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Subject to the Nondisclosure Provisions of H. Res. 895 of the 110th Congress as Amended

OFFICE OF CONGRESSIONAL ETHICS  
UNITED STATES HOUSE OF REPRESENTATIVES

**REPORT**

Review No. 11-4518

The Board of the Office of Congressional Ethics, by a vote of no less than four members, on April 29, 2011, adopted the following report and ordered it to be transmitted to the Committee on Ethics of the United States House of Representatives.

SUBJECT: Michael Collins

NATURE OF THE ALLEGED VIOLATION: Michael Collins, Chief of Staff for Representative John Lewis, is employed as a consultant with the John Lewis for Congress campaign committee. From 2007 to 2009, the campaign committee reported paying Mr. Collins consulting fees totaling \$42,000. On June 16, 2008, Mr. Collins filed his calendar year 2007 financial disclosure statement and did not report income earned from the campaign committee. Mr. Collins filed his financial disclosure statements for calendar years 2008 and 2009 without reporting the income earned from the campaign committee. The consulting fees earned in 2009 were not disclosed on his federal income tax return.

Mr. Collins was subject to the 2009 outside earned income limit of \$26,550. The campaign committee reported paying Mr. Collins \$27,000 in 2009.

If Mr. Collins received income from the campaign committee and failed to disclose the earned income on his financial disclosure statements and federal income tax returns, he may have violated House rules and federal law. Also, if Mr. Collins received more than \$26,550 of earned income in 2009, he may have violated House rules and federal law.

RECOMMENDATION: The Board of the Office of Congressional Ethics recommends that the Committee on Ethics further review the above allegations because there is substantial reason to believe that Mr. Collins violated House rules and federal law by exceeding the outside earned income limit and failing to report the income on his financial disclosure statements and federal income tax returns.

VOTES IN THE AFFIRMATIVE: 5

VOTES IN THE NEGATIVE: 1

ABSTENTIONS: 0

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MEMBER OF THE BOARD OR STAFF DESIGNATED TO PRESENT THIS REPORT TO  
THE COMMITTEE ON ETHICS: Omar S. Ashmawy, Staff Director & Chief Counsel.

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OFFICE OF CONGRESSIONAL ETHICS  
UNITED STATES HOUSE OF REPRESENTATIVES

**FINDINGS OF FACT AND CITATIONS TO LAW**

Review No. 11-4518

On April 29, 2011, the Board of the Office of Congressional Ethics (“Board”) adopted the following findings of fact and accompanying citations to law, regulations, rules, and standards of conduct (*in italics*). The Board notes that these findings do not constitute a determination that a violation actually occurred.

**I. INTRODUCTION**

**A. Summary of Allegations**

1. In 2009, the John Lewis for Congress campaign committee filed reports with the Federal Election Commission (“FEC”) indicating that Mr. Collins received payments exceeding the outside earned income limit for senior staff. Mr. Collins’ Calendar Year 2009 Financial Disclosure Statement, however, did not include any income from the campaign committee.
2. During the course of this review, the Board learned that Mr. Collins received outside earned income from John Lewis for Congress for many years prior to 2009. Mr. Collins did not include his outside earned income on his financial disclosure statements. This review is limited to the allegations concerning financial disclosure reports filed on or after March 11, 2008.
3. The Board finds that there is substantial reason to believe that Mr. Collins violated House rules and federal law by: (1) failing to include his outside earned income from John Lewis for Congress on his financial disclosure statements for calendar years 2007, 2008, and 2009; (2) failing to report his earned income from John Lewis for Congress on his federal tax returns for calendar year 2009; and (3) exceeding the outside earned income limit for 2009.

**B. Jurisdictional Statement**

4. The allegations that are the subject of this review concern Mr. Collins, an employee of the United States House of Representatives. The Resolution the United States House of Representatives adopted creating the Office of Congressional Ethics (“OCE”) directs



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that, “[n]o review shall be undertaken . . . by the board of any alleged violation that occurred before the date of adoption of this resolution.”<sup>1</sup> The House adopted this Resolution on March 11, 2008. Because the conduct under review occurred after March 11, 2008, the OCE has jurisdiction in this matter.

**C. Procedural History**

5. The OCE received a written request for a preliminary review in this matter signed by at least two members of the Board on January 24, 2011. The preliminary review commenced on January 25, 2011.<sup>2</sup> The preliminary review was scheduled to end on February 23, 2011.
6. At least three members of the Board voted to initiate a second-phase review in this matter on February 22, 2011. The second-phase review commenced on February 24, 2011.<sup>3</sup> The second-phase review ended on April 9, 2011.
7. The Board voted to refer the matter to the Committee on Ethics and adopted these findings on April 29, 2011.
8. This report and findings were transmitted to the Committee on Ethics on May 18, 2011.

**D. Summary of Investigative Activity**

9. The OCE requested and received documentary and, in some cases, testimonial information from the following sources:
  - (1) Mr. Collins; and
  - (2) John Lewis for Congress.

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<sup>1</sup> H. Res. 895, 110th Cong. §1(e), as amended (the “Resolution”).

<sup>2</sup> A preliminary review is “requested” in writing by members of the Board of the OCE. The request for a preliminary review is “received” by the OCE on a date certain. According to the Resolution, the timeframe for conducting a preliminary review is thirty days from the date of receipt of the Board’s request.

<sup>3</sup> According to the Resolution, the Board must vote on whether to conduct a second-phase review in a matter before the expiration of the thirty-day preliminary review. If the Board votes for a second-phase, the second-phase begins when the preliminary review ends. The second-phase review does not begin on the date of the Board vote.

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## II. MICHAEL COLLINS' OUTSIDE EARNED INCOME

### A. Law, Regulations, Rules, and Standards of Conduct

#### Financial Disclosure

10. Pursuant to House Rule 26, clause 2, “the provisions of title I of the Ethics in Government Act of 1978 shall be considered Rules of the House as they pertain to Members, Delegates, the Resident Commissioner, officers, and employees of the House.”
11. The Ethics in Government Act provides that “[a]ny individual who is an officer or employee described in subsection (f) during any calendar year and performs the duties of his position or office for a period in excess of sixty days in that calendar year shall file on or before May 15 of the succeeding year a report containing the information described in section 102(a).”<sup>4</sup>
12. “Each report filed pursuant to section 101 (d) and (e) shall include a full and complete statement with respect to . . . [t]he source, type, and amount or value of income (other than income referred to in subparagraph (B)) from any source (other than from current employment by the United States Government). . . .”<sup>5</sup>
13. “The head of each agency . . . each congressional ethics committee, or the Judicial Conference, as the case may be, shall refer to the Attorney General the name of any individual which such official or committee has reasonable cause to believe has willfully failed to file a report or has willfully falsified or willfully failed to file information required to be reported . . . .”<sup>6</sup>

#### Federal Tax

14. Under Title 26 of U.S. Code, there are various violations related to the filing of incorrect income tax statements.<sup>7</sup>

#### Outside Earned Income Limit

15. Pursuant to House Rule 25, clause 1(a)(1), “except as provided by paragraph (b), a Member, Delegate, Resident Commissioner, officer, or employee of the House may not . . . (1) have outside earned income attributable to a calendar year that exceeds 15 percent

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<sup>4</sup> 5 U.S.C. app. 4 § 101(d).

<sup>5</sup> 5 U.S.C. app. 4 § 102(a).

<sup>6</sup> 5 U.S.C. app. 4 § 104.

<sup>7</sup> See 26 U.S.C. §§ 7201, 7203, 7206.

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*of the annual rate of basic pay for level II of the Executive Schedule under section 5313 of title 5, United States Code, as of January 1 of that calendar year.”*

16. *the Ethics in Government Act provides that “a Member or an officer or employee who is a noncareer officer or employee and who occupies a position . . . for which the rate of basic pay is equal to or greater than 120 percent of the minimum rate of basic pay payable for GS15 of the General Schedule, may not in any calendar year have outside earned income attributable to such calendar year which exceeds 15 percent of the annual rate of basic pay for level II of the Executive Schedule under section 5313 of title 5, United States Code, as of January 1 of such calendar year.”*<sup>8</sup>

17. *“[T]he outside earned income limit for Members and senior staff for calendar year 2009 is \$26,550.”*<sup>9</sup>

**B. Mr. Collins Received Outside Earned Income from 2007 to 2009**

18. Mr. Collins told the OCE that he has served as Chief of Staff for Representative John Lewis since approximately 1998.<sup>10</sup>

19. As Chief of Staff, Mr. Collins is responsible for arranging ethics training from the Committee on Ethics for office staff.<sup>11</sup>

20. Mr. Collins told the OCE that during his thirteen years of employment with the House, he has also received outside earned income from the John Lewis for Congress campaign committee.<sup>12</sup>

21. Mr. Collins work as a consultant to the campaign and is responsible for approving all expenditures for the campaign, including staff salaries.<sup>13</sup>

2007 Outside Earned Income

22. According to the disclosure reports that John Lewis for Congress filed with the FEC, disbursements totaling \$10,008.11 were paid to Mr. Collins in 2007.<sup>14</sup>

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<sup>8</sup> 5 U.S.C. app. 4 § 501(a)(1).

<sup>9</sup> Memorandum from Committee on Standards of Official Conduct for All Members, Officer, and Employees Regarding the Outside Earned Income Limit and Outside Employment Restrictions, dated February 12, 2009 (“2009 Outside Earned Income Memo”) (Exhibit 1 at 11-4518\_002).

<sup>10</sup> Memorandum of Interview of Michael Collins, March 9, 2011 (“Collins MOI”) (Exhibit 2 at 11-4518\_005).

<sup>11</sup> *Id.*

<sup>12</sup> *Id.* at 11-4518\_006-007.

<sup>13</sup> *Id.* at 11-4518-006.

<sup>14</sup> Excerpts of John Lewis for Congress 2007 Federal Election Commission Itemized Disbursement Reports (“2007 FEC Reports”) (Exhibit 3 at 11-4518\_010-015).

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23. The total of \$10,008.11 in disbursements consisted of payments for expenses and consulting fees.<sup>15</sup>
24. The amount of disbursements for expenses was \$5,008.11.<sup>16</sup> These disbursements appear to be repayments to Mr. Collins for expenses that he incurred on behalf of the campaign and do not appear to be earned income.<sup>17</sup>
25. Based on the document below, the amount of the disbursement for a consulting fee was \$5,000.<sup>18</sup> This disbursement appears to be payment for the services that he provided to the campaign as a consultant, which he described to the OCE.<sup>19</sup>

NAME OF COMMITTEE (In Full) John Lewis for Congress	
C. Full Name (Last, First, Middle Initial) Michael Collins	Transaction ID: D90483
	Date of Disbursement 12 / 18 / 2007
Mailing Address	Amount of Each Disbursement this Period 5000.00
City Fort Washington	State MD
Zip Code 20744	Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 <input type="checkbox"/>
Purpose of Disbursement Consulting Fee/Political Strategy	Category/Type
Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
State: District:	

26. Mr. Collins was paid \$5,000 in 2007 for the services that he provided to John Lewis for Congress.

<sup>15</sup> *Id.*

<sup>16</sup> *Id.* The reports note that the following payments are for reimbursed expenses: payment on January 31, 2007 for \$1,071.76; payment on May 23, 2007 for \$892.32; payment on July 13, 2007 for \$1,595.68; payment on September 20, 2007 for \$973.06; and payment on November 21, 2007 for \$475.29.

<sup>17</sup> Pursuant to 18 U.S.C. § 603, a House employee is prohibited from making a campaign contribution to one's employing Member. "[M]ost outlays that an individual makes on behalf of a campaign are deemed to be a contribution to that campaign from that individual." House Ethics Manual 139. "This is so even if it is intended that the campaign will reimburse the individual promptly." *Id.* Although a House employee usually may not incur expenses on behalf of the employing Member's campaign, an exception to this prohibition is that an individual may incur travel expenses on behalf of a campaign. *Id.* Based on the information before the OCE, it appears that the campaign reimbursed Mr. Collins for expenses unrelated to travel, such as expenses for a "staff appreciation event" and "refreshments." 2007 FEC Reports (Exhibit 3 at 11-4518\_010-011). However, the Board does not make any finding on whether there is substantial reason to believe that the 2007 reimbursements may have violated 18 U.S.C. § 603 because any potential violation occurred prior to the OCE's jurisdiction.

<sup>18</sup> 2007 FEC Reports (Exhibit 3 at 11-4518\_014).

<sup>19</sup> Collins MOI (Exhibit 2 at 11-4518\_006).

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2008 Outside Earned Income

- 27. According to the disclosure reports that John Lewis for Congress filed with the FEC, disbursements totaling \$10,998.72 were paid to Mr. Collins in 2008.<sup>20</sup>
- 28. The total of \$10,998.72 in disbursements consisted of payments for reimbursements, expenses, and consulting fees.<sup>21</sup>
- 29. The amount of disbursements for expenses and reimbursements was \$998.72.<sup>22</sup> These disbursements appear to be repayments to Mr. Collins for expenses that he incurred on behalf of the campaign and do not appear to be earned income.<sup>23</sup>
- 30. Based on the document below, the amount of the disbursement for “campaign management and consulting fee” was \$10,000.<sup>24</sup> This disbursement appears to be payment for the services that Mr. Collins provided to the campaign as a consultant, which he described to the OCE.<sup>25</sup>

NAME OF COMMITTEE (In Full) John Lewis for Congress	
C. Full Name (Last, First, Middle Initial) Michael Collins	
Mailing Address [REDACTED]	
City Fort Washington	State MD
Zip Code 20744	
Purpose of Disbursement Campaign management consulting fee	
Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
State:	District:
Transaction ID: D152305	
Date of Disbursement MM / DD / YYYY 12 / 11 / 2008	
Amount of Each Disbursement this Period 10000.00	
<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	

- 31. Mr. Collins was paid \$10,000 in 2008 for the services that he provided to John Lewis for Congress.

<sup>20</sup> Excerpts of John Lewis for Congress 2008 Federal Election Commission Itemized Disbursement Reports (“2008 FEC Reports”) (Exhibit 4 at 11-4518\_017-019).

<sup>21</sup> *Id.*

<sup>22</sup> *Id.* The reports note that the following payments are for reimbursed expenses: payment on February 7, 2008 for \$499.36; payment on February 25, 2008 for \$475.50; and payment on March 5, 2008 for \$23.86.

<sup>23</sup> A House employee may not receive reimbursement for expenses incurred on behalf of a campaign other than for travel expenses. *See supra* note 15; House Ethics Manual 139. Based on the information before the OCE, it is unclear whether the campaign reimbursed Mr. Collins in 2008 for travel expenses or other expenses.

<sup>24</sup> 2008 FEC Reports (Exhibit 4 at 11-4518\_019).

<sup>25</sup> Collins MOI (Exhibit 2 at 11-4518\_006).

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2009 Outside Earned Income

32. According to the disclosure reports that John Lewis for Congress filed with the FEC, disbursements totaling \$28,848.72 were paid to Mr. Collins in 2009.<sup>26</sup>
33. The total of \$28,848.72 in disbursements consisted of payments for reimbursements and consulting fees.<sup>27</sup>
34. The amount of the disbursement for reimbursements was \$1,848.72.<sup>28</sup> These disbursements appear to be repayments to Mr. Collins for expenses that he incurred on behalf of the campaign and do not appear to be earned income.<sup>29</sup>
35. The amount of disbursements for consulting fees was \$27,000.<sup>30</sup> These disbursements appear to be payments for the services that he provided to the campaign as a consultant, which he described to the OCE.<sup>31</sup>

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<sup>26</sup> Excerpts of John Lewis for Congress 2009 Federal Election Commission Itemized Disbursement Reports (“2009 FEC Reports”) (Exhibit 5 at 11-4518\_021-024).

<sup>27</sup> *Id.*

<sup>28</sup> *Id.* The reports note that the following payments are for reimbursed expenses: payment on January 29, 2009 for \$1,148.72; and payment on February 1, 2009 for \$700.00. Mr. Collins told the OCE that the disbursement for \$700 was used to pay “for consultants who moved campaign storage.” Email from Michael Collins to Vickie Wipisinger, Campaign Accountant, dated February 27, 2009 (“February 27, 2009 Email”) (Exhibit 6 at 11-4518\_026); Collins MOI (Exhibit 2 at 11-4518\_007). He cashed the \$700 check and paid each consultant \$350 for their services. February 27, 2009 Email (Exhibit 6 at 11-4518\_026). As a result, Mr. Collins describes this disbursement as a payment to other staffers and not a reimbursement of any expense that he incurred on behalf of the campaign.

<sup>29</sup> A House employee may not receive reimbursement for expenses incurred on behalf of a campaign other than for travel expenses. *See supra* note 15; House Ethics Manual 139. Based on the information before the OCE, it is unclear whether the campaign reimbursed Mr. Collins in 2009 for travel expenses or other expenses.

<sup>30</sup> 2009 FEC Reports (Exhibit 5 at 11-4518\_023-024).

<sup>31</sup> Collins MOI (Exhibit 2 at 11-4518\_006).

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36. Based on the document below, the Internal Revenue Service Form 1099 for calendar year 2009 that Mr. Collins received from John Lewis for Congress indicates that he was paid \$27,000.<sup>32</sup>

<input type="checkbox"/> VOID <input type="checkbox"/> CORRECTED				<b>Miscellaneous Income</b>			
PAYER'S name, street address, city, state, ZIP code, and telephone no.  John Lewis for Congress 2015 Wallace Road Atlanta, GA 30331 301-947-0278		1 Rents	OMB No. 1545-0115	<div style="font-size: 2em; font-weight: bold;">2009</div> Form 1099-MISC			
		\$ .					
		2 Royalties					
PAYER'S federal identification number [REDACTED]		3 Other income	4 Federal income tax withheld	<b>Copy C</b> For Payer or State Copy  For Privacy Act and Paperwork Reduction Act Notice, see the 2009 General Instructions for Forms 1099, 1098, 3921, 3922, 5498, and W-2G.			
		\$	\$				
RECIPIENT'S identification number [REDACTED]	RECIPIENT'S name, street address (including apt. no.), city, state, and ZIP code  Michael Collins  [REDACTED]  Fort Washington MD 20744	5 Fishing boat proceeds	6 Medical and health care payments				
		\$	\$				
RECIPIENT'S name, street address (including apt. no.), city, state, and ZIP code  Michael Collins  [REDACTED]  Fort Washington MD 20744		7 Nonemployee compensation	8 Substitute payments in lieu of dividends or interest				
		\$ 27000.00	\$				
Account number (see instructions)		9 Payer made direct sales of \$5,000 or more of consumer products to a buyer (recipient) for resale <input type="checkbox"/>	10 Crop insurance proceeds				
		\$	\$				
2nd TIN not <input type="checkbox"/>		11 [REDACTED]	12 [REDACTED]				
		13 Excess golden parachute payments	14 Gross proceeds paid to an attorney				
		\$	\$				
15a Section 409A deferrals	15b Section 409A income	16 State tax withheld	17 State/Payer's state no.	18 State income			
\$	\$	\$		\$			
		\$		\$			
Form 1099-MISC		Department of the Treasury - Internal Revenue Service					

37. Mr. Collins was paid \$27,000 in 2009 for the services that he provided to John Lewis for Congress.

**C. Mr. Collins Did Not Include His Outside Earned Income on His Calendar Year 2007 Financial Disclosure Statement**

38. On June 16, 2008, Mr. Collins filed his Calendar Year 2007 Financial Disclosure Statement with the Office of the Clerk.<sup>33</sup>

<sup>32</sup> Michael Collins Form 1099-MISC Miscellaneous Income for Calendar Year 2009 ("2009 1099 Form") (Exhibit 7 at 11-4518\_028). According to the reports that the John Lewis for Congress campaign filed with the FEC, the campaign paid Mr. Collins \$27,700.

<sup>33</sup> Michael Collins Calendar Year 2007 Financial Disclosure Statement, dated June 16, 2008 ("2007 FD") (Exhibit 8 at 11-4518\_030-032).



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39. The first question on the form asks: “Did you or your spouse have ‘earned’ income (e.g., salaries or fees) of \$200 or more from any source in the reporting period?”<sup>34</sup> In response to the question, Mr. Collins’ checked the “No” box.<sup>35</sup>
40. Based on the document below, Mr. Collins’ Calendar Year 2007 Financial Disclosure Statement does not disclose the \$5,000 that John Lewis for Congress reported paying him for his consulting services in 2007.<sup>36</sup>

UNITED STATES HOUSE OF REPRESENTATIVES FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 2007		FORM A For use by Members, officers, and employees	Page 1 of 3
Michael Collins (Full Name)		202-225- <span style="background-color: black; color: black;">[REDACTED]</span> (Daytime Telephone)	
Filer Status	<input type="checkbox"/> Member of the U.S. House of Representative	State: MD District:	<input checked="" type="checkbox"/> Officer Or Employee Employing Office: Hon. John Lewis
Report Type	<input checked="" type="checkbox"/> Annual (May 15)	<input type="checkbox"/> Amendment	<input type="checkbox"/> Termination Termination Date:
<b>PRELIMINARY INFORMATION -- ANSWER EACH OF THESE QUESTIONS</b>			
i. Did you or your spouse have "earned" income (e.g., salaries or fees) of \$200 or more from any source in the reporting period?		Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	vi. Did you, your spouse, or a dependent child receive any reportable income during the reporting period (i.e., aggregating more than \$305 and not of exempt)?

**D. Mr. Collins Did Not Include His Outside Earned Income on His Calendar Year 2008 Financial Disclosure Statement**

41. On May 15, 2009, Mr. Collins filed his Calendar Year 2008 Financial Disclosure Statement with the Office of the Clerk.<sup>37</sup>
42. The first question on the form asks: “Did you or your spouse have ‘earned’ income (e.g., salaries or fees) of \$200 or more from any source in the reporting period?”<sup>38</sup> In response to the question, Mr. Collins’ checked the “No” box.<sup>39</sup>

<sup>34</sup> *Id.*

<sup>35</sup> *Id.*

<sup>36</sup> 2007 FD (Exhibit 8 at 11-4518\_030-032).

<sup>37</sup> Michael Collins Calendar Year 2008 Financial Disclosure Statement, dated May 15, 2009 (“2008 FD”) (Exhibit 9 at 11-4518\_034-038).

<sup>38</sup> *Id.* at 11-4518\_034.

<sup>39</sup> *Id.*



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43. Based on the document below, Mr. Collins' Calendar Year 2008 Financial Disclosure Statement does not disclose the \$10,000 that John Lewis for Congress reported paying him for his consulting services in 2008.<sup>40</sup>

UNITED STATES HOUSE OF REPRESENTATIVES CALENDAR YEAR 2008 FINANCIAL DISCLOSURE STATEMENT		FORM A For use by Members, officers, and employees	Page 1 of 5
Michael Collins (Full Name)		202-225- (Daytime Telephone)	
Filer Status	<input type="checkbox"/> Member of the U.S. House of Representatives	State: _____ District: _____	<input checked="" type="checkbox"/> Officer Or Employee Employing Office: Hon. John Lewis
Report Type	<input checked="" type="checkbox"/> Annual (May 15)	<input type="checkbox"/> Amendment	<input type="checkbox"/> Termination Termination Date: _____
<b>PRELIMINARY INFORMATION -- ANSWER EACH OF THESE QUESTIONS</b>			
I. Did you or your spouse have "earned" income (e.g., salaries or fees) of \$200 or more from any source in the reporting period?		Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	VI. Did you, your spouse, or a dependent child receive any reportable reporting period (i.e., aggregating more than \$335 and not otherwise exempt)?

**E. Mr. Collins Did Not Disclose His Outside Earned Income on His Calendar Year 2009 Financial Disclosure Statement**

44. On May 17, 2010, Mr. Collins filed his Calendar Year 2009 Financial Disclosure Statement with the Office of the Clerk.<sup>41</sup>

45. The first question on the form asks: "Did you or your spouse have 'earned' income (e.g., salaries or fees) of \$200 or more from any source in the reporting period?"<sup>42</sup> In response to the question, Mr. Collins' checked the "No" box.<sup>43</sup>

<sup>40</sup> *Id.*

<sup>41</sup> Michael Collins Calendar Year 2009 Financial Disclosure Statement, dated May 17, 2010 ("2009 FD") (Exhibit 10 at 11-4518\_040-044).

<sup>42</sup> *Id.* at 11-4518\_040.

<sup>43</sup> *Id.*

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46. Based on the document below, Mr. Collins' Calendar Year 2009 Financial Disclosure Statement does not disclose the \$27,000 that the John Lewis for Congress campaign reported paying him for his consulting services in 2009.<sup>44</sup>

<b>UNITED STATES HOUSE OF REPRESENTATIVES CALENDAR YEAR 2009 FINANCIAL DISCLOSURE STATEMENT</b>		<b>FORM A</b> For use by Members, officers, and employees	
Michael Collins (Full Name)		202-225- <span style="background-color: black; color: black;">XXXX</span> (Daytime Telephone)	
<b>Filer Status</b>	<input type="checkbox"/> Member of the U.S. House of Representative State: _____ District: _____	<input checked="" type="checkbox"/> Officer Or Employee	Employing Office: Hon. John Lewis
<b>Report Type</b>	<input checked="" type="checkbox"/> Annual (May 15)	<input type="checkbox"/> Amendment	<input type="checkbox"/> Termination Termination Date: _____
<b>PRELIMINARY INFORMATION -- ANSWER EACH OF THESE QUESTIONS</b>			
I. Did you or your spouse have "earned" income (e.g., salaries or fees) of \$200 or more from any source in the reporting period? If yes, complete and attach Schedule I.		VI. Did you, your spouse, or a dependent child receive any reportable income in the reporting period (i.e., aggregating more than \$335 and not otherwise exempt)? If yes, complete and attach Schedule VI.	
Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>			

47. The OCE asked Mr. Collins to explain why he did not report the 2009 outside earned income on his Calendar Year 2009 Financial Disclosure Statement. Mr. Collins told the OCE that the failure to report was negligence on his part and that he thought money from the campaign did not have to be reported because he said that he considered the money to be a bonus and not a salary.<sup>45</sup>

48. Mr. Collins stated to the OCE that he believes he has never reported the money that he earns from the campaign on his financial disclosure statements throughout his thirteen years as Chief of Staff.<sup>46</sup>

49. As a result of this Review, on March 11, 2011, Mr. Collins filed an amended Calendar Year 2009 Financial Disclosure Statement with the Office of the Clerk.<sup>47</sup> The amended disclosure statement reports that Mr. Collins received \$27,000 in salary from John Lewis for Congress in 2009.<sup>48</sup>

50. Based on the information before the OCE, Mr. Collins has not amended his financial disclosure statements for calendar years 2007 and 2008.

<sup>44</sup> *Id.*

<sup>45</sup> Collins MOI (Exhibit 2 at 11-4518\_007).

<sup>46</sup> *Id.*

<sup>47</sup> Michael Collins Amended Calendar Year 2009 Financial Disclosure Statement, dated March 11, 2011 (Exhibit 11 at 11-4518\_046-048).

<sup>48</sup> *Id.*

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Subject to the Nondisclosure Provisions of H. Res. 895 of the 110th Congress as Amended

**F. Mr. Collins Did Not Disclose His Outside Earned Income on His Federal Income Tax Returns**

51. According to information that Mr. Collins produced to the OCE, he did not report income from John Lewis for Congress on his federal income tax return statement for calendar year 2009.<sup>49</sup>
52. Mr. Collins' Form 1040 Income Tax Return for calendar year 2009 does not disclose that he received \$27,000 of earned income in addition to his House salary.<sup>50</sup>
53. The OCE asked Mr. Collins to explain why he did not report the 2009 outside income on his calendar year 2009 federal income tax returns. Mr. Collins told the OCE that he did not report the income on his tax returns for the same reason that he did not report the income on his financial disclosure statement.<sup>51</sup> He believed that the income from the campaign was not reportable.<sup>52</sup>
54. He told the OCE that, during his thirteen year employment with the campaign, he believes he has never reported his income from the campaign on his federal tax returns.<sup>53</sup>
55. As a result of this review, on or about April 4, 2011, Mr. Collins filed an amended 1040 Income Tax Return for calendar year 2009.<sup>54</sup> The amended tax return reports that Mr. Collins received \$27,000 in miscellaneous income in 2009.<sup>55</sup>

**G. Mr. Collins Exceeded the 2009 Outside Earned Income Limit**

56. On February 12, 2009, the Committee on Ethics issued a memorandum to all Members, Officers, and employees of the House concerning the outside earned income limit and outside employment restrictions.<sup>56</sup>
57. The memorandum explained that "the outside earned income limit for Members and senior staff for calendar year 2009 is \$26,550."<sup>57</sup>

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<sup>49</sup> Collins MOI (Exhibit 2 at 11-4518\_007).

<sup>50</sup> Michael Collins Form 1040 U.S. Individual Income Tax Return Calendar Year 2009, dated February 27, 2010 ("2009 Tax Return") (Exhibit 12 at 11-4518\_050-057).

<sup>51</sup> Collins MOI (Exhibit 2 at 11-4518\_007).

<sup>52</sup> *Id.*

<sup>53</sup> *Id.*

<sup>54</sup> Michael Collins Amended U.S. Individual Income Tax Return Calendar year 2009, dated April 4, 2011 (Exhibit 13 at 11-4518\_059-062).

<sup>55</sup> *Id.*

<sup>56</sup> 2009 Outside Earned Income Memo (Exhibit 1 at 11-4518\_002-003).

<sup>57</sup> *Id.* at 11-4518\_002.

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Subject to the Nondisclosure Provisions of H. Res. 895 of the 110th Congress as Amended

58. “[T]he outside earned income limit applies to House officers and employees paid at or above the rate of \$117,787 for more than 90 days in 2009.”<sup>58</sup>
59. Mr. Collins was subject to the outside earned income limit in 2009 because the House paid him more than \$117,787 for more than 90 days. According to his Form W-2 Wage and Tax Statement for Calendar Year 2009, the House paid him \$151,077.53.<sup>59</sup>
60. As explained in Part II.B, above, he was paid \$27,000 in outside earned income in 2009.
61. Mr. Collins’ outside earned income that he received from John Lewis for Congress exceeded the outside earned income limit of \$26,550.
62. Mr. Collins told the OCE that he has been aware of the outside earned income limit throughout his thirteen year employment with the House.<sup>60</sup>
63. He also told the OCE that in 2009, he was aware that there was a limit on outside earned income, but he did not know that he was near the limit. He is responsible for approving all expenditures for the campaign, including staff salaries.<sup>61</sup>

### III. CONCLUSION

64. John Lewis for Congress paid Mr. Collins a total of \$42,000 from 2007 to 2009.<sup>62</sup>
65. During this time period, Mr. Collins knew of the outside earned income limit and the financial disclosure requirements. He knew of the limit and financial disclosure requirements for the over thirteen years that he has been employed as Chief of Staff for Representative Lewis.<sup>63</sup>
66. On his financial disclosure statements for calendar years 2007, 2008, and 2009, Mr. Collins reported that he did not receive any outside earned income.<sup>64</sup> During this same time period, he worked for the campaign committee and approved the payment of his own salary.<sup>65</sup>

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<sup>58</sup> *Id.*

<sup>59</sup> Michael Collins’ Form W-2 Wage and Tax Statement for Calendar Year 2009 (Exhibit 14 at 11-4518\_064).

<sup>60</sup> Collins MOI (Exhibit 2 at 11-4518\_005-006).

<sup>61</sup> *Id.*

<sup>62</sup> 2007 FEC Reports (Exhibit 3 at 11-4518\_010-015); 2008 FEC Reports (Exhibit 4 at 11-4518\_017-019); 2009 FEC Reports (Exhibit 5 at 11-4518\_021-024).

<sup>63</sup> Collins MOI (Exhibit 2 at 11-4518\_005-006).

<sup>64</sup> 2007 FD (Exhibit 8 at 11-4518\_030-032); 2008 FD (Exhibit 9 at 11-4518\_034-038); 2009 FD (Exhibit 10 at 11-4518\_40-044).

<sup>65</sup> Collins MOI (Exhibit 2 at 11-4518\_006-007).

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Subject to the Nondisclosure Provisions of H. Res. 895 of the 110th Congress as Amended

67. On his federal income tax return for calendar year 2009, Mr. Collins did not report any income received from John Lewis for Congress.<sup>66</sup>
68. In 2009, the campaign paid Mr. Collins \$27,000, which exceeded the outside earned income limit.<sup>67</sup>
69. Based on the information available to the OCE during this Review, there is substantial reason to believe that Mr. Collins violated House Rule 25, clause 1(a)(1); House Rule 26, clause 2; 5 U.S.C. app. 4 §§ 101, 102, 104, and 501 (a)(1); and federal tax law because he (1) failed to include his outside earned income from John Lewis for Congress on his financial disclosure statements for calendar years 2007, 2008, and 2009, (2) failed to report his earned income from John Lewis for Congress on his federal tax returns for calendar year 2009, and (3) exceeded the outside earned income limit in 2009.
70. For these reasons, the Board recommends that the Committee on Ethics further review the allegations described above concerning Mr. Collins.

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<sup>66</sup> 2009 Tax Return (Exhibit 7 at 11-4518\_028).

<sup>67</sup> 2009 1099 Form (Exhibit 7 at 11-4518\_028).

# **EXHIBIT 1**

# U.S. House of Representatives

COMMITTEE ON STANDARDS OF  
OFFICIAL CONDUCT

Washington, DC 20515

February 12, 2009

## MEMORANDUM FOR ALL MEMBERS, OFFICERS, AND EMPLOYEES

**FROM:** Committee on Standards of Official Conduct

Zoe Lofgren, Chair

Jo Bonner, Ranking Republican Member

**SUBJECT:** The 2009 Outside Earned Income Limit and Salaries Triggering the Financial Disclosure Requirement and Post-Employment Restrictions

### THE OUTSIDE EARNED INCOME LIMIT AND OUTSIDE EMPLOYMENT RESTRICTIONS

By statute and House rule, the amount of outside earned income that Members and "senior staff" (as defined below) may have in any calendar year is limited. 5 U.S.C. app. 4 § 501(a)(1); House Rule 25, cl. 1(a)(1). In addition to House Members, the limit applies to House officers and employees who are paid at a rate equal to or greater than 120% of the minimum pay for GS-15 of the general schedule for more than 90 days in a calendar year. The GS-15, step 1 rate of basic pay for 2009 is \$98,156 (locality pay is not considered in making this determination). Accordingly, the outside earned income limit applies to House officers and employees paid at or above the rate of \$117,787 for more than 90 days in 2009.

The amount of the outside earned income limit for any year is 15% of the rate of pay for Level II of the Executive Schedule in effect on January 1 of the year. The rate of pay for Executive Level II in 2009 is \$177,000. Accordingly, the outside earned income limit for Members and senior staff for calendar year 2009 is \$26,550.

Under clauses 1-4 of House Rule 25 and related provisions of statutory law, Members, as well as officers and employees paid at or above the "senior staff" threshold rate, are also subject to a number of specific limitations on the types of outside employment. Information on these limitations is provided on pages 213 to 228 of the 2008 *House Ethics Manual*, which is available on the Standards Committee website ([ethics.house.gov](http://ethics.house.gov)). The Committee's Office of Advice and Education (extension 5-7103) can provide further explanation.

- OVER -

## FINANCIAL DISCLOSURE

The requirement to file a Financial Disclosure Statement applies both to Members and to House officers and employees who are paid at a rate equal to or greater than 120% of the minimum pay for GS-15 for at least 60 days at any time during a calendar year. 5 U.S.C. app. 4 § 109(13). As noted above, 120% of GS-15 is now **\$117,787**, and thus House officers and employees who are paid at or above that rate of pay (referred to as the "senior staff rate") for at least **60 days** during **2009** must file a Financial Disclosure Statement in May 2010. **In addition, any new employee paid at that rate must file a new employee Financial Disclosure Statement within 30 days of beginning House employment.**

Please note that the requirement to file a Financial Disclosure Statement covering calendar year 2008 applies to officers and employees who were paid at an annual rate of **\$114,468** for at least 60 days in **2008**. The annual Financial Disclosure Statements for 2008 are due on Friday, May 15, 2009 for those individuals who continue to be officers or employees of the House on that date.

## POST-EMPLOYMENT RESTRICTIONS

Members and officers of the House, as well as certain House employees, are subject to post-employment restrictions on lobbying. 18 U.S.C. § 207. A former employee of a Member, committee, or leadership office is subject to the restrictions if, for at least **60 days** during the one-year period preceding termination of House employment, the employee was paid at a rate equal to or greater than 75% of the basic rate of pay for Members at the time of termination.

The basic rate of pay for Members in 2009 is \$174,000. Therefore, the post-employment threshold for employees who depart from a job in a Member, committee, or leadership office during 2009 is **\$130,500**. The triggering salary for employees of other House or legislative branch offices (such as the CBO, GAO, and Library of Congress) is Level IV of the Executive Schedule, which for 2009 is \$153,200. Information on the post-employment restrictions applicable to Members and staff is available in a pair of Standards Committee advisory memoranda, copies of which are available on the Committee website.

\* \* \* \* \*

### CALENDAR YEAR 2009

<b>OUTSIDE EARNED INCOME CAP .....</b>	<b>\$ 26,550</b>
<b>OUTSIDE EARNED INCOME AND OUTSIDE EMPLOYMENT THRESHOLD .....</b>	<b>\$117,787</b>
<b>FINANCIAL DISCLOSURE THRESHOLD .....</b>	<b>\$117,787</b>
<b>POST-EMPLOYMENT THRESHOLD</b>	
For employees of Member, committee, or leadership offices .....	<b>\$130,500</b>
For employees of "other legislative offices" .....	<b>\$153,200</b>



# **EXHIBIT 2**

CONFIDENTIAL

Subject to the Nondisclosure Provisions of H. Res. 895 of the 110th Congress as Amended

OFFICE OF CONGRESSIONAL ETHICS  
UNITED STATES HOUSE OF REPRESENTATIVES

**MEMORANDUM OF INTERVIEW**

IN RE: Michael Collins  
REVIEW No.: 11-4518  
DATE: March 9, 2011  
LOCATION: OCE  
425 3<sup>rd</sup> Street, SW  
Washington, DC 20515  
TIME: 3:05 p.m. to 3:45 p.m. (approximate)  
PARTICIPANTS: Kedric L. Payne  
Paul J. Solis

**SUMMARY:** Michael Collins is the Chief of Staff for Representative John Lewis of the 5<sup>th</sup> District of Georgia. The OCE requested an interview with Mr. Collins on March 9, 2011, and he consented to an interview. Mr. Collins (the “witness”) made the following statements in response to our questioning:

1. The witness was given an 18 U.S.C. § 1001 warning and consented to an interview. He signed a written acknowledgement of the warning, which will be placed in the case file in this review.
2. The witness has been the Chief of Staff and Floor Assistant for Representative John Lewis for approximately thirteen years.
3. The witness did not work for any other congressional office prior to his employment with Representative Lewis.
4. As a Floor Assistant, he is responsible for supporting the whip operations for Representative Lewis, who serves as the Democratic Chief Deputy Whip.
5. As Chief of Staff, he is the senior chief policy advisor for Representative Lewis. The witness has various duties, including the hiring, firing, promoting, and training of the office staff. The witness also has payroll responsibilities for the office. He prepares staff payroll documents and submits them to the House payroll office.
6. The witness arranges ethics training from the Committee on Ethics (“COE”) for office staff. The witness provides ethics requirements from the COE to office staff and offers office staff personalized ethics briefings from COE staff. The witness also mentions the

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outside earned income limit to staff but does not discuss it in detail because only the witness approached the limit.

7. The witness has worked for Representative Lewis' congressional campaign committee (the "campaign") for approximately thirteen years. The witness stated that under the house rules, he assumes that his position and title at the campaign should be listed as "Agent to the campaign." The witness also provides consulting services to the campaign.
8. His duties for the campaign include overseeing all operations, hiring staff, paying bills, handling invoices and receipts. He also writes payroll checks for campaign staff. In the memo section of the checks, he writes "salary."
9. The witness stated that Representative Lewis must approve any campaign expenditures. No one else is involved in approving campaign expenditures besides Representative Lewis and the witness.
10. The witness explained that the campaign hires a variable number of staff each election cycle. During the 2009/2010 election cycle, there were approximately three fulltime employees on the campaign payroll. These three staffers were employed with Representative Lewis' congressional office. The witness explained that he is responsible for paying the staffers from the campaign account; however, he has no role processing tax forms for staffers.
11. The campaign employs Vickie Winpisinger as an accountant for the campaign. As part of her duties for the campaign, she prepares reports for the Federal Election Commission ("FEC"). Before Ms. Winpisinger files reports with the FEC, the witness reviews the reports for errors and discrepancies.
12. The witness told the OCE that he has been aware of the outside earned income limit throughout his thirteen year employment with the House of Representatives.
13. In 2009, he was aware that there was a limit on outside earned income, but he did not know that he was near the limit or that a possible infraction occurred until the OCE contacted him.
14. Following the initiation of this review, the witness contacted the COE and COE staff advised him to amend his 2009 financial disclosure statement. He has not amended the financial disclosure statement at the time of the interview.
15. The OCE asked the witness about a letter from Ms. Winpisinger to him, dated March 2, 2011 (Camp\_012), indicating that the campaign paid him \$27,700 in 2009. He was also asked about the 2009 Form 1099 that the campaign issued to him (MC\_0016), which indicates that the campaign paid him \$27,000.

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16. In response, the witness stated that he is not sure why the two documents have a \$700 difference in the amount that the campaign paid him. He believes that he received a \$700 payment in February 2009 that was a reimbursement for campaign storage costs and not part of his salary.<sup>1</sup> He stated that sometimes reimbursements are paid as part of an employee's salary.
17. When asked why he did not report any income from the campaign on his 2009 financial disclosure statement, the witness stated that it was "negligence" and he thought that money from the campaign did not have to be reported. He considered the money from the campaign to be a bonus and not a salary. He did not seek advice from anyone on this issue.
18. The witness received a salary from the campaign for all thirteen years of his employment. The money is paid to him at the discretion of Representative Lewis. His salary changes each year. In 2009, the campaign paid the witness the largest amount to date.
19. The witness told the OCE that during his thirteen years of employment with the campaign, he does not think that he reported the campaign income on his financial disclosure statement.
20. The OCE asked the witness about his 2009 Form 1040 Federal Income Tax Return (MC-0007-0014). He stated that he did not report the income from the campaign to the Internal Revenue Service for the same reason that he did not report it on his financial disclosure statement, *i.e.*, it was not reportable income.
21. The witness told the OCE that during his thirteen years of employment with the campaign, he does not think that he reported the campaign income on his federal income tax returns.
22. Since the initiation of this review, he has talked to his tax preparer about correcting the tax filing, but he has not attempted to correct the form at this time.

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<sup>1</sup> On March 10, 2011, the day after the interview, the witness called the OCE and explained that the \$700 payment dated February 1, 2009 was not part of his salary. The payment was for two staffers who assisted with moving storage for the campaign. The witness cashed the \$700 check written to him and paid each staffer \$350 for the work. The witness alluded to an email from him to Ms. Winpisinger, dated February 27, 2009, where he writes the following in response to her question about a \$700 check payable to the witness: "This was for consultants who moved campaign storage . . . Two individuals both were paid 350. I have invoices that both signed." (Camp\_004).

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Subject to the Nondisclosure Provisions of H. Res. 895 of the 110th Congress as Amended

This memorandum was prepared on March 10, 2011, based on the notes that the OCE staff prepared during the interview with the witness on March 9, 2011. I certify that this memorandum contains all pertinent matter discussed with the witness on March 10, 2011.

Kedric L. Payne  
Investigative Counsel

# **EXHIBIT 3**

**SCHEDULE B (FEC Form 3 )  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: (check only one)

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee

NAME OF COMMITTEE (In Full)  
John Lewis for Congress

Full Name (Last, First, Middle Initial) <b>A. Bank of America, N.A.</b>		Transaction ID: D71960 Date of Disbursement 03 / 13 / 2007
Mailing Address PO Box 25118		Amount of Each Disbursement this Period 35.00
City Tampa State FL Zip Code 33622	Purpose of Disbursement Service fee Candidate Name Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State:           District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Full Name (Last, First, Middle Initial) <b>B. BP Cardmember Services</b>		
Mailing Address P.O. Box 9075		Transaction ID: D71965 Date of Disbursement 03 / 09 / 2007
City Des Moines State IA Zip Code 50368		Amount of Each Disbursement this Period 318.60
Purpose of Disbursement Travel/gas Candidate Name Category/Type	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State:           District:		Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Full Name (Last, First, Middle Initial) <b>C. Michael Collins</b>		
Mailing Address [REDACTED]		Transaction ID: D71964 Date of Disbursement 01 / 31 / 2007
City Fort Washington State MD Zip Code 20744		Amount of Each Disbursement this Period 1071.76
Purpose of Disbursement Fundraising event expenses Candidate Name Category/Type	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State:           District:		Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶		
<b>TOTAL</b> This Period (last page this line number only) ..... ▶		

**SCHEDULE B (FEC Form 3 )  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

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(check only one)

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NAME OF COMMITTEE (In Full)  
John Lewis for Congress

Full Name (Last, First, Middle Initial) <b>A. Michael Collins</b>		Transaction ID: D69411 Date of Disbursement 05 / 23 / 2007	
Mailing Address [REDACTED]		Amount of Each Disbursement this Period 892.32	
City Fort Washington	State MD	Zip Code 20744	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Purpose of Disbursement Volunteers appreciation event		Category/ Type	
Candidate Name		<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:			
Full Name (Last, First, Middle Initial) <b>B. Herschel Fink</b>		Transaction ID: D69432 Date of Disbursement 04 / 04 / 2007	
Mailing Address [REDACTED]		Amount of Each Disbursement this Period 6000.00	
City Phoenix	State AZ	Zip Code 85032-6341	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Purpose of Disbursement Fundraising consultant		003 Category/ Type	
Candidate Name		<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:			
Full Name (Last, First, Middle Initial) <b>C. Herschel Fink</b>		Transaction ID: D69414 Date of Disbursement 05 / 17 / 2007	
Mailing Address [REDACTED]		Amount of Each Disbursement this Period 3000.00	
City Phoenix	State AZ	Zip Code 85032-6341	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Purpose of Disbursement Fundraising Consultant		003 Category/ Type	
Candidate Name		<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:			
<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶		9892.32	
<b>TOTAL</b> This Period (last page this line number only) ..... ▶			



**SCHEDULE B (FEC Form 3 )  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: (check only one)

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<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)  
John Lewis for Congress

Full Name (Last, First, Middle Initial) <b>A. State Farm Insurance Co.</b>		Transaction ID: D73582 Date of Disbursement 07 / 05 / 2007
Mailing Address PO Box 58802		Amount of Each Disbursement this Period 693.71
City North Metro State GA Zip Code 30029	Purpose of Disbursement Insurance Candidate Name Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Full Name (Last, First, Middle Initial) <b>B. Winpisinger &amp; Associates, Inc.</b>		
Mailing Address 315 Inspiration Lane		Transaction ID: D73590 Date of Disbursement 07 / 31 / 2007
City Gaithersburg State MD Zip Code 20878		Amount of Each Disbursement this Period 494.95
Purpose of Disbursement Administrative/Compliance Candidate Name Category/Type	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	
Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Full Name (Last, First, Middle Initial) <b>C. Michael Collins</b>		
Mailing Address [REDACTED]		Transaction ID: D73586 Date of Disbursement 07 / 13 / 2007
City Fort Washington State MD Zip Code 20744		Amount of Each Disbursement this Period 1595.68
Purpose of Disbursement Expenses (see below) Candidate Name Category/Type	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	
Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
SUBTOTAL of Disbursements This Page (optional) ..... ▶		
TOTAL This Period (last page this line number only) ..... ▶		2784.34

**SCHEDULE B (FEC Form 3 )  
ITEMIZED DISBURSEMENTS**

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Detailed Summary Page

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(check only one)

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NAME OF COMMITTEE (In Full)  
John Lewis for Congress

**A.** Full Name (Last, First, Middle Initial)  
Michael Collins

Mailing Address [REDACTED]

City: Fort Washington State: MD Zip Code: 20744

Purpose of Disbursement: Expenses (see below)

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For: 2008  
 Primary  General  
 Other (specify) ▼

Transaction ID: D73618  
Date of Disbursement: 09 / 20 / 2007

Amount of Each Disbursement this Period: 973.06

Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

**B.** Full Name (Last, First, Middle Initial)  
Maggiano's Little Italy

Mailing Address: 3368 Peachtree Road

City: Atlanta State: GA Zip Code: 30326

Purpose of Disbursement: Event/Refreshments

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For: 2008  
 Primary  General  
 Other (specify) ▼

Transaction ID: D73887  
Date of Disbursement: 09 / 20 / 2007

Amount of Each Disbursement this Period: 973.06

Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

**[MEMO ITEM]**

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	▶	973.06
<b>TOTAL</b> This Period (last page this line number only) .....	▶	50103.60

**SCHEDULE B (FEC Form 3 )  
ITEMIZED DISBURSEMENTS**

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for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)  
John Lewis for Congress

A.	Full Name (Last, First, Middle Initial) BP Card Member Services	Transaction ID: D90453 Date of Disbursement 11 / 11 / 2007
	Mailing Address P.O. Box 9075	Amount of Each Disbursement this Period 115.36
	City Des Moines State IA Zip Code 50368	Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Purpose of Disbursement Travel/Gas Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Category/Type
	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

B.	Full Name (Last, First, Middle Initial) Burrelle's Luce	Transaction ID: D90459 Date of Disbursement 11 / 21 / 2007
	Mailing Address 75 East Northfield Rd.	Amount of Each Disbursement this Period 2003.50
	City Livingston State NJ Zip Code 07039	Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Purpose of Disbursement Subscription Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Category/Type
	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

C.	Full Name (Last, First, Middle Initial) Michael Collins	Transaction ID: D90483 Date of Disbursement 12 / 18 / 2007
	Mailing Address [REDACTED]	Amount of Each Disbursement this Period 5000.00
	City Fort Washington State MD Zip Code 20744	Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Purpose of Disbursement Consulting Fee/Political Strategy Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Category/Type
	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	7118.86
<b>TOTAL</b> This Period (last page this line number only) .....	

**SCHEDULE B (FEC Form 3 )  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)  
John Lewis for Congress

A.	Full Name (Last, First, Middle Initial) Winpisinger & Associates, Inc.	Transaction ID: D90458 Date of Disbursement 11 / 21 / 2007
	Mailing Address 315 Inspiration Lane	Amount of Each Disbursement this Period 3205.58
	City Gaithersburg State MD Zip Code 20878	Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Purpose of Disbursement Administrative/Compliance	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
	State: District:	

B.	Full Name (Last, First, Middle Initial) Winpisinger & Associates, Inc.	Transaction ID: D90488 Date of Disbursement 12 / 20 / 2007
	Mailing Address 315 Inspiration Lane	Amount of Each Disbursement this Period 3001.23
	City Gaithersburg State MD Zip Code 20878	Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Purpose of Disbursement Administrative/Compliance	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
	State: District:	

C.	Full Name (Last, First, Middle Initial) Michael Collins	Transaction ID: D90461 Date of Disbursement 11 / 21 / 2007
	Mailing Address [REDACTED]	Amount of Each Disbursement this Period 475.29
	City Fort Washington State MD Zip Code 20744	Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Purpose of Disbursement Expenses (See below)	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
	State: District:	

SUBTOTAL of Disbursements This Page (optional) .....	▶	6682.10
TOTAL This Period (last page this line number only) .....	▶	

# **EXHIBIT 4**

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: (check only one)

17     18     19a     19b  
 20a     20b     20c     21

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NAME OF COMMITTEE (In Full)  
John Lewis for Congress

<p><b>A.</b> Full Name (Last, First, Middle Initial) Michael Collins</p> <p>Mailing Address [REDACTED]</p> <p>City Fort Washington      State MD      Zip Code 20744</p> <p>Purpose of Disbursement Expenses (see below)</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House      Disbursement For: 2008  <input type="checkbox"/> Senate      <input checked="" type="checkbox"/> Primary      <input type="checkbox"/> General  <input type="checkbox"/> President      <input type="checkbox"/> Other (specify) ▼</p> <p>State:      District:</p>	<p><b>Transaction ID:</b> D95371</p> <p>Date of Disbursement  <input type="text" value="0"/> <input type="text" value="2"/> / <input type="text" value="0"/> <input type="text" value="7"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="8"/> <input type="text" value="0"/> <input type="text" value="8"/></p> <p>Amount of Each Disbursement this Period  <input type="text" value="499.36"/></p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>
<p><b>B.</b> Full Name (Last, First, Middle Initial) Delta Airlines</p> <p>Mailing Address Hartsfield Atlanta Intl Airport</p> <p>City Atlanta      State GA      Zip Code 30320</p> <p>Purpose of Disbursement Travel/Airfare</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House      Disbursement For: 2008  <input type="checkbox"/> Senate      <input checked="" type="checkbox"/> Primary      <input type="checkbox"/> General  <input type="checkbox"/> President      <input type="checkbox"/> Other (specify) ▼</p> <p>State:      District:</p>	<p><b>Transaction ID:</b> D95468</p> <p>Date of Disbursement  <input type="text" value="0"/> <input type="text" value="2"/> / <input type="text" value="0"/> <input type="text" value="7"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="8"/> <input type="text" value="0"/> <input type="text" value="8"/></p> <p>Amount of Each Disbursement this Period  <input type="text" value="150.00"/></p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p> <p><b>[MEMO ITEM]</b></p>
<p><b>C.</b> Full Name (Last, First, Middle Initial) Michael Collins</p> <p>Mailing Address [REDACTED]</p> <p>City Fort Washington      State MD      Zip Code 20744</p> <p>Purpose of Disbursement Reimbursement</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House      Disbursement For: 2008  <input type="checkbox"/> Senate      <input checked="" type="checkbox"/> Primary      <input type="checkbox"/> General  <input type="checkbox"/> President      <input type="checkbox"/> Other (specify) ▼</p> <p>State:      District:</p>	<p><b>Transaction ID:</b> D95396</p> <p>Date of Disbursement  <input type="text" value="0"/> <input type="text" value="2"/> / <input type="text" value="2"/> <input type="text" value="5"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="8"/> <input type="text" value="0"/> <input type="text" value="8"/></p> <p>Amount of Each Disbursement this Period  <input type="text" value="475.50"/></p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>
<p><b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶ <input type="text" value="974.86"/></p> <p><b>TOTAL</b> This Period (last page this line number only) ..... ▶ <input type="text"/></p>	

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

17     18     19a     19b  
 20a     20b     20c     21

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NAME OF COMMITTEE (In Full)  
John Lewis for Congress

<p><b>A.</b> Full Name (Last, First, Middle Initial) Office Depot</p> <p>Mailing Address 151 14th Street NW</p> <p>City Atlanta State GA Zip Code 30318</p> <p>Purpose of Disbursement Office supplies/equipment</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: D96308 Date of Disbursement MM / DD / YYYY 02 / 25 / 2008</p> <p>Amount of Each Disbursement this Period 475.50</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p> <p><b>[MEMO ITEM]</b></p>
<p><b>B.</b> Full Name (Last, First, Middle Initial) Michael Collins</p> <p>Mailing Address [REDACTED]</p> <p>City Fort Washington State MD Zip Code 20744</p> <p>Purpose of Disbursement Reimbursement</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: D96305 Date of Disbursement MM / DD / YYYY 03 / 05 / 2008</p> <p>Amount of Each Disbursement this Period 23.86</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>
<p><b>C.</b> Full Name (Last, First, Middle Initial) Office Depot</p> <p>Mailing Address 151 14th Street NW</p> <p>City Atlanta State GA Zip Code 30318</p> <p>Purpose of Disbursement Office supplies</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: D96307 Date of Disbursement MM / DD / YYYY 03 / 05 / 2008</p> <p>Amount of Each Disbursement this Period 23.86</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p> <p><b>[MEMO ITEM]</b></p>

<p><b>SUBTOTAL</b> of Disbursements This Page (optional) .....</p>	<p>23.86</p>
<p><b>TOTAL</b> This Period (last page this line number only) .....</p>	<p>58750.00</p>

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)  
John Lewis for Congress

A.

Full Name (Last, First, Middle Initial)  
Michael Collins

Transaction ID: D152305  
Date of Disbursement

Mailing Address [REDACTED]

MM / DD / YYYY  
12 / 11 / 2008

City State Zip Code  
Fort Washington MD 20744

Amount of Each Disbursement this Period

Purpose of Disbursement  
Campaign management consulting fee

10000.00

Candidate Name

Category/  
Type

Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53

Office Sought:  House  
 Senate  
 President

Disbursement For: 2010  
 Primary  General  
 Other (specify) ▼

State: District:

B.

Full Name (Last, First, Middle Initial)  
Faith & Politics

Transaction ID: D152309  
Date of Disbursement

Mailing Address 110 Maryland Ave NE  
Ste 364

MM / DD / YYYY  
12 / 12 / 2008

City State Zip Code  
Washington DC 20002-5626

Amount of Each Disbursement this Period

Purpose of Disbursement  
Dues

5000.00

Candidate Name

Category/  
Type

Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53

Office Sought:  House  
 Senate  
 President

Disbursement For: 2010  
 Primary  General  
 Other (specify) ▼

State: District:

C.

Full Name (Last, First, Middle Initial)  
Fiorello Consulting

Transaction ID: D152310  
Date of Disbursement

Mailing Address 3914 Barcroft Mews Court

MM / DD / YYYY  
12 / 15 / 2008

City State Zip Code  
Falls Church VA 22041

Amount of Each Disbursement this Period

Purpose of Disbursement  
Fundraising consulting fee

4000.00

Candidate Name

Category/  
Type

Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53

Office Sought:  House  
 Senate  
 President

Disbursement For: 2010  
 Primary  General  
 Other (specify) ▼

State: District:

SUBTOTAL of Disbursements This Page (optional) ▶

19000.00

TOTAL This Period (last page this line number only) ▶



# **EXHIBIT 5**

**SCHEDULE A (FEC Form 3 )  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 38 / 70
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
<input type="checkbox"/> 12	<input type="checkbox"/> 13a	<input type="checkbox"/> 13b	<input checked="" type="checkbox"/> 14 <input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)  
John Lewis for Congress

A.

Full Name (Last, First, Middle Initial) Michael Collins		Date of Receipt MM / DD / YYYY 01 / 29 / 2009
Mailing Address [REDACTED]		Transaction ID: C2329250
City Fort Washington	State MD	Zip Code 20744
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 1148.72	
Name of Employer Congressman John Lewis	Occupation Chief of Staff	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Receipt For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 1148.72	
		Reimbursement of credit card charges

SUBTOTAL of Receipts This Page (optional) .....	▶	1148.72
TOTAL This Period (last page this line number only) .....	▶	1148.72

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)  
John Lewis for Congress

**A.** Full Name (Last, First, Middle Initial)  
Michael Collins

Mailing Address [REDACTED]

City Washington State MD Zip Code 20744

Purpose of Disbursement  
Reimbursement for storage unit rent

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For: 2010  
 Primary  General  
 Other (specify) ▼

Transaction ID: D169338  
Date of Disbursement  
02 / 01 / 2009

Amount of Each Disbursement this Period  
700.00

Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

**B.** Full Name (Last, First, Middle Initial)  
Democratic Congressional Campaign Committee

Mailing Address 430 S Capitol St SE

City Washington State DC Zip Code 20003-4024

Purpose of Disbursement  
Fundraising services

Candidate Name  
Democratic Congressional Campaign Committee

Office Sought:  House  Senate  President  
State: District:

Disbursement For: 2010  
 Primary  General  
 Other (specify) ▼

Transaction ID: D166507  
Date of Disbursement  
02 / 28 / 2009

Amount of Each Disbursement this Period  
15.39

Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

\* In-Kind Received

**C.** Full Name (Last, First, Middle Initial)  
Federal Election Commission

Mailing Address 999 E Street, NW

City Washington State DC Zip Code 20463

Purpose of Disbursement  
Settlement

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For: 2010  
 Primary  General  
 Other (specify) ▼

Transaction ID: D169384  
Date of Disbursement  
03 / 05 / 2009

Amount of Each Disbursement this Period  
4000.00

Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

**SUBTOTAL** of Disbursements This Page (optional) ..... ▶ 4715.39

**TOTAL** This Period (last page this line number only) ..... ▶

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: (check only one)

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)  
John Lewis for Congress

A.

Full Name (Last, First, Middle Initial)  
Michael Collins

Transaction ID: D195849  
Date of Disbursement

Mailing Address [REDACTED]

MM / DD / YYYY  
08 / 19 / 2009

City State Zip Code  
Fort Washington MD 20744

Amount of Each Disbursement this Period

Purpose of Disbursement  
Fundraising consulting fee

12000.00

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2010  
 Primary  General  
 Other (specify) ▼

State: District:

B.

Full Name (Last, First, Middle Initial)  
Democratic Congressional Campaign Committee

Transaction ID: D189124  
Date of Disbursement

Mailing Address 430 S Capitol St SE

MM / DD / YYYY  
07 / 31 / 2009

City State Zip Code  
Washington DC 20003-4024

Amount of Each Disbursement this Period

Purpose of Disbursement  
Fundraising services

8.77

Candidate Name  
Democratic Congressional Campaign Committee

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2010  
 Primary  General  
 Other (specify) ▼

State: District:

\* In-Kind Received

C.

Full Name (Last, First, Middle Initial)  
Fiorello Consulting

Transaction ID: D195786  
Date of Disbursement

Mailing Address 3914 Barcroft Mews Court

MM / DD / YYYY  
07 / 15 / 2009

City State Zip Code  
Falls Church VA 22041

Amount of Each Disbursement this Period

Purpose of Disbursement  
Fundraising consulting fee

4000.00

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2010  
 Primary  General  
 Other (specify) ▼

State: District:

SUBTOTAL of Disbursements This Page (optional) ▶

16008.77

TOTAL This Period (last page this line number only) ▶

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)  
John Lewis for Congress

A.	Full Name (Last, First, Middle Initial) Michael Collins  Mailing Address [REDACTED]  City: Fort Washington      State: MD      Zip Code: 20744  Purpose of Disbursement: Fundraising consulting fee Candidate Name: _____  Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: _____ District: _____  Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: D205112 Date of Disbursement: 12 / 14 / 2009  Amount of Each Disbursement this Period: 15000.00
B.	Full Name (Last, First, Middle Initial) Fiorello Consulting  Mailing Address: 3914 Barcroft Mews Court  City: Falls Church      State: VA      Zip Code: 22041  Purpose of Disbursement: Fundraising consulting fee Candidate Name: _____  Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: _____ District: _____  Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: D205113 Date of Disbursement: 12 / 15 / 2009  Amount of Each Disbursement this Period: 4000.00
C.	Full Name (Last, First, Middle Initial) Fiorello Consulting  Mailing Address: 3914 Barcroft Mews Court  City: Falls Church      State: VA      Zip Code: 22041  Purpose of Disbursement: Fundraising consulting fee Candidate Name: _____  Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: _____ District: _____  Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: D205079 Date of Disbursement: 11 / 13 / 2009  Amount of Each Disbursement this Period: 4000.00
<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶		23000.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶		

# **EXHIBIT 6**

**Vickie Winpisinger**

---

**From:** "Vickie Winpisinger" <[REDACTED]@comcast.net>  
**To:** "Collins, Michael" <Michael.Collins@mail.house.gov>  
**Sent:** Friday, February 27, 2009 3:18 PM  
**Subject:** Re: Reimbursement

and you're going to send me those invoices, right?

----- Original Message -----

**From:** Collins, Michael  
**To:** [REDACTED]@comcast.net  
**Sent:** Friday, February 27, 2009 2:50 PM  
**Subject:** Re: Reimbursement

This was for consultants who moved campaign storage  
Two individuals both were paid 350. I have invoices that both signed.  
Michael Collins  
Chief of Staff  
Office of Rep. John Lewis

---

**From:** Vickie Winpisinger <[REDACTED]@comcast.net>  
**To:** Collins, Michael  
**Sent:** Fri Feb 27 14:39:32 2009  
**Subject:** Reimbursement

Michael, you wrote a check to yourself for \$700 for reimbursement for storage -- where is the storage? I need to itemize this.

Vickie

2/11/2011

Camp\_004  
11-4518\_026

# **EXHIBIT 7**



VOID  CORRECTED

PAYER'S name, street address, city, state, ZIP code, and telephone no.  John Lewis for Congress [REDACTED] Atlanta, GA 30331 301-947-0278		1 Rents \$ .	OMB No. 1545-0115  <b>2009</b> Form <b>1099-MISC</b>		<b>Miscellaneous Income</b>
PAYER'S federal identification number [REDACTED]		2 Royalties \$	3 Other income \$	4 Federal income tax withheld \$	
RECIPIENT'S identification number [REDACTED]		5 Fishing boat proceeds \$	6 Medical and health care payments \$	<b>Copy C For Payer or State Copy</b>	
RECIPIENT'S name, street address (including apt. no.), city, state, and ZIP code  Michael Collins  [REDACTED]  Fort Washington MD 20744		7 Nonemployee compensation \$ 27000.00	8 Substitute payments in lieu of dividends or interest \$		<b>For Privacy Act and Paperwork Reduction Act Notice, see the 2009 General Instructions for Forms 1099, 1098, 3921, 3922, 5498, and W-2G.</b>
Account number (see instructions)		9 Payer made direct sales of \$5,000 or more of consumer products to a buyer (recipient) for resale <input type="checkbox"/>	10 Crop insurance proceeds \$		
2nd TIN not <input type="checkbox"/>		11 [REDACTED]	12 [REDACTED]		
15a Section 409A deferrals \$		13 Excess golden parachute payments \$	14 Gross proceeds paid to an attorney \$	18 State income \$	
15b Section 409A income \$		16 State tax withheld \$	17 State/Payer's state no.		

Form **1099-MISC**

Department of the Treasury - Internal Revenue Service

# **EXHIBIT 8**

UNITED STATES HOUSE OF REPRESENTATIVES  
 FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 2007

FORM A Page 1 of 3  
 For use by Members, officers, and employees

HAND DELIVERED

Michael Collins  
 (Full Name)

202-225-  
 (Daytime Telephone)

NE 2008 JUN 15 AM 11:58  
 (Office, Use Only)

Filer Status:  Member of the U.S. House of Representative State: MD District:  Officer Or Employee Employing Office: Hon. John Lewis  
 Report Type:  Annual (May 15)  Amendment  Termination Termination Date:

A \$200 penalty shall be assessed against anyone who files more than 30 days late.

PRELIMINARY INFORMATION -- ANSWER EACH OF THESE QUESTIONS

<p>i. Did you or your spouse have "earned" income (e.g., salaries or fees) of \$200 or more from any source in the reporting period?                  Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>                  If yes, complete and attach Schedule I.</p>	<p>vi. Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than \$305 and not otherwise exempt)?                  Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>                  If yes, complete and attach Schedule VI.</p>
<p>ii. 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?                  Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>                  If yes, complete and attach Schedule II.</p>	<p>vii. Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than \$305 from one source)?                  Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>                  If yes, complete and attach Schedule VII.</p>
<p>iii. Did you, your spouse, or a dependent child receive "unearned" 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?                  Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>                  If yes, complete and attach Schedule III.</p>	<p>viii. Did you hold any reportable positions on or before the date of filing in the current calendar year?                  Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>                  If yes, complete and attach Schedule VIII.</p>
<p>iv. Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset in a transaction exceeding \$1,000 during the reporting period?                  Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>                  If yes, complete and attach Schedule IV.</p>	<p>ix. Did you have any reportable agreement or arrangement with an outside entity?                  Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>                  If yes, complete and attach Schedule IX.</p>
<p>v. Did you, your spouse, or a dependent child have any reportable liability (more than \$10,000) during the reporting period?                  Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>                  If yes, complete and attach Schedule V.</p>	

Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.

EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION -- ANSWER EACH OF THESE QUESTIONS

<p>Trusts-- 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?                  Yes <input type="checkbox"/> No <input checked="" type="checkbox"/></p>
<p>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?                  Yes <input type="checkbox"/> No <input checked="" type="checkbox"/></p>

11-4518\_030

**SCHEDULE III - ASSETS AND "UNEARNED" INCOME**

Name Michael Collins

Page 2 of 3

<p align="center"><b>BLOCK A</b></p> <p align="center"><b>Asset and/or Income Source</b></p> <p>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.</p> <p>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.</p> <p>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.</p>	<p align="center"><b>BLOCK B</b></p> <p align="center"><b>Year-End Value of Asset</b></p> <p>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."</p>	<p align="center"><b>BLOCK C</b></p> <p align="center"><b>Type of Income</b></p> <p>Check all columns that apply. Check "None" if asset did not generate any income during the calendar year. If other than one of the listed categories, specify the type of income by writing a brief description in this block. (For example: Partnership income or Farm Income)</p>	<p align="center"><b>BLOCK D</b></p> <p align="center"><b>Amount of Income</b></p> <p>For retirement plans or accounts that do not allow you to choose specific investments, you may write "NA" for income. For all other assets, indicate the category of income by checking the appropriate box below. Dividends, even if reinvested, should be listed as income. Check "None" if no income was earned.</p>	<p align="center"><b>BLOCK E</b></p> <p align="center"><b>Transaction</b></p> <p>Indicate if asset had purchases (P), sales (S), or exchanges (E) exceeding \$1,000 in reporting year.</p>
<p>400 West Peachtree Street Atlanta, GA 30308</p>	<p>\$250,001 - \$500,000</p>	<p>/RENT</p>	<p>\$1,001 - \$2,500</p>	
<p>44 Peachtree Place Atlanta, GA 30308</p>	<p>\$100,001 - \$250,000</p>	<p>RENT</p>	<p>\$1,001 - \$2,500</p>	

**SCHEDULE V - LIABILITIES**

Name Michael Collins

Page 3 of 3

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 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.

SP, DC, JT	Creditor	Type of Liability	Amount of Liability
	Bank of America	Mortgage on 400 West Peachtree Street, Atlanta, GA	\$100,001 - \$250,000
	Bank of America	Mortgage on 44 West Peachtree PL Atlanta, GA	\$100,001 - \$250,000
	Wright Patman Congressional Federal Credit Union	Credit Card	\$15,001 - \$50,000

LEGISLATION



# **EXHIBIT 9**

UNITED STATES HOUSE OF REPRESENTATIVES  
CALENDAR YEAR 2008 FINANCIAL DISCLOSURE STATEMENT

FORM A Page 1 of 5  
For use by Members, officers, and employees

**HAND DELIVERED**

Michael Collins  
(Full Name)

202-225-  
(Daytime Telephone)

LEGISLATIVE RESOURCE CENTER  
2009 MAY 15 PM 1:15 HE  
(Office Use Only)

Filer Status:  Member of the U.S. House of Representatives State: District:  Officer Or Employee Employing Office: Hon. John Lewis  
Report Type:  Annual (May 15)  Amendment  Termination Termination Date:

A \$200 penalty shall be assessed against anyone who files more than 30 days late.

**PRELIMINARY INFORMATION -- ANSWER EACH OF THESE QUESTIONS**

<p>I. Did you or your spouse have "earned" income (e.g., salaries or fees) of \$200 or more from any source in the reporting period? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> If yes, complete and attach Schedule I.</p> <p>II. 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? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> If yes, complete and attach Schedule II.</p> <p>III. Did you, your spouse, or a dependent child receive "unearned" 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? If yes, complete and attach Schedule III. Yes <input checked="" type="checkbox"/> No <input type="checkbox"/></p> <p>IV. Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset in a transaction exceeding \$1,000 during the reporting period? If yes, complete and attach Schedule IV. Yes <input type="checkbox"/> No <input checked="" type="checkbox"/></p> <p>V. Did you, your spouse, or a dependent child have any reportable liability (more than \$10,000) during the reporting period? If yes, complete and attach Schedule V. Yes <input checked="" type="checkbox"/> No <input type="checkbox"/></p>	<p>VI. 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 exempt)? If yes, complete and attach Schedule VI. Yes <input type="checkbox"/> No <input checked="" type="checkbox"/></p> <p>VII. 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)? If yes, complete and attach Schedule VII. Yes <input checked="" type="checkbox"/> No <input type="checkbox"/></p> <p>VIII. Did you hold any reportable positions on or before the date of filing in the current calendar year? If yes, complete and attach Schedule VIII. Yes <input checked="" type="checkbox"/> No <input type="checkbox"/></p> <p>IX. Did you have any reportable agreement or arrangement with an outside entity? If yes, complete and attach Schedule IX. Yes <input type="checkbox"/> No <input checked="" type="checkbox"/></p>
--	--

Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.

**EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION -- ANSWER EACH OF THESE QUESTIONS**

Trusts-- 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? Yes  No

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 Standards of Official Conduct. Yes  No

11-4518\_034  
MC\_0018

**SCHEDULE III - ASSETS AND "UNEARNED" INCOME**

Name Michael Collins

Page 2 of 5

<p align="center"><b>BLOCK A</b></p> <p align="center"><b>Asset and/or Income Source</b></p> <p>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.</p> <p>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.</p> <p>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.</p>	<p align="center"><b>BLOCK B</b></p> <p align="center"><b>Year-End Value of Asset</b></p> <p>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."</p>	<p align="center"><b>BLOCK C</b></p> <p align="center"><b>Type of Income</b></p> <p>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.</p>	<p align="center"><b>BLOCK D</b></p> <p align="center"><b>Amount of Income</b></p> <p>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.</p>	<p align="center"><b>BLOCK E</b></p> <p align="center"><b>Transaction</b></p> <p>Indicate if asset had purchases (P), sales (S), or exchanges (E) exceeding \$1,000 in reporting year.</p>
<p>1729 Felwood Street Fort Washington, MD</p>	<p>\$250,001 - \$500,000</p>	<p>RENT</p>	<p>\$201 - \$1,000</p>	
<p>400 Peachtree Street Atlanta, GA</p>	<p>\$100,001 - \$250,000</p>	<p>RENT</p>	<p>\$1,001 - \$2,500</p>	
<p>44 W. Peachtree street Atlanta, GA</p>	<p>\$100,001 - \$250,000</p>	<p>RENT</p>	<p>\$1,001 - \$2,500</p>	

11-4518\_035  
MC\_0019



**SCHEDULE V - LIABILITIES**

Name Michael Collins

Page 3 of 5

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 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.

SP, DC, JT	Creditor	Type of Liability	Amount of Liability
	Wright Patman Congressional Federal Credit Union	Visa Credit Card	\$10,001 - \$15,000
	Bank of America	Mortgage on 44 W. Peachtree Place, Atlanta, GA	\$100,001 - \$250,000
	Bank of America	Mortgage on 400 Peachtree Street, Atlanta, GA	\$100,001 - \$250,000
	American Servicing Company (ASC)	Mortgage on 1729 Felwood Street, Fort Washington, MD 20744	\$500,001 - \$1,000,000

**SCHEDULE VII - TRAVEL PAYMENTS AND REIMBURSEMENTS**

Name Michael Collins

Page 4 of 5

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, 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 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 sponsor. Exclude: Travel-related expenses provided by federal, state, and local governments, or by a foreign government required to be separately reported under 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 spouse or dependent child that is totally independent of his or her relationship to you.

Source	Date(s)	Point of Departure-- Destination--Point of Return	Lodging? (Y/N)	Food? (Y/N)	Was a Family Member Included? (Y/N)	Days not at sponsor's expense
MLk Task Force	Jan. 20-21	Atlanta-Rock Hill, SC-Alanta	Y	Y	N	None
Parson Corportions	Jan. 25-26	Atlanta-Tuscan, AZ-Atlanta	Y	Y	N	None

11-4518\_037  
MC\_0021

SCHEDULE VIII - POSITIONS

Name Michael Collins

Page 5 of 5

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	Fatih and Politics

# **EXHIBIT 10**

UNITED STATES HOUSE OF REPRESENTATIVES  
 CALENDAR YEAR 2009 FINANCIAL DISCLOSURE STATEMENT

FORM A  
 For use by Members, officers, and employees

MAY 17 PM 2:19

Michael Collins  
 (Full Name)

202-225-  
 (Daytime Telephone)

**HAND DELIVERED**  
 (Office Use Only)

HE

A \$200 penalty shall be assessed against anyone who files more than 30 days late.

Filer Status

Member of the U.S. House of Representative

State:  
 District:

Officer Or Employee

Employing Office:  
 Hon. John Lewis

Report Type

Annual (May 15)

Amendment

Termination

Termination Date:

**PRELIMINARY INFORMATION -- ANSWER EACH OF THESE QUESTIONS**

<p>I. Did you or your spouse have "earned" income (e.g., salaries or fees) of \$200 or more from any source in the reporting period?                  Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>                  If yes, complete and attach Schedule I.</p> <p>II. 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?                  Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>                  If yes, complete and attach Schedule II.</p> <p>III. Did you, your spouse, or a dependent child receive "unearned" 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?                  Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>                  If yes, complete and attach Schedule III.</p> <p>IV. Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset in a transaction exceeding \$1,000 during the reporting period?                  Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>                  If yes, complete and attach Schedule IV.</p> <p>V. Did you, your spouse, or a dependent child have any reportable liability (more than \$10,000) during the reporting period?                  Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>                  If yes, complete and attach Schedule V.</p>	<p>VI. 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 exempt)?                  Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>                  If yes, complete and attach Schedule VI.</p> <p>VII. 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 <input checked="" type="checkbox"/> No <input type="checkbox"/>                  If yes, complete and attach Schedule VII.</p> <p>VIII. Did you hold any reportable positions on or before the date of filing in the current calendar year?                  Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>                  If yes, complete and attach Schedule VIII.</p> <p>IX. Did you have any reportable agreement or arrangement with an outside entity?                  Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>                  If yes, complete and attach Schedule IX.</p>
--	--

Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.

**EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION -- ANSWER EACH OF THESE QUESTIONS**

<p>Trusts-- 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?                  Yes <input type="checkbox"/> No <input checked="" type="checkbox"/></p>	<p>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 Standards of Official Conduct.                  Yes <input checked="" type="checkbox"/> No <input type="checkbox"/></p>
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11-4518\_040

**SCHEDULE III - ASSETS AND "UNEARNED" INCOME**

Name Michael Collins

<p><b>BLOCK A</b></p> <p><b>Asset and/or Income Source</b></p> <p>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.</p> <p>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.</p> <p>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.</p>	<p><b>BLOCK B</b></p> <p><b>Year-End Value of Asset</b></p> <p>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."</p>	<p><b>BLOCK C</b></p> <p><b>Type of Income</b></p> <p>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.</p>	<p><b>BLOCK D</b></p> <p><b>Amount of Income</b></p> <p>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.</p>	<p><b>BLOCK E</b></p> <p><b>Transaction</b></p> <p>Indicate if asset had purchases (P), sales (S), or exchanges (E) exceeding \$1,000 in reporting year.</p>
<p>400 W. Peachtree Street</p>	<p>\$100,001 - \$250,000</p>	<p>RENT</p>	<p>\$1,001 - \$2,500</p>	
<p>44 Peachtree Pl</p>	<p>\$100,001 - \$250,000</p>	<p>RENT</p>	<p>\$1,001 - \$2,500</p>	

**SCHEDULE V - LIABILITIES**

Name Michael Collins

Page 3 of 5

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 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.

SP, DC, JT	Creditor	Type of Liability	Amount of Liability
	Bank of America	Mortgage on 400 W. Peachtree Street, Atlanta, GA	\$100,001 - \$250,000
	Bank of America	Mortgage on 44 W. Peachtree Place, Atlanta, GA	\$100,001 - \$250,000
	ACS	Mortgage on 1729 Felwood Street, Fort Washington, MD 20744	\$500,001 - \$1,000,000

WOLFSBORN EFG/STORM

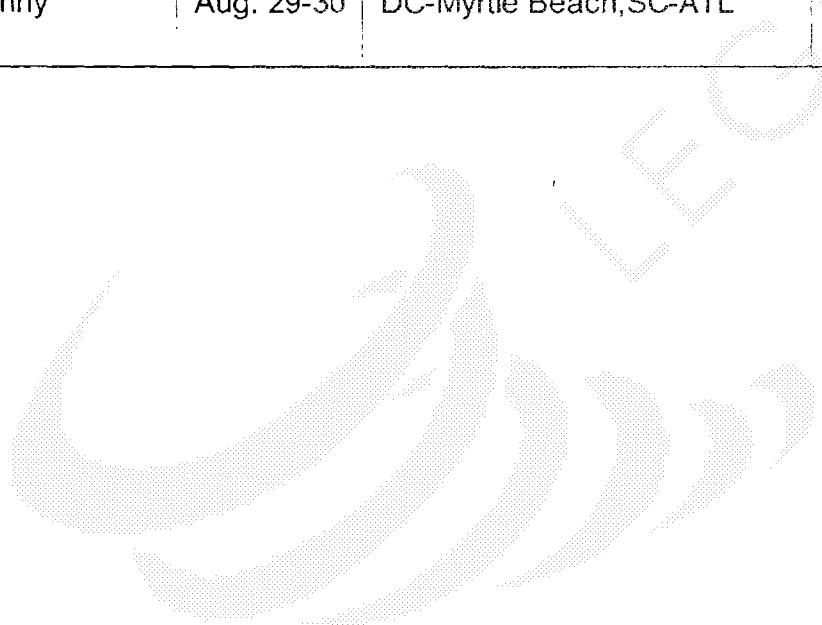
**SCHEDULE VII - TRAVEL PAYMENTS AND REIMBURSEMENTS**

Name Michael Collins

Page 4 of 5

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, 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 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 sponsor. Exclude: Travel-related expenses provided by federal, state, and local governments, or by a foreign government required to be separately reported under 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 spouse or dependent child that is totally independent of his or her relationship to you.

Source	Date(s)	Point of Departure-- Destination--Point of Return	Lodging? (Y/N)	Food? (Y/N)	Was a Family Member Included? (Y/N)	Days not at sponsor's expense
San Diego	April 19-20	ATL-San Diego, CA-ATL	Y	Y	N	None
Emerson Colleg	May 17-18	ATL-Boston, MA-DC	Y	Y	N	None
Sadie Grice Funny Scholarship	Aug. 29-30	DC-Myrtle Beach,SC-ATL	Y	Y	N	None





SCHEDULE VIII - POSITIONS

Name Michael Collins

Page 5 of 5

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	Faith and Politics

LEGISLATOR

# **EXHIBIT 11**

HAND  
DELIVERED

LEGISLATIVE RESOURCE CENTER

UNITED STATES HOUSE OF REPRESENTATIVES

2011 MAR 11 PM 12:18

ETHICS IN GOVERNMENT ACT

OFFICE OF THE CLERK  
U.S. HOUSE OF REPRESENTATIVES

CALENDAR YEAR 2009 FINANCIAL DISCLOSURE STATEMENT

Please provide the following information. Your address and signature WILL NOT be made available to the public.

Michael Collins

202-225-██████

(Print Full Name)

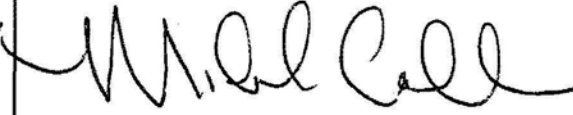
(Daytime Telephone)

██████████ fort Washington, MD 20744

(Complete Address -- Office or Home)

**CERTIFICATION -- THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED**

The attached Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended. The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct or its designee. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file the attached report may be subject to civil penalties and criminal sanctions (See U.S.C. app. 4, § 104 and 18 U.S.C. § 1001).

Certification	Signature of Reporting Individual	Date (Month, Day, Year)
I CERTIFY that the statements I have made on the attached financial disclosure statement and all attached schedules are true, complete, and correct to the best of my knowledge and belief.		3/11/2011

MC\_0023

11-4518\_046

**UNITED STATES HOUSE OF REPRESENTATIVES  
CALENDAR YEAR 2009 FINANCIAL DISCLOSURE STATEMENT**

**FORM A** Page 0 of 0  
For use by Members, officers, and employees

**HAND DELIVERED**

2011 MAR 11 PM 12:18

Michael Collins  
(Full Name)

202-225-7780-  
(Daytime Telephone)

U.S. OFFICE OF THE CLERK  
HOUSE OF REPRESENTATIVES  
(Office Use Only)

**Filer Status**

Member of the U.S. House of Representatives  
State: \_\_\_\_\_  
District: \_\_\_\_\_

Officer Or Employee

Employing Office:  
Hon. John Lewis

**A \$200 penalty shall be assessed against anyone who files more than 30 days late.**

**Report Type**

Annual (May 15)  Amendment  Termination

Termination Date: \_\_\_\_\_

**PRELIMINARY INFORMATION -- ANSWER EACH OF THESE QUESTIONS**

<p>I. Did you or your spouse have "earned" income (e.g., salaries or fees) of \$200 or more from any source in the reporting period? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> If yes, complete and attach Schedule I.</p>	<p>VI. 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 exempt)? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> If yes, complete and attach Schedule VI.</p>
<p>II. 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? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> If yes, complete and attach Schedule II.</p>	<p>VII. 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 <input checked="" type="checkbox"/> No <input type="checkbox"/> If yes, complete and attach Schedule VII.</p>
<p>III. Did you, your spouse, or a dependent child receive "unearned" 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? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> If yes, complete and attach Schedule III.</p>	<p>VIII. Did you hold any reportable positions on or before the date of filing in the current calendar year? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> If yes, complete and attach Schedule VIII.</p>
<p>IV. Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset in a transaction exceeding \$1,000 during the reporting period? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> If yes, complete and attach Schedule IV.</p>	<p>IX. Did you have any reportable agreement or arrangement with an outside entity? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> If yes, complete and attach Schedule IX.</p>
<p>V. Did you, your spouse, or a dependent child have any reportable liability (more than \$10,000) during the reporting period? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> If yes, complete and attach Schedule V.</p>	<p>Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.</p>

**EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION -- ANSWER EACH OF THESE QUESTIONS**

<b>Trusts--</b>	<p>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?</p>	<p>Yes <input type="checkbox"/> No <input checked="" type="checkbox"/></p>
<b>Exemptions--</b>	<p>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.</p>	<p>Yes <input type="checkbox"/> No <input checked="" type="checkbox"/></p>

MC\_0024

11-4518\_047

**SCHEDULE I - EARNED INCOME**

Name Michael Collins

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.

Source	Type	Amount
John Lewis for Congress	salary	\$27,000

# **EXHIBIT 12**

For the year Jan. 1-Dec. 31, 2009, or other tax year beginning , 2009, ending , 20

OMB No. 1545-0074

Your first name and initial Last name  
**MICHAEL COLLINS**

If a joint return, spouse's first name and initial Last name

Home address (number and street). If you have a P.O. box, see page 14. Apt. no.  
 [Redacted]

City, town or post office, state, and ZIP code. If you have a foreign address, see page 14.  
**Fort Washington MD 20744-0000**

OMB No. 1545-0074

Your social security number  
 [Redacted]

Spouse's social security number

You must enter your SSN(s) above.

Checking a box below will not change your tax or refund.

Presidential Election Campaign  Check here if you, or your spouse if filing jointly, want \$3 to go to this fund (see page 14)  You  Spouse

**Filing Status**

Check only one box.

1  Single

2  Married filing jointly (even if only one had income)

3  Married filing separately. Enter spouse's SSN above and full name here.

4  Head of household (with qualifying person). (See page 15.) If the qualifying person is a child but not your dependent, enter this child's name here.

5  Qualifying widow(er) with dependent child (see page 16)

**Exemptions**

6a  Yourself. If someone can claim you as a dependent, do not check box 6a

b  Spouse

Boxes checked on 6a and 6b: **1**

No. of children on 6c who:

- lived with you
- did not live with you due to divorce or separation (see page 18)

Dependents on 6c not entered above

Add numbers on lines above: **1**

(1) First name	Last name	(2) Dependent's social security number	(3) Dependent's relationship to you	(4) Check if qualifying child for child tax credit (see pg 17)

If more than four dependents, see page 17 and check here

**Income**

7 Wages, salaries, tips, etc. Attach Form(s) W-2 **151,078**

8a Taxable interest. Attach Schedule B if required **74**

b Tax-exempt interest. Do not include on line 8a **8b**

9a Ordinary dividends. Attach Schedule B if required

b Qualified dividends (see page 22) **9b**

10 Taxable refunds, credits, or offsets of state and local income taxes (see page 23) **4,436**

11 Alimony received

12 Business income or (loss). Attach Schedule C or C-EZ

13 Capital gain or (loss). Attach Schedule D if required. If not required, check here

14 Other gains or (losses). Attach Form 4797

15a IRA distributions **15a** b Taxable amount (see page 24) **15b**

16a Pensions and annuities **16a** b Taxable amount (see page 25) **16b**

17 Rental real estate, royalties, partnerships, S corporations, trusts, etc. Attach Schedule E **(13,088)**

18 Farm income or (loss). Attach Schedule F

19 Unemployment compensation in excess of \$2,400 per recipient (see page 27)

20a Social security benefits **20a** b Taxable amount (see page 27) **20b**

21 Other income

22 Add the amounts in the far right column for lines 7 through 21. This is your total income **142,500**

**Adjusted Gross Income**

23 Educator expenses (see page 29) **23**

24 Certain business expenses of reservists, performing artists, and fee-basis government officials. Attach Form 210S or 2106-EZ **24**

25 Health savings account deduction. Attach Form 8889 **25**

26 Moving expenses. Attach Form 3903 **26**

27 One-half of self-employment tax. Attach Schedule SE **27**

28 Self-employed SEP, SIMPLE, and qualified plans **28**

29 Self-employed health insurance deduction (see page 30) **29**

30 Penalty on early withdrawal of savings **30**

31a Alimony paid b Recipient's SSN **31a**

32 IRA deduction (see page 31) **32**

33 Student loan interest deduction (see page 34) **33**

34 Tuition and fees deduction. Attach Form 8917 **34**

35 Domestic production activities deduction. Attach Form 8903 **35**

36 Add lines 23 through 31a and 32 through 35 **36**

37 Subtract line 36 from line 22. This is your adjusted gross income **142,500**

Tax and Credits

Table with 2 columns: Line number and Amount. Rows include: 38 Amount from line 37 (adjusted gross income) 142,500; 39a Check boxes for birth dates; 40a Itemized deductions 93,088; 41 Subtract line 40a from line 38 49,412; 42 Exemptions 3,650; 43 Taxable income 45,762; 44 Tax 7,631; 45 Alternative minimum tax; 46 Add lines 44 and 45 7,631; 47-53 Credits; 54 Add lines 47 through 53; 55 Subtract line 54 from line 46 7,631.

Standard Deduction for... People who check any box on line 39a, 39b, or 40b or who can be claimed as a dependent see page 35. All others: Single or Married filing separately, \$5,700. Married filing jointly or Qualifying widow(er), \$11,400. Head of household, \$8,350.

Other Taxes

Table with 2 columns: Line number and Amount. Rows include: 56 Self-employment tax; 57 Unreported social security and Medicare tax; 58 Additional tax on IRAs; 59 Additional taxes; 60 Add lines 55 through 59. Total tax 7,631.

Payments

If you have a qualifying child, attach Schedule EIC.

Table with 2 columns: Line number and Amount. Rows include: 61 Federal income tax withheld 32,340; 62 2009 estimated tax payments; 63 Making work pay and government retiree credits; 64a Earned income credit (EIC); 65 Additional child tax credit; 66 Refundable education credit; 67 First-time homebuyer credit; 68 Amount paid with request for extension; 69 Excess social security and tier 1 RRTA tax withheld; 70 Credits from Form; 71 Add lines 61, 62, 63, 64a, and 65 through 70. Total payments 32,340.

Refund

Direct deposit? See page 73 and fill in 73b, 73c, and 73d, or Form 8888.

Table with 2 columns: Line number and Amount. Rows include: 72 If line 71 is more than line 60, subtract line 60 from line 71. This is the amount you overpaid 24,709; 73a Amount of line 72 you want refunded to you. If Form 8888 is attached, check here 24,709; 74 Amount of line 72 you want applied to your 2010 estimated tax.

Amount You Owe

Table with 2 columns: Line number and Amount. Row 75 Amount you owe. Subtract line 71 from line 60. For details on how to pay, see page 74.

Third Party Designee

Do you want to allow another person to discuss this return with the IRS (see page 75)? Yes. Complete the following. [X] No. Designee's name, Phone no., Personal identification number (PIN).

Sign Here

Under penalties of perjury, I declare that I have examined this return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge. Your signature, Date, Your occupation, Daytime phone number, Spouse's signature, Date, Spouse's occupation.

Paid Preparer's Use Only

Preparer's signature, Date, Check if self-employed, Preparer's SSN or PTIN, Firm's name (or yours if self-employed), address, and ZIP code, EIN, Phone no.



**SCHEDULE A  
(Form 1040)**

**Itemized Deductions**

OMB No. 1545-0074

**2009**  
Attachment  
Sequence No. **07**

Department of the Treasury  
Internal Revenue Service (99)

▶ Attach to Form 1040. ▶ See Instructions for Schedule A (Form 1040).

Name(s) shown on Form 1040

Your social security number

**MICHAEL COLLINS**

Caution. Do not include expenses reimbursed or paid by others.					
<b>Medical and Dental Expenses</b>	<b>1</b> Medical and dental expenses (see page A-1) . . . . .	<b>1</b>			
	<b>2</b> Enter amount from Form 1040, line 38 <b>2</b> . . . . .	<b>2</b>			
	<b>3</b> Multiply line 2 by 7.5% (.075) . . . . .	<b>3</b>			
	<b>4</b> Subtract line 3 from line 1. If line 3 is more than line 1, enter -0- . . . . .	<b>4</b>			
<b>Taxes You Paid</b> (See page A-2.)	<b>5</b> State and local (check only one box):	<b>5</b>	11,391		
	a <input checked="" type="checkbox"/> Income taxes, or				
	b <input type="checkbox"/> General sales taxes				
	<b>6</b> Real estate taxes (see page A-5) . . . . .	<b>6</b>	9,098		
	<b>7</b> New motor vehicle taxes from line 11 of the worksheet on page 2. Skip this line if you checked box 5b . . . . .	<b>7</b>			
	<b>8</b> Other taxes. List type and amount ▶ . . . . .	<b>8</b>			
	<b>9</b> Add lines 5 through 8 . . . . .	<b>9</b>		20,489	
	<b>Interest You Paid</b> (See page A-6.)	<b>10</b> Home mortgage interest and points reported to you on Form 1098 . . . . .	<b>10</b>	64,799	
		<b>11</b> Home mortgage interest not reported to you on Form 1098. If paid to the person from whom you bought the home, see page A-7 and show that person's name, identifying no., and address ▶ . . . . .	<b>11</b>		
<b>12</b> Points not reported to you on Form 1098. See page A-7 for special rules . . . . .		<b>12</b>			
<b>13</b> Qualified mortgage insurance premiums (see page A-7) . . . . .		<b>13</b>			
<b>14</b> Investment interest. Attach Form 4952 if required. (See page A-8.) . . . . .		<b>14</b>			
<b>15</b> Add lines 10 through 14 . . . . .		<b>15</b>		64,799	
<b>Gifts to Charity</b> If you made a gift and got a benefit for it, see page A-8.	<b>16</b> Gifts by cash or check. If you made any gift of \$250 or more, see page A-8 . . . . .	<b>16</b>	6,600		
	<b>17</b> Other than by cash or check. If any gift of \$250 or more, see page A-8. You must attach Form 8283 if over \$500 . . . . .	<b>17</b>	1,200		
	<b>18</b> Carryover from prior year . . . . .	<b>18</b>			
	<b>19</b> Add lines 16 through 18 . . . . .	<b>19</b>		7,800	
<b>Casualty and Theft Losses</b>	<b>20</b> Casualty or theft loss(es). Attach Form 4684. (See page A-10.) . . . . .	<b>20</b>			
<b>Job Expenses and Certain Miscellaneous Deductions</b> (See page A-10.)	<b>21</b> Unreimbursed employee expenses - job travel, union dues, job education, etc. Attach Form 2106 or 2106-EZ if required. (See page A-10.) ▶ . . . . .	<b>21</b>			
	<b>22</b> Tax preparation fees . . . . .	<b>22</b>			
	<b>23</b> Other expenses - investment, safe deposit box, etc. List type and amount ▶ . . . . .	<b>23</b>			
	<b>24</b> Add lines 21 through 23 . . . . .	<b>24</b>			
	<b>25</b> Enter amount from Form 1040, line 38 <b>25</b> . . . . .	<b>25</b>			
	<b>26</b> Multiply line 25 by 2% (.02) . . . . .	<b>26</b>			
	<b>27</b> Subtract line 26 from line 24. If line 26 is more than line 24, enter -0- . . . . .	<b>27</b>			
<b>Other Miscellaneous Deductions</b>	<b>28</b> Other - from list on page A-11. List type and amount ▶ . . . . .	<b>28</b>			
<b>Total Itemized Deductions</b>	<b>29</b> Is Form 1040, line 38, over \$166,800 (over \$83,400 if married filing separately)? <input checked="" type="checkbox"/> No. Your deduction is not limited. Add the amounts in the far right column for lines 4 through 28. Also, enter this amount on Form 1040, line 40a. <input type="checkbox"/> Yes. Your deduction may be limited. See page A-11 for the amount to enter.	<b>29</b>		93,088	
	<b>30</b> If you elect to itemize deductions even though they are less than your standard deduction, check here . . . . . <input type="checkbox"/>	<b>30</b>			

For Paperwork Reduction Act Notice, see Form 1040 instructions.

EEA

Schedule A (Form 1040) 2009

Name(s) shown on return. Do not enter name and social security number if shown on page 1.

Your social security number

**MICHAEL COLLINS**

**Caution.** The IRS compares amounts reported on your tax return with amounts shown on Schedule(s) K-1.

**Part II Income or Loss From Partnerships and S Corporations**

**Note.** If you report a loss from an at-risk activity for which any amount is not at risk, you must check the box in column (e) on line 28 and attach Form 6198. See page E-1.

27 Are you reporting any loss not allowed in a prior year due to the at-risk or basis limitations, a prior year unallowed loss from a passive activity (if that loss was not reported on Form 8582), or unreimbursed partnership expenses? If you answered "Yes," see page E-7 before completing this section.

Yes  No

28	(a) Name	(b) Enter P for partnership; S for S corporation	(c) Check if foreign partnership	(d) Employer identification number	(e) Check if any amount is not at risk
A	DRC PRPPERTY MANAGEMENT	S			
B					
C					
D					

Passive Income and Loss		Nonpassive Income and Loss		
(f) Passive loss allowed (attach Form 8582 if required)	(g) Passive income from Schedule K-1	(h) Nonpassive loss from Schedule K-1	(i) Section 179 expense deduction from Form 4562	(j) Nonpassive income from Schedule K-1
A	13,088		0	
B				
C				
D				
29 a Totals				
b Totals	13,088			
30	Add columns (g) and (j) of line 29a			30
31	Add columns (f), (h), and (i) of line 29b			31 ( 13,088)
32	Total partnership and S corporation income or (loss). Combine lines 30 and 31. Enter the result here and include in the total on line 41 below			32 (13,088)

**Part III Income or Loss From Estates and Trusts**

33	(a) Name	(b) Employer identification number	
A			
B			
Passive Income and Loss		Nonpassive Income and Loss	
(c) Passive deduction or loss allowed (attach Form 8582 if required)	(d) Passive income from Schedule K-1	(e) Deduction or loss from Schedule K-1	
(f) Other income from Schedule K-1			
A			
B			
34 a Totals			
b Totals			
35	Add columns (d) and (f) of line 34a		35
36	Add columns (c) and (e) of line 34b		36 ( )
37	Total estate and trust income or (loss). Combine lines 35 and 36. Enter the result here and include in the total on line 41 below		37

**Part IV Income or Loss From Real Estate Mortgage Investment Conduits (REMICs) - Residual Holder**

38	(a) Name	(b) Employer identification number	(c) Excess inclusion from Schedules Q, line 2c (see page E-8)	(d) Taxable income (net loss) from Schedules Q, line 1b	(e) Income from Schedules Q, line 3b
39	Combine columns (d) and (e) only. Enter the result here and include in the total on line 41 below				39

**Part V Summary**

40	Net farm rental income or (loss) from Form 4835. Also, complete line 42 below	40
41	Total income or (loss). Combine lines 28, 32, 37, 39, & 40. Enter the result here & on Form 1040, In 17, or Form 1040NR, In 18	41 (13,088)
42	Reconciliation of farming and fishing income. Enter your gross farming and fishing income reported on Form 4835, line 7; Schedule K-1 (Form 1065), box 14, code B; Schedule K-1 (Form 1120S), box 17, code U; and Schedule K-1 (Form 1041), line 14, code F (see page E-8)	42
43	Reconciliation for real estate professionals. If you were a real estate professional (see page E-2), enter the net income or (loss) you reported anywhere on Form 1040 or Form 1040NR from all rental real estate activities in which you materially participated under the passive activity loss rules	43

## Education Credits (American Opportunity, Hope, and Lifetime Learning Credits)

Department of the Treasury  
Internal Revenue Service (99)

▶ See separate Instructions to find out if you are eligible to take the credits.

▶ Attach to Form 1040 or Form 1040A.

Attachment  
Sequence No. **50**

Name(s) shown on return

Your social security number

**MICHAEL COLLINS**

Caution: You cannot take both an education credit and the tuition and fees deduction (see Form 8917) for the same student for the same year.

### Part I American Opportunity Credit

Use Part II if you are claiming the Hope credit for a student attending school in a Midwestern disaster area. If you use Part II, you cannot use Part I for any student.

Caution: You cannot take the American opportunity credit for more than 4 tax years for the same student.

1	(a) Student's name (as shown on page 1 of your tax return)  First name Last name	(b) Student's social security number (as shown on page 1 of your tax return)	(c) Qualified expenses (see instructions). Do not enter more than \$4,000 for each student.	(d) Subtract \$2,000 from the amount in column (c). If zero or less, enter -0-.	(e) Multiply the amount in column (d) by 25% (.25)	(f) If column (d) is zero, enter the amount from column (c). Otherwise, add \$2,000 to the amount in column (e).	
	MICHAEL COLLINS		654			654	
2	Tentative American opportunity credit. Add the amounts on line 1, column (f). Skip Part II if line 2 is more than zero. If you are taking the lifetime learning credit for a different student, go to Part III; otherwise, go to Part IV . . . . . ▶					2	654

### Part II Hope Credit

Use this part if you are claiming the Hope credit for a student attending school in a Midwestern disaster area and elect to waive the computation method in Part I for all students.

Caution: You cannot take the Hope credit for more than 2 tax years for the same student.

3	(a) Student's name (as shown on page 1 of your tax return)  First name Last name	(b) Student's social security number (as shown on page 1 of your tax return)	(c) Qualified expenses (see instructions). Do not enter more than \$2,400* for each student.	(d) Enter the smaller of the amount in column (c) or \$1,200**	(e) Add column (c) and column (d)	(f) Enter one-half of the amount in column (e)	
4	Tentative Hope credit. Add the amounts on line 3, column (f). If you are taking the lifetime learning credit for another student, go to Part III; otherwise, go to Part V . . . . . ▶					4	

\* For each student who attended an eligible educational institution in a Midwestern disaster area, do not enter more than \$4,800.

\*\* For each student who attended an eligible educational institution in a Midwestern disaster area, enter the smaller of the amount in column (c) or \$2,400.

### Part III Lifetime Learning Credit. Caution: You cannot take the American opportunity credit or the Hope credit and the lifetime learning credit for the same student in the same year.

5	(a) Student's name (as shown on page 1 of your tax return)  First name Last name	(b) Student's social security number (as shown on page 1 of your tax return)	(c) Qualified expenses (see instructions)
6	Add the amounts on line 5, column (c), and enter the total . . . . .		6
7a	Enter the smaller of line 6 or \$10,000 . . . . .		7a
b	For students who attended an eligible educational institution in a Midwestern disaster area, enter the smaller of \$10,000 or their qualified expenses included on line 6 (see special rules on page 3 of the instructions) . . . . .		7b
c	Subtract line 7b from line 7a . . . . .		7c
8a	Multiply line 7b by 40% (.40) . . . . .		8a
b	Multiply line 7c by 20% (.20) . . . . .		8b
c	Tentative lifetime learning credit. Add lines 8a and 8b. If you have an entry on line 2, go to Part IV; otherwise go to Part V . . . . .		8c

**Part IV Refundable American Opportunity Credit**

9	Enter the amount from line 2	9	654
10	Enter: \$180,000 if married filing jointly; \$90,000 if single, head of household, or qualifying widow(er)	10	90,000
11	Enter the amount from Form 1040, line 38,* or Form 1040A, line 22	11	142,500
12	Subtract line 11 from line 10. If zero or less, stop; you cannot take any education credit	12	
13	Enter: \$20,000 if married filing jointly; \$10,000 if single, head of household, or qualifying widow(er)	13	
14	If line 12 is: <ul style="list-style-type: none"> <li>Equal to or more than line 13, enter 1.000 on line 14</li> <li>Less than line 13, divide line 12 by line 13. Enter the result as a decimal (rounded to at least three places)</li> </ul>	14	
15	Multiply line 9 by line 14. <b>Caution:</b> If you were under age 24 at the end of the year and meet the conditions on page 5 of the Instructions, you cannot take the refundable American opportunity credit. Skip line 16, enter the amount from line 15 on line 17, and check this box <input type="checkbox"/>	15	
16	Refundable American opportunity credit. Multiply line 15 by 40% (.40). Enter the amount here and on Form 1040, line 66, or Form 1040A, line 43. Then go to line 17 below	16	0

**Part V Nonrefundable Education Credits**

17	Subtract line 16 from line 15	17	
18	Add line 4 and line 8c. If you have no entry on these lines, skip lines 19 through 24, and enter the amount from line 17 on line 25	18	
19	Enter: \$120,000 if married filing jointly; \$60,000 if single, head of household, or qualifying widow(er)	19	
20	Enter the amount from Form 1040, line 38,* or Form 1040A, line 22	20	
21	Subtract line 20 from line 19. If zero or less, skip lines 22 and 23, and enter zero on line 24	21	
22	Enter: \$20,000 if married filing jointly; \$10,000 if single, head of household, or qualifying widow(er)	22	
23	If line 21 is: <ul style="list-style-type: none"> <li>Equal to or more than line 22, enter the amount from line 18 on line 24 and go to line 25</li> <li>Less than line 22, divide line 21 by line 22. Enter the result as a decimal (rounded to at least three places)</li> </ul>	23	
24	Multiply line 18 by line 23	24	
25	Add line 17 and line 24. If zero, stop; you cannot take any nonrefundable education credit	25	
26	Enter the amount from Form 1040, line 46, or Form 1040A, line 28	26	
27	Enter the total, if any, of your credits from: <ul style="list-style-type: none"> <li>Form 1040, lines 47, 48, and the amount from Schedule R entered on line 53</li> <li>Form 1040A, lines 29 and 30</li> </ul>	27	
28	Subtract line 27 from line 26. If zero or less, stop; you cannot take any nonrefundable education credit	28	
29	Nonrefundable education credits. Enter the smaller of line 25 or line 28 here and on Form 1040, line 49, or Form 1040A, line 31	29	0

\*If you are filing Form 2555, 2555-EZ, or 4563, or you are excluding income from Puerto Rico, see Pub. 970 for the amount to enter.

# Noncash Charitable Contributions

▶ Attach to your tax return if you claimed a total deduction of over \$500 for all contributed property.

▶ See separate instructions.

Name(s) shown on your income tax return

Identifying number

**MICHAEL COLLINS**

Note. Figure the amount of your contribution deduction before completing this form. See your tax return instructions.

**Section A. Donated Property of \$5,000 or Less and Certain Publicly Traded Securities - List in this section only**  
items (or groups of similar items) for which you claimed a deduction of \$5,000 or less. Also, list certain publicly traded securities even if the deduction is more than \$5,000 (see instructions).

<b>Part I</b> Information on Donated Property - If you need more space, attach a statement.	
1	(a) Name and address of the donee organization
A	PURPLE HEART Hanover MD 21076
B	
C	
D	
E	

(b) Description of donated property  
(For a donated vehicle, enter the year, make, model, condition and mileage, and attach Form 1098-C if required.)

CLOTHES

Note. If the amount you claimed as a deduction for an item is \$500 or less, you do not have to complete columns (d), (e), and (f).

	(c) Date of the contribution	(d) Date acquired by donor (yr/mo.)	(e) How acquired by donor	(f) Donor's cost or adjusted basis	(g) Fair market value (see instructions)	(h) Method used to determine the fair market value
A	2009-01-30	2008-01	PURCHASED	4,650	1,200	THRIFT SHOP VALUE
B						
C						
D						
E						

**Part II** Partial Interests and Restricted Use Property - Complete lines 2a through 2e if you gave less than an entire interest in a property listed in Part I. Complete lines 3a through 3c if conditions were placed on a contribution listed in Part I; also attach the required statement (see instructions).

- 2a Enter the letter from Part I that identifies the property in which you gave less than an entire interest  
If Part II applies to more than one property, attach a separate statement. ▶ \_\_\_\_\_
- b Total amount claimed as a deduction for the property listed in Part I:
  - (1) For this tax year ▶ \_\_\_\_\_
  - (2) For any prior tax years ▶ \_\_\_\_\_
- c Name and address of each organization to which any such contribution was made in a prior year (complete only if different from the donee organization above):
 

Name of charitable organization (donee) \_\_\_\_\_

Address (number, street, and room or suite no.) \_\_\_\_\_

City or town, state, and ZIP code \_\_\_\_\_
- d For tangible property, enter the place where the property is located or kept ▶ \_\_\_\_\_
- e Name of any person, other than the donee organization, having actual possession of the property ▶ \_\_\_\_\_

- 3a Is there a restriction, either temporary or permanent, on the donee's right to use or dispose of the donated property? .....
- b Did you give to anyone (other than the donee organization or another organization participating with the donee organization in cooperative fundraising) the right to the income from the donated property or to the possession of the property, including the right to vote donated securities, to acquire the property by purchase or otherwise, or to designate the person having such income, possession, or right to acquire? .....
- c Is there a restriction limiting the donated property for a particular use? .....

Yes	No

Department of the Treasury Internal Revenue Service

Do not send to the IRS. This is not a tax return. Keep this form for your records. See instructions.

2009

Declaration Control Number (DCN)

Taxpayer's name

MICHAEL COLLINS

Social security number

Spouse's name

Spouse's social security number

Part I Tax Return Information - Tax Year Ending December 31, 2009 (Whole Dollars Only)

Table with 5 rows: Adjusted gross income (142,500), Total tax (7,631), Federal income tax withheld (32,340), Refund (24,709), Amount you owe.

Part II Taxpayer Declaration and Signature Authorization (Be sure you get and keep a copy of your return)

Under penalties of perjury, I declare that I have examined a copy of my electronic individual income tax return and accompanying schedules and statements for the tax year ending December 31, 2009, and to the best of my knowledge and belief, it is true, correct, and complete.

Taxpayer's PIN: check one box only PIN = [redacted] Acct = [redacted]

[X] I authorize SAKYI & ASSOCIATES to enter or generate my PIN [redacted] as my signature on my tax year 2009 electronically filed income tax return.

[ ] I will enter my PIN as my signature on my tax year 2009 electronically filed income tax return. Check this box only if you are entering your own PIN and your return is filed using the Practitioner PIN method.

Your signature Date

Spouse's PIN: check one box only

[ ] I authorize [redacted] to enter or generate my PIN [redacted] as my signature on my tax year 2009 electronically filed income tax return.

[ ] I will enter my PIN as my signature on my tax year 2009 electronically filed income tax return. Check this box only if you are entering your own PIN and your return is filed using the Practitioner PIN method.

Spouse's signature Date

Practitioner PIN Method Returns Only - continue below

Part III Certification and Authentication - Practitioner PIN Method Only

ERO's EFIN/PIN. Enter your six-digit EFIN followed by your five-digit self-selected PIN.

[redacted] do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature for the tax year 2009 electronically filed income tax return for the taxpayer(s) indicated above.

ERO's signature [Signature] Date 02-27-2010

ERO Must Retain This Form - See Instructions Do Not Submit This Form to the IRS Unless Requested To Do So

# **EXHIBIT 13**

(Rev. January 2010)

▶ See separate instructions.

<b>Your first name and middle initial</b> MICHAEL	<b>Your last name</b> COLLINS	<b>Your social security number</b> [REDACTED]
<b>If a joint return, your spouse's first name and middle initial</b>	<b>Your spouse's last name</b>	<b>Your spouse's SSN</b>
<b>Your current home address (number and street). If you have a P.O. box, see page 5 of the instructions.</b> [REDACTED]		<b>Apt. no.</b>
<b>Your city, town or post office, state, and ZIP code. If you have a foreign address, see page 5 of the instructions.</b> Fort Washington, MD 20744-0000		<b>Your phone number</b> 202-225-[REDACTED]

All filers must complete lines A, B, and C.

**A Amended return filing status.** You must check one box even if you are not changing your filing status. **Caution.** You cannot change your filing status from joint to separate returns after the due date.

Single       Married filing jointly       Married filing separately  
 Qualifying widow(er)       Head of household (if the qualifying person is a child but not your dependent, see page 5 of instructions.)

**B This return is for calendar year**  2009     2008     2007     2006  
**Other year.** Enter one: calendar year \_\_\_\_\_ or fiscal year (month and year ended): \_\_\_\_\_

**C Explanation of changes.** In the space provided below, tell us why you are filing Form 1040X.  
 THE AMENDED RETURN IS TO REPORT THE 1099 MISCELLANEOUS INCOME THAT WAS OMITTED ON THE ORIGINAL RETURN

Income and Deductions	Correct Amount
1 Adjusted gross income (see page 6 of instructions). If net operating loss (NOL) carryback is included, check here <input type="checkbox"/>	1 169,500
2 Itemized deductions or standard deduction (see page 6 of instructions)	2 93,061
3 Subtract line 2 from line 1	3 76,439
4 Exemptions. If changing, complete the Exemptions section on the back and enter the amount from line 30 (see page 6 of instructions)	4 3,601
5 Taxable income. Subtract line 4 from line 3	5 72,838

Tax Liability	Correct Amount
6 Tax (see page 7 of instructions). Enter method used to figure tax: <b>TABLES</b>	6 14,394
7 Credits (see page 8 of instructions). If general business credit carryback is included, check here <input type="checkbox"/>	7
8 Subtract line 7 from line 6. If the result is zero or less, enter -0-	8 14,394
9 Other taxes (see page 8 of instructions)	9
10 Total tax. Add lines 8 and 9	10 14,394

Payments	Correct Amount
11 Federal income tax withheld and excess social security and tier 1 RRTA tax withheld (if changing, see page 8 of instructions)	11 32,340
12 Estimated tax payments, including amount applied from prior year's return (see page 8 of instructions)	12
13 Earned income credit (EIC) (see page 8 of instructions)	13
14 Refundable credits from <input type="checkbox"/> Schedule M or Form(s) <input type="checkbox"/> 2439 <input type="checkbox"/> 4136 <input type="checkbox"/> 5405 <input type="checkbox"/> 8801 <input type="checkbox"/> 8812 <input type="checkbox"/> 8863 <input type="checkbox"/> 8885 or <input type="checkbox"/> other (specify):	14
15 Total amount paid with request for extension of time to file, tax paid with original return, and additional tax paid after return was filed (see page 9 of instructions)	15
16 Total payments. Add lines 11 through 15	16 32,340

Refund or Amount You Owe	Correct Amount
17 Overpayment, if any, as shown on original return or as previously adjusted by the IRS (see page 9 of instructions)	17 24,709
18 Subtract line 17 from line 16 (If less than zero, see page 9 of instructions)	18 7,631
19 Amount you owe. If line 10 is more than line 18, enter the difference (see page 9 of instructions)	19 6,763
20 If line 10 is less than line 18, enter the difference. This is the amount overpaid on this return	20
21 Amount of line 20 you want refunded to you	21
22 Amount of line 20 you want applied to your (enter year: _____) estimated tax 22	22

Complete and sign this form on Page 2.



**Exemptions**

Complete this part **only** if you are:

- Increasing or decreasing the number of exemptions (personal and dependents) claimed on line 6d of the return you are amending, or
- Increasing or decreasing the exemption amount for housing individuals displaced by Hurricane Katrina or a Midwestern disaster.

See Form 1040 or Form 1040A instructions and page 10 of Form 1040X instructions.

		Correct Number or Amount
23	Yourself and spouse. <b>Caution.</b> If someone can claim you as a dependent, you cannot claim an exemption for yourself	23
24	Your dependent children who lived with you	24
25	Your dependent children who did not live with you due to divorce or separation	25
26	Other dependents	26
27	Total number of exemptions. Add lines 23 through 26	27
28	Multiply the number of exemptions claimed on line 27 by the exemption amount shown in the instructions for line 28 for the year you are amending (see page 10 of instructions)	28
29	If you are claiming an exemption amount for housing individuals displaced by Hurricane Katrina, enter the amount from Form 8914, line 6 for 2006. If you are claiming an exemption amount for housing individuals displaced by a Midwestern disaster, enter the amount from Form 8914, line 2 for 2008, or line 6 for 2009	29
30	Add lines 28 and 29. Enter the result here and on line 4 on page 1 of this form	30
31	List <b>ALL</b> dependents (children and others) claimed on this amended return. If more than 4 dependents, see page 10 instructions.	

(a) First name	Last name	(b) Dependent's social security number	(c) Dependent's relationship to you	(d) Check box if qualifying child for child tax credit (see page 10 of instructions)

**Presidential Election Campaign Fund**

Checking below will not increase your tax or reduce your refund.

- Check here if you did not previously want \$3 to go to the fund, but now do.
- Check here if this is a joint return and your spouse did not previously want \$3 to go to the fund, but now does.

**Checklist**

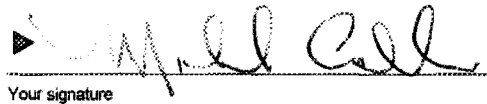
Before mailing this form, remember to

- Complete name, address, and social security number
- Complete lines A, B, and C on page 1
- Complete lines 1 through 22 on page 1
- Complete lines 23 through 31 on page 2, if required
- Attach any supporting documents and new or changed forms and schedules
- Sign and date this form

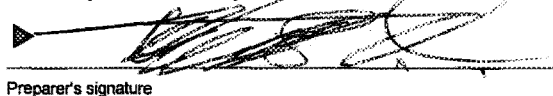
**Sign Here**

Remember to keep a copy of this form for your records.

Under penalties of perjury, I declare that I have filed an original return and that I have examined this amended return, including accompanying schedules and statements, and to the best of my knowledge and belief, this amended return is true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information about which the preparer has any knowledge.


Date 4/4/11
Spouse's signature. If a joint return, both must sign.
Date

**Paid Preparer's Use Only**


Date 04-04-2011

**SAKYI & ASSOCIATES,** [REDACTED]  
**WASHINGTON, DC 20017-2630**

Firm's name (or yours if self-employed), address, and ZIP code

[REDACTED]
 Check if self-employed
 202-347-[REDACTED]
EIN

For the year Jan. 1-Dec. 31, 2009, or other tax year beginning 2009, ending 20

OMB No. 1545-0074

Your first name and initial Last name  
**MICHAEL COLLINS**

Your social security number  
 [REDACTED]

If a joint return, spouse's first name and initial Last name  
 Spouse's social security number

Home address (number and street). If you have a P.O. box, see page 14. Apt. no.  
 [REDACTED]

You must enter your SSN(s) above.

City, town or post office, state, and ZIP code. If you have a foreign address, see page 14.  
**Fort Washington MD 20744-0000**

Checking a box below will not change your tax or refund.

Presidential Election Campaign  You  Spouse

**Filing Status** Check only one box.

1  Single

2  Married filing jointly (even if only one had income)

3  Married filing separately Enter spouse's SSN above and full name here.

4  Head of household (with qualifying person). (See page 15.) If the qualifying person is a child but not your dependent, enter this child's name here.

5  Qualifying widow(er) with dependent child (see page 16)

**Exemptions**

6a  Yourself. If someone can claim you as a dependent, do not check box 6a

b  Spouse

(1) First name	Last name	(2) Dependent's social security number	(3) Dependent's relationship to you	(4) Check if qualifying child for child tax credit (see pg17)

Boxes checked on 6a and 6b No. of children on 6c who:  
 lived with you  
 did not live with you due to divorce or separation (see page 18)

Dependents on 6c not entered above

Add numbers on lines above **1**

d Total number of exemptions claimed **1**

<b>Income</b>	7	Wages, salaries, tips, etc. Attach Form(s) W-2	7	151,078
	8a	Taxable interest. Attach Schedule B if required	8a	74
	b	Tax-exempt interest. Do not include on line 8a	8b	
	9a	Ordinary dividends. Attach Schedule B if required	9a	
	b	Qualified dividends (see page 22)	9b	
	10	Taxable refunds, credits, or offsets of state and local income taxes (see page 23)	10	4,436
	11	Alimony received	11	
	12	Business income or (loss). Attach Schedule C or C-EZ	12	
	13	Capital gain or (loss). Attach Schedule D if required. If not required, check here	13	
	14	Other gains or (losses). Attach Form 4797	14	
	15a	IRA distributions	15a	
	b	Taxable amount (see page 24)	15b	
	16a	Pensions and annuities	16a	
	b	Taxable amount (see page 25)	16b	
	17	Rental real estate, royalties, partnerships, S corporations, trusts, etc. Attach Schedule E	17	(13,088)
	18	Farm income or (loss). Attach Schedule F	18	
	19	Unemployment compensation in excess of \$2,400 per recipient (see page 27)	19	
	20a	Social security benefits	20a	
	b	Taxable amount (see page 27)	20b	
	21	Other income 1099MISC 27,000	21	27,000
	22	Add the amounts in the far right column for lines 7 through 21. This is your total income	22	169,500

<b>Adjusted Gross Income</b>	23	Educator expenses (see page 29)	23	
	24	Certain business expenses of reservists, performing artists, and fee-basis government officials. Attach Form 2106 or 2106-EZ	24	
	25	Health savings account deduction. Attach Form 8889	25	
	26	Moving expenses. Attach Form 3903	26	
	27	One-half of self-employment tax. Attach Schedule SE	27	
	28	Self-employed SEP, SIMPLE, and qualified plans	28	
	29	Self-employed health insurance deduction (see page 30)	29	
	30	Penalty on early withdrawal of savings	30	
	31a	Alimony paid b Recipient's SSN	31a	
	32	IRA deduction (see page 31)	32	
	33	Student loan interest deduction (see page 34)	33	
	34	Tuition and fees deduction. Attach Form 8917	34	
	35	Domestic production activities deduction. Attach Form 8903	35	
	36	Add lines 23 through 31a and 32 through 35	36	
	37	Subtract line 36 from line 22. This is your adjusted gross income	37	169,500

Tax and Credits

38 Amount from line 37 (adjusted gross income) 38 169,500
39a Check [ ] You were born before January 2, 1945, [ ] Blind. Total boxes
if: [ ] Spouse was born before January 2, 1945, [ ] Blind. checked 39a [ ]
b If your spouse itemizes on a separate return or you were a dual-status alien, see pg 35 and check here 39b [ ]
40a Itemized deductions (from Schedule A) or your standard deduction (see left margin) 40a 93,061
b If you are increasing your standard deduction by certain real estate taxes, new motor
vehicle taxes, or a net disaster loss, attach Schedule L and check here (see page 35) 40b [ ]
41 Subtract line 40a from line 38 41 76,439
42 Exemptions. If line 38 is \$125,100 or less and you did not provide housing to a Midwestern
displaced individual, multiply \$3,650 by the number on line 6d. Otherwise, see page 37 42 3,601
43 Taxable income. Subtract line 42 from line 41. If line 42 is more than line 41, enter -0- 43 72,838
44 Tax (see page 37). Check if any tax is from: a [ ] Form(s) 8814 b [ ] Form 4972 44 14,394
45 Alternative minimum tax (see page 40). Attach Form 6251 45
46 Add lines 44 and 45 46 14,394
47 Foreign tax credit. Attach Form 1116 if required 47
48 Credit for child and dependent care expenses. Attach Form 2441 48
49 Education credits from Form 8863, line 29 49
50 Retirement savings contributions credit. Attach Form 8880 50
51 Child tax credit (see page 42) 51 0
52 Credits from Form: a [ ] 8396 b [ ] 8839 c [ ] 5695 52
53 Other credits from Form: a [ ] 3800 b [ ] 8801 c [ ] 53 53
54 Add lines 47 through 53. These are your total credits 54
55 Subtract line 54 from line 46. If line 54 is more than line 46, enter -0- 55 14,394

Other Taxes

56 Self-employment tax. Attach Schedule SE 56
57 Unreported social security and Medicare tax from Form: a [ ] 4137 b [ ] 8919 57
58 Additional tax on IRAs, other qualified retirement plans, etc. Attach Form 5329 if required 58
59 Additional taxes: a [ ] AEIC payments b [ ] Household employment taxes. Attach Sch. H 59
60 Add lines 55 through 59. This is your total tax 60 14,394

Payments

61 Federal income tax withheld from Forms W-2 and 1099 61 32,340
62 2009 estimated tax payments and amount applied from 2008 return 62
63 Making work pay and government retiree credits. Attach Schedule M 63 0
64a Earned income credit (EIC) 64a
b Nontaxable combat pay election 64b
65 Additional child tax credit. Attach Form 8812 65
66 Refundable education credit from Form 8863, line 16 66
67 First-time homebuyer credit. Attach Form 5405 67
68 Amount paid with request for extension to file (see page 72) 68
69 Excess social security and tier 1 RRTA tax withheld (see page 72) 69
70 Credits from Form: a [ ] 2439 b [ ] 4136 c [ ] 8801 d [ ] 8885 70
71 Add lines 61, 62, 63, 64a, and 65 through 70. These are your total payments 71 32,340

Refund

Direct deposit? See page 73 and fill in 73b, 73c, and 73d, or Form 8888.

72 If line 71 is more than line 60, subtract line 60 from line 71. This is the amount you overpaid 72 17,946
73a Amount of line 72 you want refunded to you. If Form 8888 is attached, check here 73a 17,946
b Routing number [ ] Type: [X] Checking [ ] Savings
d Account number [ ]
74 Amount of line 72 you want applied to your 2010 estimated tax 74
75 Amount you owe. Subtract line 71 from line 60. For details on how to pay, see page 74 75
76 Estimated tax penalty (see page 74) 76

Third Party Designee

Do you want to allow another person to discuss this return with the IRS (see page 75)? [ ] Yes. Complete the following. [X] No
Designee's name [ ] Phone no. [ ] Personal identification number (PIN) [ ]

Sign Here

Under penalties of perjury, I declare that I have examined this return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.
Your signature [ ] Date 02-27-2010 Your occupation [ ] Daytime phone number [ ]
Spouse's signature. If a joint return, both must sign. [ ] Date [ ] Spouse's occupation [ ] 202-225-[ ]

Paid Preparer's Use Only

Preparer's signature [ ] Date 04-04-2011 Check if self-employed [X] Preparer's SSN or PTIN [ ]
Firm's name (or yours if self-employed), address, and ZIP code SAKYI & ASSOCIATES EIN [ ]
WASHINGTON DC 20017-2630 Phone no. 202-347-[ ]

# **EXHIBIT 14**

Form **W-2 Wage and Tax Statement 2009**

c Employer's name, address, and ZIP code

**U. S. HOUSE OF REPRESENTATIVES  
PAYROLL AND BENEFITS  
B215 LONGWORTH HOB  
WASHINGTON DC 20515**

e Employee's name, address, and ZIP code

**MICHAEL E. COLLINS**  
[REDACTED]  
**FORT WASHINGTON MD 20744**

7 Social security tips		1 Wages, tips, other compensation <b>151077.53</b>	2 Federal income tax withheld <b>32339.68</b>
8 Allocated tips		3 Social security wages <b>106800.00</b>	4 Social security tax withheld <b>6621.60</b>
9 Advance EIC payment		5 Medicare wages and tips <b>151077.53</b>	6 Medicare tax withheld <b>2190.62</b>
10 Dependent care benefits		11 Nonqualified plans	12a
13 <input type="checkbox"/> Statutory employee <input checked="" type="checkbox"/> Retirement plan <input type="checkbox"/> Third-party sick pay		14 Other	12b
b Employer identification number (EIN) [REDACTED]			12c
a Employee's social security number [REDACTED]			12d
15 State <b>MD</b>	Employer's state ID number [REDACTED]	16 State wages, tips, etc. <b>151077.53</b>	17 State income tax <b>11390.91</b>
		18 Local wages, tips, etc.	19 Local income tax
		20 Locality name	

Copy 2-To Be Filed With Employee's State, City, or Local Income Tax Return

OMB No. 1545-0048

Dept. of the Treasury - IRS

Form **W-2 Wage and Tax Statement 2009**

c Employer's name, address, and ZIP code

**U. S. HOUSE OF REPRESENTATIVES  
PAYROLL AND BENEFITS  
B215 LONGWORTH HOB  
WASHINGTON DC 20515**

e Employee's name, address, and ZIP code

**MICHAEL E. COLLINS**  
[REDACTED]  
**FORT WASHINGTON MD 20744**

7 Social security tips		1 Wages, tips, other compensation <b>151077.53</b>	2 Federal income tax withheld <b>32339.68</b>
8 Allocated tips		3 Social security wages <b>106800.00</b>	4 Social security tax withheld <b>6621.60</b>
9 Advance EIC payment		5 Medicare wages and tips <b>151077.53</b>	6 Medicare tax withheld <b>2190.62</b>
10 Dependent care benefits		11 Nonqualified plans	12a
13 <input type="checkbox"/> Statutory employee <input checked="" type="checkbox"/> Retirement plan <input type="checkbox"/> Third-party sick pay		14 Other	12b
b Employer identification number (EIN) [REDACTED]			12c
a Employee's social security number [REDACTED]			12d
15 State <b>MD</b>	Employer's state ID number [REDACTED]	16 State wages, tips, etc. <b>151077.53</b>	17 State income tax <b>11390.91</b>
		18 Local wages, tips, etc.	19 Local income tax
		20 Locality name	

Copy 2-To Be Filed With Employee's State, City, or Local Income Tax Return

OMB No. 1545-0048

Dept. of the Treasury - IRS

004824T1 # W-2 FORM

11-4518\_064  
MC\_0015