

**UNITED STATES HOUSE OF REPRESENTATIVES  
CALENDAR YEAR 2010 FINANCIAL DISCLOSURE STATEMENT**

**FORM A**  
For use by Members, officers, and employees

John Walter Oliver  
(Full Name)

202-225-5335  
(Daytime Telephone)

Filer Status:  Member of the U.S. House of Representatives  
State: MA District: 01

Officer Or Employee  
Employing Office:

Report Type:  Annual (May 15)  Amendment  Termination

Termination Date:

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

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.	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	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"/>
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? If yes, complete and attach Schedule II.	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	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 type="checkbox"/> No <input checked="" type="checkbox"/>
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"/>	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 type="checkbox"/> No <input checked="" type="checkbox"/>
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 checked="" type="checkbox"/> No <input type="checkbox"/>	IX. Did you have any reportable agreement or arrangement with an outside entity? If yes, complete and attach Schedule IX.	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
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 type="checkbox"/> No <input checked="" type="checkbox"/>	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**

<b>Trusts-</b> Details regarding "Qualified Blind Trusts" approved by the Committee on Ethics and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child?	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
<b>Exemptions--</b> Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption? Do not answer "yes" unless you have first consulted with the Committee on Ethics.	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

**HAND DELIVERED**  
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be assessed against anyone who files more than 30 days late.

**SCHEDULE I - EARNED INCOME**

Name John Walter Oliver

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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
Amherst College - Amherst, MA	Spouse Salary	N/A

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

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BLOCK A	BLOCK B	BLOCK C	BLOCK D	BLOCK E
Asset and/or Income Source	Year-End Value of Asset	Type of Income	Amount of Income	Transaction
<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 reportable asset or sources of income which generated more than \$200 in "unearned" income during the year.</p> <p>Provide complete names of stocks and mutual funds (do not use ticker symbols.)</p> <p>For all IRAs and other retirement plans (such as 401(k) plans) that are self-directed (i.e., plans in which you have the power, even if not exercised, to select the specific investments), provide the value for each asset held in the account that exceeds the reporting thresholds. For retirement accounts which are not self-directed, provide only the name of the institution holding the account and its value at the end of the reporting period.</p> <p>For rental or other real property held for investment, provide a complete address.</p> <p>For an ownership interest in a privately-held business that is not publically traded, state the name of the business, the nature of its activities, and its geographic location in Block A.</p> <p>Exclude: Your personal residence, including second homes and vacation homes (unless there was rental income during the reporting period); your ownership interest in a personal residence or</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>Check all columns that apply. For retirement accounts that do not allow you to choose specific investments or that generate tax-deferred income (such as 401(k) plans or IRAs), you may check the "None" column. Dividends, interest, and capital gains, even if reinvested, must be disclosed as income. Check "None" if the asset generated no income during the reporting period.</p>	<p>For retirement accounts that do not allow you to choose specific investments or that generate tax-deferred income (such as 401(k) plans or IRAs), you may check the "None" column. For all other assets, indicate the category of income by checking the appropriate box below. Dividends, interest, and capital gains, even if reinvested, must be disclosed as income. Check "None" if no income was earned or generated.</p>	<p>Indicate if asset had purchases (P), sales (S), or exchanges (E) exceeding \$1,000 in reporting year.</p>
JT 120 acres of unimproved land at 117 Central Street, Plainfield, MA	\$100,001 - \$250,000	None	NONE	
JT 25 acres of unimproved land at Beachlake, Berlin Township, PA	\$100,001 - \$250,000	None	NONE	
JT 27 acres of unimproved land on Buffam Road, Pelham, MA	\$100,001 - \$250,000	None	NONE	
JT 33 Myrtle Street, Boston, MA	\$100,001 - \$250,000	RENT	\$5,001 - \$15,000	
JT 45 acres of unimproved land on North Valley Road, Pelham, MA	\$50,001 - \$100,000	None	NONE	
JT AMCAP mutual fund	\$15,001 - \$50,000	DIVIDENDS/CAPITAL GAINS	\$1 - \$200	

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

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SP	Columbia Contrarian Core Fund T (formerly Bank of America asset as listed on 2009 Member Report >>> asset reorganized by issuing financial institutions; same # of shares owned, but value dropped)	\$15,001 - \$50,000	INTEREST	\$201 - \$1,000	
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SP	DWS World Dividend Fund A (formerly Scudder New Europe mutual fund as listed on 2009 Member Report >>> asset sold/renamed by issuing financial institutions)	\$1,001 - \$15,000	DIVIDENDS/CAPITAL GAINS	\$201 - \$1,000	
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JT	Hewlett-Packard Company stock	\$1,001 - \$15,000	DIVIDENDS	\$1 - \$200	
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	Massachusetts state employee pension	\$100,001 - \$250,000	PENSION	\$15,001 - \$50,000	
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SP	Monsanto Co. stock	\$1,001 - \$15,000	DIVIDENDS	\$1 - \$200	
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SP	Pfizer, Inc. stock	\$1,001 - \$15,000	DIVIDENDS	\$1 - \$200	
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JT	Powershares Exchange Traded Fund - Clean Energy (*Note: same # of shares owned compared to 2009, but value dropped)	\$1,001 - \$15,000	DIVIDENDS/CAPITAL GAINS	\$1 - \$200	
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JT	Powershares Exchange Traded Fund - Water Resources (*Note: same # of shares owned compared to 2009, but value dropped)	\$1,001 - \$15,000	DIVIDENDS/CAPITAL GAINS	\$1 - \$200	
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JT	Powershares Exchange Traded Fund - Water Resources (*Note: same # of shares owned compared to 2009, but value dropped)	\$1,001 - \$15,000	DIVIDENDS/CAPITAL GAINS	\$1 - \$200	
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**SCHEDULE III - ASSETS AND "UNEARNED" INCOME**

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	TD Banknorth CD	\$15,001 - \$50,000	INTEREST	\$201 - \$1,000	
JT	Telefonica, S.A. (ADR) stock	\$1,001 - \$15,000	DIVIDENDS	\$1 - \$200	
SP	Texas Instruments, Inc. stock	\$1,001 - \$15,000	DIVIDENDS	\$1 - \$200	
JT	Winslow Green Growth Fund	\$1,001 - \$15,000	DIVIDENDS/CAPITAL GAINS	\$1 - \$200	

**SCHEDULE IV - TRANSACTIONS**

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Report any purchase, sale, or exchange by you, your spouse, or dependent child during the reporting year of any real property, stocks, bonds, commodities futures, or other securities when the amount of the transaction exceeded \$1,000. Include transactions that resulted in a loss. Provide a brief description of any exchange transaction. Do not report a transaction between you, your spouse, or your dependent child, or the purchase or sale of your personal residence, unless it is rented out. If only a portion of an asset is sold, please so indicate (i.e., "partial sale"). See example below.

SP, DC, JT	Asset	Type of Transaction	Capital Gain in Excess of \$200?	Date	Amount of Transaction
JT	Winslow Green Solutions Fund (*Note: this asset was sold at a capital loss)	S	No	04-09-10	\$1,001 - \$15,000

# SCHEDULE IX - AGREEMENTS

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Identify the date, parties to, and general terms of any agreement or arrangement with respect to: future employment; a leave of absence during the period of government service; continuation or deferral of payments by a former or current employer other than the U.S. Government; or continuing participation in an employee welfare or benefit plan maintained by a former employer.

Date	Parties To	Terms of Agreement
06-14-91	Massachusetts State Employee Life Insurance Program	Continuing benefits as a former employee
06-14-91	Massachusetts State Employee Retirement Program	Retirement effective November 20, 1992