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	Trusts- Details regarding "Qualified Bilind 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?	EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION - ANSWER EACH OF THESE QUESTIONS	If yes, complete and attach Schedule V.	V. than \$10,000) during the reporting period?  Vian \$10,000 during the reporting period?	if yes, complete and attach Schedule IV.	IV. reportable asset in a transaction exceeding \$1,000 during the reporting  Yes No	7.	III. more than \$200 in the reporting period or hold any reportable asset worth Yes 2 No	If yes, complete and added actions and actions at		II. you for a speech, appearance, or article in the reporting period?  Yes   No	If yes, complete and attach Schedule I.	i. or more from any source in the reporting period?  Ves V No	PRELIMINARY INFORMATION - ANSWER EACH OF THESE QUESTIONS	Report ☐ Annual (May 15) ☐ Amendment 🔯 Termination	s House of representatives District: 07	State: GA	(Full Name)	John Linder	CALENDAX TEAR 2010 FINANCIAL DISCLOSURE STATEMENT	UNITED STATES HOUSE OF REPRESENTATIVES	
ncome, transactions, or liabilities of a spouse or dependent of the committee on year unless you have first consulted with the Committee on	ttee on Standards of Official Conduct and certain other "exce t details of such a trust benefiting you, your spouse, or depe	ATION - ANSWER EACH OF THESE QUE	schedule attached for each "Yes" response	Each question in this part must be answered and the appropriate	If yes, complete and attach Schedule IX.	Did you have any reportable agreement or arrangement with an outside LX. entity?	if yes, complete and attach Schedule VIII.	VIII. current catendar year?	if yes, complete and adaptin schedule vil.	from one source)?	Old you, your spouse, or a dependent child receive any reportable travel or VII. relimbursements for travel in the reporting period (worth more than \$336	omplete and atta	VI. the reporting period (i.e., aggregating more than \$355 and not otherwise exempt)?	QUESTIONS	Termination Date:	Enibosea	Officer Or Employing Office:	(Daytime Telephone)	202-225-4272		FORM A Page 0 of 0 For use by Members officers and employees	
child Yes 🗌 No 🗹	pted Yes 🗌 No 🗹	STIONS		d and the appropriate		Yes No 🔽		Yes No 🖸			then \$335 Yes V No		otherwise Yes No No		more than 30 days late.	be assessed against	A \$200 penalty shall	C 1800 CONTRACTOR OF THE PROPERTY OF THE PROPE	2011 FEB -2 PM 5: 28	GISLATIVE RESOURCE CENTLE	DELIVERED	HAND

## SCHEDULE I - EARNED INCOME

Name John Linder

1096

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.

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Source	Туре	Amount
State of Georgia	Legislative Pension	\$6,000

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SP 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. 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 a fair market value exceeding \$1,000 at the end of the reporting period, Government retirement programs. eavings accounts; any financial interest in or income derived from U.S parent or sibling; any deposits totaling \$5,000 or less in personal debt owed to you by your spouse, or by your or your spouse's child, Exclude: Your personal residence(s) (unless there is rental income); any information, see the instruction booklet. its activities, and its geographic location in Block A. For additional that is not publicly traded, state the name of the business, the nature of and its value at the end of the reporting period. For an active business in which you have the power, even if not exercised, to select the specific retirement plans (such as 401(k) plans) that are self directed (i.e., plans mutual funds (do not use ticker symbols). For all IRAs and other land, provide a complete address. Provide full names of stocks and and (b) any other assets or sources of income which generated more identify (a) each asset held for investment or production of income with an \$200 in "uneamed" income during the year. For rental property or Asset and/or income Source **Nuveen NiO** Nuveen NiO Notes Receivable —Grayling Myrtle MS Farm Myrtle MS Farm **HarperCollins** Industries BLOCK A 丽 None None \$1,000,001-\$5,000,000 it is generated income, at close of reporting \$1,000,001 \$5,000,000 \$1,000,001than fair market value, \$5,000,000 the value should be included only because asset was sold and is method used. If an please specify the valuation method other year. If you use a Indefinite Value of Asset Year-End BLOCK B Name John Linder None None not generate any income Dividends and interest, not allow you to choose specific investments, you Check all columns that CAPITAL GAINS CAPITAL GAINS NTEREST + CAPITAL GAINS Royalties during the calendar year Check "None" if asset did be fisted as income. even if reinvested, should appropriate box below. income by checking the other assets including all may write "NA". For all apply. For retirement NTEREST + RAs, indicate the type of plans or accounts that do Type of Income BLOCK C \$1,000,000 \$100,001 -\$1,000,000 \$100,001 -NONE NONE of income by checking the other assets, including all \$1,000,001 2,500-5,000 earmed or generated. accounts that do not allow \$5,000,000 appropriate box below. IRAs, indicate the category "NA" for income. For all investments, you may write you to choose specific For retirement plans or "None" If no income was listed as income. Check Dividends and Interest, ever Amount of Income f reinvested, should be BLOCK D 1/7 S S U T reporting year. \$1,000 in exceeding exchanges (E) (P), sales (S), or Indicate if asset Transaction 10 had purchases BLOCK II 6

SCHEDU	SCHEDULE III - ASSETS AND "UNEARNED" INCOME	NE Name John Linder	nder		30f6
	Schwab Money Market	\$500,001- \$1,000,000	INTEREST	\$15,001-\$50,000	
7	Schwab Money Market	\$500,000- \$1,000,000	INTEREST	\$15,001-\$50,000	
SP	Schwab Money Market	\$1,000,000+	INTEREST	\$15,001 - \$50,000	
	SunTrust Money Market	\$1,000,000+	INTEREST	\$15,000-\$50,000	
	SunTrust Money Market	\$250,001- \$500,000	INTEREST	\$1,001-\$2,500	
ЧS	SunTrust Money Market	\$250,001- \$500,000	INTEREST	\$1,001-\$2,500	
SP	Turkey Buzzard Timber Co.  LLC-timber land in MS	\$500,001- \$1,000,000	None	NONE	
	(previously listed as "Farmland in Marshall, MS"				

SP

Turkey Neck Farms LLC-timber land in MS

\$100,001-\$250,000

None

NONE

SP

Turkey Deer Trace LLC (IRA)—consists of cash and ownership interest in Turkey Buzzard
Timber Co. LLC

\$100,001-\$250,000

None

NONE

## SCHEDULE IV- TRANSACTIONS

Name John Linder

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								JT The Fairholme Fund	SP Example:   Mega Coporation Common Stock (partial sale)	Capital Gains — if a sales transaction resulted in a capital gain in excess of \$200, check the "capital gains" box and disclose this income on Schedule III.	dren, or the purchase or sale of your personal residence, unless it generates rental income. If only a portion of an asset is sold, please so indicate (i.e., "partial sale"). See example below.	resulted in a capital loss. Provide a brief description of any exchange trans- action. Exclude transactions between you, your spouse or dependent chil-	Report any purchase, sale, or exchange transactions by you, your spouse, or dependent child during the reporting period of any security or real property held for investment that exceeded \$1,000. Include transactions that
										PURC	HASE		Type of Transaction
								*	×	SALE			Type ansac
										EXCH	ANGE		tion
										Check E Gain Ex	Box if Coceeded	apital	•
								2010	10-12-09	Bi-weekly, if applicable	or Quarterly, Monthly, or	(MO/DAY/YH)	Date
										\$1,001- \$15,000		Ø	
	 								×	\$15,001- \$50,000		ဂ	
	 									\$50,001- \$100,000	)	O	Amo
										\$100,00° \$250,00° <b>\$250,00</b> °	<u> </u>	М	Amount of
									H	\$500,000 \$500,000	)	71	
							,	×	H	\$1,000,0 <b>\$1,000,0</b>	00 <b>01</b> -	<u>.</u>	Transaction
							<u> </u>		H	<b>\$5,000,0</b> \$5,000,0	<b>00</b> 01-	<b>=</b>	ction
										\$25,000, \$25,000,	001-		
	:	 			1					\$50,000, Over \$50,000		<u>×</u>	

## **SCHEDULE V - LIABILITIES**

Name John Linder

5 of 6

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 Mississippi Land Bank	SP Mississippi Land Bank	SP Mississippi Land Bank	SP, DC, JT	
	ank	lank	ank	Creditor	
Mortgage on Myrtle MS farm	Mortgage on Myrtle MS farm	Mortgage on Turkey Buzzard time land in MS	Mortgage on Turkey Neck timber land in MS	Type of Liability	
\$100,001-\$250,000	\$50,001 - \$100,000	\$50,001-\$100,000	\$100,001-\$250,000	Amount of Liability	

Name	
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## SCHEDULE VII — TRAVEL PAYMENTS AND REIMBURSEMENTS

or were paid by you and reimbursed by the sponsor. the amount of time, if any, that was not at the sponsor's expense. Disclosure is required regardless of whether the expenses were paid directly by the sponsor 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 Identify the source and list travel itinerary, dates, and nature of expenses provided for travel and travel-related expenses totalling more than \$335 received by

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)	City of Departure—Destination— City of Return	Lodging? (Y/N)	Food? (Y/N)	Was a Family Member Included? (Y/N)	Number of days <u>not</u> at sponsor's expense
Examples: Chicago Chamber of Commerce	Mar. 2	DC—Chicago—DC	z	z	Z	None
Roycroft Corporation	Aug. 6–11	DC—Los Angeles—Cleveland	Υ	Υ	Υ	2 Days
The Heritage Foundation	1-14-2010	DC-Charlottesville - DC	Y	Y	Z	None
	to 1-16-2010					