Yes No 🗸	'n	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.	sets, "unearned" in Do not answer "y	u excluded from this report any other as they meet all three tests for exemption	Exemptions- Have you because	-
Yes No 🗸		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?	ved by the Commit letails of such a tr	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 s	Trusts- Details n	_
IS .	STION	IATION ANSWER EACH OF THESE QUESTIONS	JST INFORM.	EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION ANSWE	LUSION OF SPOU	EXC
	•	schedule attached for each "Yes" response		Schedule V.	If yes, complete and attach Schedule V	=
ne appropriate	d and th	Each question in this part must be answered and the appropriate	Yes ✓ No	Did you, your spouse, or a dependent child have any reportable liability (more than \$10,000) during the reporting period?	Did you, your spouse, or a dependent child have (more than \$10,000) during the reporting period?	< 20
		If yes, complete and attach Schedule IX.		Schedule IV.	if yes, complete and attach Schedule IV.	=1
Yes No	n outside	Did you have any reportable agreement or arrangement with an outside iX. entity?	Yes No 🗸	Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset in a transaction exceeding \$1,000 during the reporting period?	Did you, your spouse, or depend reportable asset in a transaction remod?	
		If yes, complete and attach Schedule VIII.		Schedule III.	If yes, complete and attach Schedule III.	=:
Yes No	filing in the	Did you hold any reportable positions on or before the date of filing in the VIII. current calendar year?	Yes ✓ No	Did you, your spouse, or a dependent child receive "unearmed" 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?	Did you, your spouse, or a dependent child more than \$200 in the reporting period or he made than \$1,000 at the end of the neriod?	.≓
		If yes, complete and attach Schedule VII.		Schedule II.	If yes, complete and attach Schedule II.	=
Yes 🖳 No	than \$350	Did you, your spouse, or a dependent child receive any reportable travel or VII. reimbursements for travel in the reporting period (worth more than \$350 from one source)?	Yes No V	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?	id any individual or organizatio ou for a speech, appearance, o	; -
		If yes, complete and attach Schedule VI.		Schedule i.	If yes, complete and attach Schedule I.	=
Yes No C	tble gift in otherwise	Did you, your spouse, or a dependent child receive any reportable gift in VI. the reporting period (i.e., aggregating more than \$350 and not otherwise exempt)?	Yes 🗌 No 🗸	Did you or your spouse have "earned" income (e.g., salaries or fees) of \$200 or more from any source in the reporting period?	Did you or your spouse have "earned" income (e. or more from any source in the reporting period?	 0 E
		QUESTIONS	OF THESE (RMATION ANSWER EACH OF THESE QUESTIONS	PRELIMINARY INFORMATION	PRE
•	late.	ation	☐ Termination	Annual (May 15)		
more than 30 days	more :	Termination Date:			Report	٦
be assessed against	be ass	Employee		House of Representatives District: 12	co i	<u>s</u> -
A \$200 penalty shall 11/Ls	A \$200	Employing Office:		Member of the U.S. State: GA	Filer Member	
(Office Use Only)	(S)	(Daytime Telephone)		(Full Name)		
MAY 15 PM 4: 22 ///	2012 H	202-225-2823		JOHN JENKINS BARROW		·
LEGISLATIVE RESOURCE CENTER	LEGIS! A					
DELIVERED		FORM A Page 1 of 6 For use by Members, officers, and employees	TATIVES Ment	UNITED STATES HOUSE OF REPRESENTATIVES CALENDAR YEAR 2011 FINANCIAL DISCLOSURE STATEMENT	ITED STATES H	S Z
CNAD	J					

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SCHEDULE III - ASSETS AND ONEARNED INCOME		Name JOHN JENKINS BARROW		Page 2 of 6
BLOCK A	вгоск в	вгоск с	BLOCK D	BLOCK E
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 "unearmed" income during the year.	Year-End Value of Asset at close of reporting year. If you use a valuation method	Type of income Check all columns that apply. For retirement accounts that do not allow you to choose	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 (P), sales (S), or exchanges (E)
Provide complete names of stocks and mutual funds (do not use ticker symbols.)	other than fair market value, please specify the method used. If an	that generate tax-deferred income (such as 401(k)	(RAS), you may check the "None" column. For all other assets indicate the category	\$1,000 in reporting year.
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	asset was sold and is included only because it is generated income, the value should be "None."	check the "None" column. Dividends, interest, and capital gains, even if reinvested, must be disclosed as income.	of income by checking the appropriate box below. Dividends, interest, and capital gains, even if reinvested, must be	
of the institution holding the account and its value at the end of the reporting period. For rental or other real property held for investment, provide a complete		Check "None" if the asset generated no income during the reporting period.	disclosed as income. Check "None" if no income was earned or generated.	
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: Your personal residence, including second homes and vacation homes (unless there was rental income during the reporting				
158 ACRES, OGLETHORPE COUNTY, GA.	\$1,000,001 - \$5,000,000	RENT	\$1,001 - \$2,500	
BANK OF AMERICA (NON- INTEREST BEARING CHECKING ACCOUNT)	\$15,001 - \$50,000	None	NONE	
FIRST AMERICAN BANK & TRUST COMPANY	\$1,001 - \$15,000	INTEREST	\$1 - \$200	
CHECKING ACCOUNT)				
WINBURN, LEWIS, BARROW & STOLZ, P.C. (30%)	\$500,001 - \$1,000,000	None	NONE	

SCHEDULE V - LIABILITIES

Name JOHN JENKINS BARROW

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furniture, or appliances; and liabilities owed to a spouse, or the child, parent, or sibling of you or your spouse. Report "revolving charge accounts" (i.e., credit cards) only if the balance at the close of the preceding calendar year exceeded \$10,000. Report liabilities of over \$10,000 owed to any one creditor at any time during the reporting period by you, your spouse, or dependent child. Mark the highest amount owed during the year. Exclude: Any mortgage on your personal residence (unless all or part of it is rented out); loans secured by automobiles, household

		SP, DC, JT
AG FEDERAL CREDIT UNION	BANK OF AMERICA	Creditor
NOV, 2009	FEB, 2010	Date Liability Incurred
MORTGAGE ON 205 C ST., SE, WASHINGTON, DC	MORTGAGE ON 627 E. VICTORY DRIVE, SAVANNAH, GA	Type of Liability
\$500,001 - \$1,000,000	\$100,001 - \$250,000	Amount of Liability

SCHEDULE VII - TRAVEL PAYMENTS AND REIMBURSEMENTS

Name JOHN JENKINS BARROW Page 4 of 6

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 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 Identify the source and list travel itinerary, dates, and nature of expenses provided for travel and travel-related expenses totaling more than \$350 received by you,

					Was a Family	Days not at
Source	Date(s)	Point of Departure DestinationPoint of Return	Lodging (Y/N)	Food? (Y/N)	g? Food? Member Included? (Y/N) (Y/N)	sponsor's expense
American Israel	Apr/26-	DCA-JFK-Tel Aviv-JFK-DCA	Y	Y	Z	0
(AIEF)	•		_	_		

SCHEDULE VIII - POSITIONS

Name JOHN JENKINS BARROW

Page 5 of 6

educational or other institution other than the United States. Exclude: Positions held in any religious, social, fraternal, or political entities; positions solely of an 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 honorary nature; and positions listed on Schedule I.

Position	Name of Organization
TRUSTEE	POPE BARROW CEMETARY TRUST

SCHEDULE IX - AGREEMENTS

Name JOHN JENKINS BARROW

Page 6 of 6

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.

employee werra	employee werrate of behelft plan manual transcribed by a former employer.	
Date	Parties To	Terms of Agreement
12/31/2007	12/31/2007 JOHN BARROW, LAMAR LEWIS, IRWIN	BUYOUT AGREEMENT (DISPOSITION OF PROCEEDS OF
<u> </u>	STOLZ, GENE MAC WINBURN (BY POA),	FUTURE SALE OF REAL ESTATE)
_	WINBURN LEWIS BARROW & STOLZ, PC,	
	WINBURN LEWIS & STOLZ LLP	