement ac | Provide complete 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 for each asset held in the account that exceeds the reporting thresholds. For retirement accounts which are not self-directed, provide only the name of the least that he had been contacted. | 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." | generate tax-deferred income (such as 401(k) plans or IRAs), you may check the "None" column. Dividends, interest, and capital gains, even if reinvested, must be disclosed as income. | 3 2 M 0 0 0 ': . | \$1,000 in reporting year. |
| asset held in the retirement account of the institution reporting period | asset held in the account that exceeds the reporting thresholds. For retirement accounts which are not self-directed, provide only the name of the institution holding the account and its value at the end of the reporting period. | "None." | even if reinvested, must be disclosed as income. Check "None" if the asset generated no income during the reporting | capital gains, even if reinvested, must be disclosed as income. Check "None" if no income was earned or generated. | · |
| For rental or address. | For rental or other real property held for investment, provide a complete address. | | period. | S S S S S S S S S S S S S S S S S S S | |
| For an owner publically tra | For an ownership interest in a privately-held business that is not publically traded, state the name of the business, the nature of its activities, and its geographic location in Block A. | | | | |
| Exclude: You vacation hor | Exclude: Your personal residence, including second homes and vacation homes (unless there was rental income during the reporting | | | | |
| | 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 | INTEREST | \$201 - \$1,000 | |
| | 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 America "Fixed Term IRA" | \$1,001 - \$15,000 | INTEREST | \$201 - \$1,000 | |

| SCHEDU | SCHEDULE III - ASSETS AND "UNEARNED" INCOME | E Name John Lewis | VİS | | Page 4 of 7 |
|--------|---|-----------------------|------------|-----------------|-------------|
| ЧS | 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 | |
| | Fidelity Investments "Fidelity Puritin IRA" | \$1,001 - \$15,000 | INTEREST | \$201 - \$1,000 | , |

SCHEDULE VII - TRAVEL PAYMENTS AND REIMBURSEMENTS

Name John Lewis Page 5 of 7

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 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, 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 our spouse, or a dependent child during the reporting period. Indicate whether a family member accompanied the traveler at the sponsor's expense, and the

| | , | • | | | | |
|--------------------------------------|------------|--|-------------------|----------------|---|---|
| Source | Date(s) | Point of Departure DestinationPoint of Return | Lodging? (Y/N) | Food? (Y/N) | Was a Family Member Included? (Y/N) | Days no <u>t at</u> sponsor's expense |
| King County Seattle WA | Jan. 14-15 | ATL-Seattle-ATL | Υ | 4 | Z | None |
| Coral Springs, FL | Jan. 15-16 | ATL-Ft Lauderdale, FL-ATL | ~ | ~ | Z | None |
| International Assoc. Firefighters | Jan. 24-25 | ATL-Orlando, FL-ATL | ~ | Y | Z | None |
| Central Piedmont Community College | Feb. 18 | ATL-Charlotte, NC-ATL | ~ | Z | Z | None |
| NAACP Huntville, AL | Feb. 19-20 | ATL-Huntsville, AL-ATL | Y | Y | Z | None |
| NAACP Nyack, NY | April 8-9 | Wash. DC-NY, NY-Wash.DC | ~ | ~ | Z | None |
| Kent State University | May 3-4 | Wash. DC-Cleveland, OH- Wash. DC | ~ | ~ | Z | None |
| Brown University | May 10-11 | Wash. DC-Rhode Island- Wash. DC | ~ | ~ | Z | None |
| Major League Baseball | May 16-17 | Wash. DC- Cinn, OH- Wash. DC | ~ | ~ | Z | None |
| Facing History Facing ourselves | June 1-2 | ATL-Cleveland, OH-ATL | ~ | ~ | Z | None |
| UAW | June 13-14 | ATL-Detroit, MI-Wash. DC | ~ | ~ | Z | None |

SCHEDULE VII - TRAVEL PAYMENTS AND REIMBURSEMENTS

Name John Lewis Page 6 of 7

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 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, 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 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

| Source | Date(s) | Point of Departure Destination-Point of Return | Lodging? (Y/N) | Food? (Y/N) | Was a Family g? Food? Member included? (Y/N) (Y/N) | Days not at sponsor's expense |
|---|--------------------|---|-------------------|----------------|--|-------------------------------|
| Georgia Assoc. Black Elected Officials | June 26 | ATL-Savannha, GA-ATL | Z | Υ | N | None |
| NAACP St. Louis, Mo | June 27-28 | ATL-St. Louis, MO-ATL | 4 | Y | Z | None |
| Accord Freedom Trail | July 2 | ATL-Jacksonville, FL-ATL | Z | Y | Z | None |
| Excelsior College | July 9-10 | ATL-Albany, NY-ATL | Υ | ~ | Z | None |
| Faith and Politics | Aug. 27-29 | ATL-New Orleans, LA-ATL | ~ | ~ | Z | None |
| US Assoc. Former Members of Congress | Aug. 29- Sep. 4 | ATL-Frankfurt, Germany-ATL | Υ | ~ | Z | None |
| Boston University | Nov. 10-11 | ATL-Boston, MA-ATL | ~ | <u> </u> | Z | None |

SCHEDULE VIII - POSITIONS

Name John Lewis

Page 7 of 7

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 Foundation |
| | |