<u>₹</u>	Yes	child because	sactions, or liabilities of a spouse or dependent child because	" income, trans	EXEMPTION —Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities they meet all three tests for exemption?
₹ <u></u>	Yes	trusts" need not	of Official Conduct and certain other "excepted trusts" need not pouse, or dependent child?	on standards	TRUSTS—Details regarding "Qualified Blind Trusts" approved by the Committee on standards of Official Conduct be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent
IS	UESTION	FTHESE QU	MATION — ANSWER EACH OF THESE QUESTIONS	TINFORI	EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION
the onse.	wered and Yes" resp	must be answed for each "	Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.	8 <	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.
₹ <u></u>	Yes	arrangement with	IX. Did you have any reportable agreement or arrangement with an outside entity? If yes, complete and attach Schedule IX.	№	IV. Did you, your spouse, or a 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.
8	Yes	or before the date	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.	N _N	ill. 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.
₹ <u></u>	Yes	d receive any n the reporting	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)? If yes, complete and attach Schedule VII.	S ₈	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	regating more	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)? If yes, complete and attach Schedule VI.	S _S	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 If yes, complete and attach Schedule I.
	:		E QUESTIONS	OF THESE	PRELIMINARY INFORMATION — ANSWER EACH
assessed more than	ty shall be e who files	A \$200 penalty shall be assessed against anyone who files more than 30 days late.	temploying Ornce: Termination Date:	Employee	Status House of Representatives District: OH Report Annual (May 15) Amendment
J. E.S.M.	PRESENTATIVE USE ONLY)	OFFICE OF THE SLET (U.S. HOUSE OF REPRESENTATIVES ((Office Use Only)	Daytime Telephone)		es Ohis McGrery I
- 7	PH 4: 44	2008 HAY 15 PM 4: 44			
	SOURCE CENT	HAND CLITTED	Form A For use by Members, officers, and employees		UNITED STATES HOUSE OF REPRESENTATIVES 2008 FINANCIAL DISCLOSURE STATEMENT For 2007 Calendar Year Reporting Period

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SCHEDULE I—EARNED INCOME

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) totalling \$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. See examples below.

Exclude: Military pay (such as National Guard or Reserve pay), federal retirement programs, and benefits received under the Social Security Act.	ts received under the Social Sec	curity Act.
Source	Туре	Amount
Keene State	Approved Teaching Fee	\$6,000
	Legislative Pension	\$9,000
Civil War Roundtable (Oct. 2nd)	Spouse Speech	\$1,000
Ontario County Board of Education	Spouse Salary	NA
Ketchum Inc.	Spouse Salary	Z
+ Income	Spouse Solar	V.A

Fidelity Crowth & Incom. Fund	Fidelity Equity Income Fund	Fidelity Contra Fund	Federated Gov't Income	Eurotoc: Ac Growth Fund	Pioneur Cash Fund	JT 1st Bank of Paducah, KY Accounts		SP Mega Corp. Stock		provide the value and income information on each asset in the account that exceeds the	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),	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 asset or sources of income	Asset and/or Income Source	BLOCK A
×	×	×	×	×	×	×	Indefinite	×	None \$1 - \$1,000 \$1,001 - \$15,000 \$15,001 - \$50,000 \$50,001 - \$100,000 \$100,001 - \$250,000 \$250,001 - \$500,000 \$500,001 - \$1,000,000 \$1,000,001 - \$5,000,000 \$1,000,001 - \$25,000,000 \$25,000,001 - \$25,000,000 \$25,000,001 - \$50,000,000		please specify the method used. If an asset was sold during the reporting year and is included only because it generated income, the value should be "None."	Indicate value of asset at close of reporting year. If you use a valuation method other than fair market value,	Value of Asset	BLOCK B
×	X	×	×	×	×	×	Royalties	×	NONE DIVIDENDS RENT INTEREST CAPITAL GAINS EXCEPTED/BLIND TRUST Other Type of Income (Specify: For Example, Partnership Income or Farm Income	ne)	all other assets <i>including all IRAs</i> , 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 calendar year.	Check all columns that apply. For retirement plans or accounts that do not allow you to choose specific investments, you may write "NA." For	Type of Income	BLOCK C
×	*	×	×	×	×	×	X	X	None - \$1 - \$200 = \$201 - \$1,000 ≡ \$1,001 - \$2,500 ⋜ \$2,501 - \$5,000 ≤ \$5,001 - \$15,000 ≦ \$15,001 - \$50,000 ≦ \$50,001 - \$100,000 ≦ \$100,001 - \$1,000,000 × \$1,000,001 - \$5,000,000 × Over \$5,000,000 ×		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 received.	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,	Amount of Income	BLOCK D
								S (partial)	portion of an asset is sold, please indicate as follows: (S) (partial) See below for example. P, S, E	If only a	sales (S), or exchanges (E) exceeding \$1000 in reporting year.	asset had purchases (P),	Indicate if the	вгоск е

SCHEDULE III—ASSETS AND "UNEARNED" INCOME
Continuation Sheet (if peeded)

Name James Ohs McCrery III.

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	Tronger Oak Ridge Lage Cap	Lond, De Solo Parah, LA undanded inhorest in 160 acres	(63 acres	Ruham Introductional	Fidelity Shur. Chip Gawth Fund Fidelity Select BioTech Fund		BLOCK A Asset and/or Income Source
						None ≻	
						\$1 - \$1,000	
	××	×		XX	XX	\$1,001 - \$15,000	}
		<	X			\$15,001 - \$50,000	! <
						\$50,001 ~ \$100,000 m	BLOCK B Year-End Value of Asset
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					7_L	\$250,001 – \$500,000 O	BLOCK B Year-End ue of As
						\$500,001 - \$1,000,000	Se de B
						\$1,000,001 - \$5,000,000 -	Ĭ
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	+ + + +		 	 	 	INTEREST	1
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			cyptises			Other Type of Income (Specify)	CC e ome
	××	×				None -	
				XX	××	\$1 ~ \$200 =	
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		<				\$1,001 - \$2,500 <	ě
						\$2,501 - \$5,000 <] # E
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