	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?	Exemptions Have you excluded from this report any other assets, "child 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?	Trusts- Details regarding "Qualified Blind Trusts" a "excepted trusts" need not be disclosed. H
	N	EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION ANSWER EACH OF THESE QUESTION	EXCLUSION OF SPOUSE, DEPENDENT, OR
	ponse.	appropriate schedule attached for each "Yes" response	If yes, complete and attach Schedule V.
	the	Yes $lacksquare$ No \Box Each question in this part must be answered and the	V. (more than \$10,000) during the reporting period?
_		If yes, complete and attach Schedule IX.	if yes, complete and attach Schedule IV.
<u> </u>	Yes No	ny Yes ☑ No ☐ IX. entity?	Did you, your spouse, or dependent child purchase, sell, or exchange any IV. reportable asset in a transaction exceeding \$1,000 during the reporting
		If yes, complete and attach Schedule VIII.	If yes, complete and attach Schedule III.
<u>S</u>	Yes No	of Did you hold any reportable positions on or before the date of filing in th Yes ☑ No ☐ VIII. the current calendar year?	Did you, your spouse, or a dependent child receive "unearred" income of III. more than \$200 in the reporting period or hold any reportable asset worth more than \$100 at the report of the nectod?
<u>. </u>		:	If yes, complete and attach Schedule II.
	Yes V No	Yes No VII. travel or reimbursements for travel in the reporting period (worth more than \$305 from one source)?	Did any individual or organization make a donation to charity in lieu of III. paying you for a speech, appearance, or article in the reporting period?
<u>i </u>		If yes, complete and attach Schedule VI.	If yes, complete and attach Schedule I.
<u>S</u>	Yes 🗌 No	Yes VI. In the reporting period (i.e., aggregating more than \$305 and not	Did you or your spouse have "earned" income (e.g., salaries or fees) of \$200 or more from any source in the reporting period?
		ACH OF THESE QUESTION	PRELIMINARY INFORMATION ANSWER EACH OF THESE QUESTION
	more than 30 days late.	Termination Date Termination	Report Type Annual (May 15) Amendment
St S	AL\$200 penalty shall NES be assessed against anyone who files	Officer Or Employing Office Emptoyee	Filer Member of the U.S. State: G/ Status House of Representative District: 07
38 75	009 JUII; 12 PH 1: 38 A	202-225-4272 (Daytime Telephone)	John Linder (Full Name)
C. C	DISLATIVE RESOURCE CENTER	ESIS! A	
ERED	D DELIV	ENTATIVES FORM A Page 1 of 8 DAR YEAR 2007 For use by Members, officers, and employees AND DELIVERED	UNITED STATES HOUSE OF REPRESENTATIVES FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 2007

SCHEDULE I - EARNED INCOME

Name John Linder

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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. State of Georgia Source Legislative Pension Type \$6,360 Amount

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ME Name John Linder Page 3 of 8

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	With a fair n period, and more than t property or stocks and other retire plans in wh specific inv each asset retirement I holding the Block A. Fo Exclude: Yc any debt ow child, paren personal sa from U.S. G	If you so ch that of your in the optio	dS			, <u> </u>	SP	
	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.	noose, you may indicate that an asset or income source is rspouse (SP) or dependent child (DC) or is jointly held (JT), and column on the far left.	Cedarwild Resort	Grayling Industries, Inc.	HarperCollins	Note ReceivableGrayling Industries	Schwab Money Market	Schwab Money Market
	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."		None	None	Indefinite	\$1,000,001 - \$5,000,000	\$1,000,001 - \$5,000,000	\$1,000,001 - \$5,000,000
	Type of Income 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)		CAPITAL GAINS	CAPITAL GAINS	Royalties	None	INTEREST	INTEREST
	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.		\$100,001 - \$1,000,000	Over \$5,000,000	\$50,001 - \$100,000	NONE	\$15,001 - \$50,000	\$15,001 - \$50,000
	Transaction Indicate if asset had purchases (P), sales (S), or exchanges (E) exceeding \$1,000 in reporting year.		S	S	;			

SCHEDULE III - ASSETS AND "UNEARNED" INCOME	
Name John Linder	

SP SP SP <u>_</u> SP J **Buzzard Timber Co. LLC** ownership interest in Turkey (IRA)--consists of cash and The Fairholme Fund (IRA) SunTrust Money Market Turkey Deer Trace LLC The Fairholme Fund (IRA) timber land in MS in Marshall, MS" The Fairholme Fund (IRA) Turkey Neck Farms LLC-previously listed as "Farmland LC-timber land in MS Turkey Buzzard Timber Co. \$100,001 -\$250,000 \$500,001 -\$1,000,000 \$1,000,001 -\$5,000,000 \$15,001 -\$50,000 \$100,001 -\$250,000 \$250,000 \$100,001 -\$5,000,000 \$1,000,001. None DIVIDENDS DIVIDENDS None None **ITAL GAINS DIVIDENDS/CAP** INTEREST NONE NONE \$15,001 - \$50,000 \$5,001 - \$15,000 NONE \$15,001 - \$50,000 \$5,001 - \$15,000 S(part) Page 4 of 8

SCHEDULE IV - TRANSACTIONS

Name John Linder

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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 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

SP, DC, JT	Asset	Type of Transaction	Date	Amount of Transactio
ĺ	Grayling Industries	S	August 2007	\$5,000,001 - \$25,000,000
SP	Cedarwild Resort	ග ්	January 2007	\$500,001 - \$1,000,000
SP	Turkey Neck Farms LLCtimber land in MS	TO :	March 2007	\$100,001 - \$250,000
SP	Turkey Deer Trace LLC (IRA)consists of cash and ownership interest in Turkey Buzzard Timber Co. LLC	ס	March 2007	\$100,001 - \$250,000
SP	Fairholme Fund (IRA)	S(part)	March 2007	\$100 001 - \$250 000

SCHEDULE V - LIABILITIES

Name John Linder

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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 Missisi	SP Missisi	SP, DC, JT	
Missisippi Land Bank	Missisippi Land Bank	Creditor	
Mortgage on Turkey Buzzard timber land in MS	mber	Type of Liability	
\$50,001 - \$100,000	\$100,001 - \$250,000	Amount of Liability	

SCHEDULE VII - TRAVEL PAYMENTS AND REIMBURSEMENTS

Name John Linder

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Campaign Act; travel provided to a spouse or dependent child that is totally independent of his or her relationship to you. 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 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 directly by the sponsor. Exclude: Travel-related expenses provided by federal, state, and local governments, or by a foreign government required to be 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 you, your spouse, or a dependent child during the reporting period. Indicate whether a family member accompanied the traveler at the sponsor's expense,

Source	Date(s)	Point of Departure DestinationPoint of Return	Lodging? (Y/N)	ing? Food? N) (Y/N)	Was a Family Member Included? (Y/N)	Days not at sponsor's expense
Heritage Foundation	February 1-3	DC-Baltimore-DC	~	~	Z	None
Yale Political Union	April 11-12	April 11-12 DC-Hartford-DC	≺ .	≺ :	Z	None
Baker Tilly International	June 3-4	DC-Santa Fe-DC	≺	≺		None
Franklin Center for Global Policy Exchange	August 12- 17	August 12- DC-Berlin-DC	≺ `	~	Z	None

FOOTNOTES	ES	Name John Linder	
Number	Section / Schedule	Footnote	This note refers to the following item
-3	Schedule III	Turkey Deer Trace LLC purchased an interest in the property held by Turkey Buzzard Timber Company. As both Turkey Buzzard and Turkey Trace are both owned by SP, the sale/transfer is not reported.	1