	Yes No 🗸	,	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?	ts, "unearned" ir	Exemptions Have you excluded from this report any other asse because they meet all three tests for exemption?	
	Yes 🗌 No 🗸	"	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?	d by the Commit from this report	Trusts- Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Office trusts" need not be disclosed. Have you excluded from this report details of such a trust be child?	
	S	STION	TRUST INFORMATION ANSWER EACH OF THESE QUESTIONS	T INFORM	EXCLUSION OF SPOUSE, DEPENDENT, OR TRUS	.
			schedule attached for each "Yes" response		If yes, complete and attach Schedule V.	
	ne appropriate	d and th	Each question in this part must be answered and the appropriate	Yes No 🗸	Did you, your spouse, or a dependent child have any reportable liability V. (more than \$10,000) during the reporting period?	_
			If yes, complete and attach Schedule IX.		If yes, complete and attach Schedule IV.	
	Yes No 🗸	outside	Did you have any reportable agreement or arrangement with an outside IX. entity?	Yes V No	Old you, your spouse, or dependent child purchase, sell, or exchange any IV. reportable asset in a transaction exceeding \$1,000 during the reporting yerlod?	
			If yes, complete and attach Schedule VIII.		if yes, complete and attach Schedule III.	ļ
	Yes No V	iling in the	Did you hold any reportable positions on or before the date of filing in the VIII. current calendar year?	Yes No	Did you, your spouse, or a dependent child receive "unearned" income of III. more than \$200 in the reporting period or hold any reportable asset worth Y more than \$1,000 at the end of the period?	
			If yes, complete and attach Schedule VII.		If yes, complete and attach Schedule II.	
	Yes V No	ble travel o han \$305	Did you, your spouse, or a dependent child receive any reportable travel or VII. reimbursements for travel in the reporting period (worth more than \$305 from one source)?	Yes No K	Did any individual or organization make a donation to charity in lieu of paying II. you for a speech, appearance, or article in the reporting period? Y	
			If yes, complete and attach Schedule VI.		If yes, complete and attach Schedule I.	
	Yes No 🗸	therwise	Did you, your spouse, or a dependent child receive any reportable gift in VI. the reporting period (i.e., aggregating more than \$305 and not otherwise exempt)?	Yes V No	טים you or your spouse have "earned" income (e.g., salaries or fees) of \$200 Y. or more from any source in the raporting period?	
			THESE QUESTIONS	OF THESE (1_
		late.	ation	☐ Termination	Type (Annua (May 15)	
	more than 30 days	more	Termination Date:		Report	
Ē,	be assessed against	be as			House of Representatives District:	
į	A \$200 penalty shall	A \$200	Officer Or Employing Office:		Member of the U.S. State: SC	
IVES /VK	LS(Office Use Only) Trues	u s(Qt	(Daytime Telephone)		(Full Name)	T
33 ///	2008 MAY 15 AM 10: 33	2008	202-225-5301		James Gresham Barrett	
NII.	CERISE VILVE SESSIBLE CENTER	LEGISI				
*	רנויינהארט	<u> </u>	For use by Members, officers, and employees	ATIVES EAR 2007	FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 2007	
		_				7
	エムハラ					

SCHEDULE I - EARNED INCOME

Name James Gresham Barrett

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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	Туре	Amount
School District Of Oconee County, SC	Spouse Salary	N/A

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M Name James Gresham Barrett Page 3 of 6

		Name James Gresnam barren	esnam banen		rage 3 of o
	BLOCK A	вгоск в	вгоск с	BLOCK D	BLOCK E
Identify (a) e a fair markel and (b) any o than \$200 in land, provide mutual fund retirement p in which you investments in the accouplans that are and its value that is not poits activities, information, Exclude: You debt owed to parent or sill savings accouplant	Asset and/or income Source identify (a) each asset held for investment or production of income with a fair market value exceeding \$1,000 at the end of the reporting period, and (b) any other 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. 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. 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.	Year-End Value of Asset 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."	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)	Amount of Income 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.	Transaction Indicate if asset had purchases (P), sales (S), or exchanges (E) exceeding \$1,000 in reporting year.
If you so che that of your : in the option	oose, you may indicate that an asset or income source is spouse (SP) or dependent child (DC) or is jointly held (JT), al column on the far left.				
GP GP	Building, 101 W. Main St Westminster, SC	None	RENT/CAPITAL GAINS	\$50,001 - \$100,000	S
	Building/15.12 Acres Westminster, SC	\$15,001 - \$50,000	None	NONE	
	Building/Land 220 Rufus Land Rd. Westminster, SC	\$50,001 - \$100,000	RENT	\$2,501 - \$5,000	
SP	Certificates of Deposit/Community First Bank	\$15,001 - \$50,000	INTEREST	\$1,001 - \$2,500	
	Condo/4514 36th st., A-2 Arlington, VA/Unit 1397	None	CAPITAL GAINS/RENT	\$100,001 - \$1,000,000	Ø
DC	House/Lot 104 Earl Holcombe St Westminster, SC	None	CAPITAL GAINS	\$15,001 - \$50,000	ဟ

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SCHEDULE III - ASSETS AND "UNEARNED" INCOME Ş SP 듸 SC Retirement System Oppenheimer Equity Fund Map #298-00-01-018 Joint Rental/Family Property, Grant Rd. Oakway, SC Westminster, SC House/Lot, 191 S Retreat St Westminster, SC Hwy Westminster, SC Westminster, SC Westminster, SC Westminster, SC House/Lot 241 S Retreat St House/Lot 2151 West Oak House/Lot 106 Frank St House/Lot 105 West Oak Hwy Trailer Space, S. Retreat Rd. Land, Westminster SC \$15,001 -\$50,000 \$100,001 -\$250,000 \$15,001 -\$50,000 \$1 - \$1,000 \$1,001 - \$15,000 \$1,001 - \$15,000 \$100,000 \$50,001 -\$1,001 - \$15,000 \$100,000 \$50,001 -\$50,000 \$15,001 -Name James Gresham Barrett DIVIDENDS None None RENT RENT None RENT RENT RENT None NONE NONE NONE NONE \$1,001 - \$2,500 \$5,001 - \$15,000 \$2,501 - \$5,000 \$2,501 - \$5,000 \$201 - \$1,000 \$2,501 - \$5,000 Page 4 of 6

SCHEDULE IV - TRANSACTIONS

Name James Gresham Barrett

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DC		SP	SP, DC, JT	Report ar or other s transactic
House/Lot 104 Earl Holcombe St Westminster,	Condo, 4514 36th St, A-2 Arlington, VA/Unit 1397	Building, 101 W Main St Westminster, SC	Asset	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 or series of transactions exceeded \$1,000. Include transactions that resulted in a loss. 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. Provide a brief
S	တ	တ	Type of Transaction	nt child during the reporting actions exceeded \$1,000. Incurchase or sale of your persu
01-29-07	8-27-07	01-27-07	Date	year of any real property, lude transactions that res onal residence, unless it i
\$15,001 - \$50,000	\$250,001 - \$500,000	\$50,001 - \$100,000	Amount of Transaction	stocks, bonds, commodities futures, sulted in a loss. Do not report a s rented out. Provide a brief

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SCHEDULE VII - TRAVEL PAYMENTS AND REIMBURSEMENTS

Name James Gresham Barrett

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spouse or dependent child that is totally independent of his or her relationship to you. the Foreign Gifts and Decorations Act (5 U.S.C § 7342); political travel that is required to be reported under the Federal Election Campaign Act; travel provided to a sponsor. Exclude: Travel-related expenses provided by federal, state, and local governments, or by a foreign government required to be separately reported under amount of time, if any, that was not at the sponsor's expense. Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the Identify the source and list travel itinerary, dates, and nature of expenses provided for travel and travel-related expenses totaling more than \$305 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

Source	Date(s)	Point of Departure DestinationPoint of Return	Lodging? (Y/N)	Food? (Y/N)	Was a Family g? Food? Member included? (Y/N) (Y/N)	Days not at sponsor's expense
The Heritage Foundation	Feb 01, 2007-Feb 02, 2007	Washington, DC-Baltimore, MD	~	~	Z	none