

UNITED STATES HOUSE OF REPRESENTATIVES
FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 2006

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For use by Members, officers, and employees

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U.S. HOUSE OF REPRESENTATIVES

John Phillip Gingrey
(Full Name)

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(Mailing Address)

(202) 225-2931
Daytime Telephone:

Filer Status Member of the U.S. House of Representatives State: GA District: 11 Officer Or Employee
Report Type Annual (May 15) Amendment Termination
Employing Office: _____
Termination Date: _____

A \$200 penalty shall be assessed against anyone who files more than 30 days late.

PRELIMINARY INFORMATION -- ANSWER EACH OF THESE QUESTIONS

<p>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 <input type="checkbox"/> No <input checked="" type="checkbox"/> If yes, complete and attach Schedule I.</p> <p>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? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> If yes, complete and attach Schedule II.</p> <p>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? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> If yes, complete and attach Schedule III.</p> <p>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? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> If yes, complete and attach Schedule IV.</p> <p>V. Did you, your spouse, or a dependent child have any reportable liability (more than \$10,000) during the reporting period? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> If yes, complete and attach Schedule V.</p>	<p>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)? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> If yes, complete and attach Schedule VI.</p> <p>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)? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> If yes, complete and attach Schedule VII.</p> <p>VIII. Did you hold any reportable positions on or before the date of filing in the current calendar year? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> If yes, complete and attach Schedule VIII.</p> <p>IX. Did you have any reportable agreement or arrangement with an outside entity? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> If yes, complete and attach Schedule IX.</p>
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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

Trusts-- 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? Yes No

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? Yes No

CERTIFICATION -- THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended. The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct or its designee. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil penalties and criminal sanctions (See 5 U.S.C. app. 4, § 104 and U.S.C. § 1001).

Certification Signature of Reporting Individual Date (Month, Day, Year)
I CERTIFY that the statements I have made on this form and all attached schedules are true, complete and correct to the best of my knowledge and belief.
John Phillip Gingrey 06-08-2007

SCHEDULE III - ASSETS AND "UNEARNED" INCOME

Name John Phillip Gingrey

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<p align="center">BLOCK A</p> <p align="center">Asset and/or Income Source</p> <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 asset or source of income which generated more than \$200 in "unearned" income during the year. For rental property or land, provide an address. Provide full names of any mutual funds. For a self directed IRA (i.e., one where you have the power to select the specific investments) provide information on each asset in the account that exceeds the reporting threshold and the income earned for the account. For an IRA or retirement plan that is not self-directed, name the institution holding the account and provide its value at the end of the reporting period. For an active business that is not publicly traded, in Block A state the nature of the business and its geographic location. For additional information, see instruction booklet for the reporting year.</p> <p>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.</p> <p>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.</p>	<p align="center">BLOCK B</p> <p align="center">Year-End Value of Asset</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 align="center">BLOCK C</p> <p align="center">Type of Income</p> <p>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)</p>	<p align="center">BLOCK D</p> <p align="center">Amount of Income</p> <p>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.</p>	<p align="center">BLOCK E</p> <p align="center">Transaction</p> <p>Indicate if asset had purchases (P), sales (S), or exchanges (E) exceeding \$1,000 in reporting year.</p>
American Balanced Fund	\$100,001 - \$250,000	CAPITAL GAINS	\$1,001 - \$2,500	
Calamos Growth & Income Fund	\$50,001 - \$100,000	CAPITAL GAINS	\$5,001 - \$15,000	
Calamos Growth Fund	\$100,001 - \$250,000	CAPITAL GAINS	\$5,001 - \$15,000	
Columbia Strategic Value Fund	\$100,001 - \$250,000	CAPITAL GAINS	\$5,001 - \$15,000	
Davis New York Venture Fund	\$250,001 - \$500,000	CAPITAL GAINS	\$15,001 - \$50,000	
Delaware Trend Fund	\$15,001 - \$50,000	CAPITAL GAINS	\$1,001 - \$2,500	

SCHEDULE III - ASSETS AND "UNEARNED" INCOME

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Eaton Vance Worldwide Health Sciences Fund	\$50,001 - \$100,000	CAPITAL GAINS	\$5,001 - \$15,000
Index Great Companies America Fund	\$15,001 - \$50,000	CAPITAL GAINS	\$201 - \$1,000
PIMCO Renaissance Fund	\$100,001 - \$250,000	None	NONE
Scudder Flag Investors Fund	\$15,001 - \$50,000	CAPITAL GAINS	\$2,501 - \$5,000
Scudder Global Fund	\$50,001 - \$100,000	CAPITAL GAINS	\$15,001 - \$50,000
Franklin Income Fund	\$15,001 - \$50,000	None	NONE
Oppenheimer Global Fund	\$15,001 - \$50,000	CAPITAL GAINS	\$2,501 - \$5,000
SunAmerica Money Market	\$15,001 - \$50,000	INTEREST	\$1,001 - \$2,500
Ener1 Stock	\$1 - \$1,000	None	NONE
Roche Holdings Stock	\$50,001 - \$100,000	CAPITAL GAINS	\$1 - \$200
Home Holdings Corp Stock	\$15,001 - \$50,000	None	NONE
Biogen Stock	\$1,001 - \$15,000	None	NONE
Boeing Stock	\$15,001 - \$50,000	CAPITAL GAINS	\$5,001 - \$15,000
Coca-Cola Stock	\$15,001 - \$50,000	DIVIDENDS	\$201 - \$1,000

SCHEDULE III - ASSETS AND "UNEARNED" INCOME

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	Zimmer Holdings Stock	\$1,001 - \$15,000	None	NONE	
	Citigroup Inc. Stock	\$15,001 - \$50,000	CAPITAL GAINS	\$201 - \$1,000	
	Conseco Inc. Stock	\$1,001 - \$15,000	CAPITAL GAINS	\$1 - \$200	
	Conseco Series A Stock	\$1 - \$1,000	CAPITAL GAINS	\$1 - \$200	
	Dillards Stock	\$15,001 - \$50,000	CAPITAL GAINS	\$1,001 - \$2,500	
	Embarq Corp. Stock	\$1,001 - \$15,000	CAPITAL GAINS	\$201 - \$1,000	E
	Liberty Media Holding Corp. Interactive Stock	\$1,001 - \$15,000	CAPITAL GAINS	\$201 - \$1,000	E
	Liberty Media Holding Corp. Capital Series A Stock	\$1,001 - \$15,000	CAPITAL GAINS	\$201 - \$1,000	E
	General Electric Stock	\$15,001 - \$50,000	DIVIDENDS	\$1 - \$200	
	Matria Healthcare Stock	\$15,001 - \$50,000	CAPITAL GAINS	\$5,001 - \$15,000	
	Sprint Stock	\$1,001 - \$15,000	CAPITAL GAINS	\$201 - \$1,000	
	Time Warner Stock	\$1,001 - \$15,000	CAPITAL GAINS	\$201 - \$1,000	
	Income Fund of America	\$15,001 - \$50,000	CAPITAL GAINS	\$201 - \$1,000	
SP	Coca-Cola Stock	\$15,001 - \$50,000	DIVIDENDS	\$1 - \$200	

SCHEDULE III - ASSETS AND "UNEARNED" INCOME

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SP	Wal-Mart Stock	\$1,001 - \$15,000	CAPITAL GAINS	\$1,001 - \$2,500
JT	Community Bank of the South Stock	\$50,001 - \$100,000	CAPITAL GAINS	\$201 - \$1,000
	Schwab Money Market Fund	\$1,001 - \$15,000	DIVIDENDS	\$1 - \$200
	Coca-Cola Enterprises Stock	\$1,001 - \$15,000	DIVIDENDS	\$1 - \$200
	Home Depot, Inc. Stock	\$1,001 - \$15,000	CAPITAL GAINS	\$201 - \$1,000
	Vanguard Healthcare Fund	\$15,001 - \$50,000	CAPITAL GAINS	\$2,501 - \$5,000
	Marietta Outpatient Surgery, LTD	\$100,001 - \$250,000	CAPITAL GAINS	\$15,001 - \$50,000
SP	BG Properties (Adrian Place, Atlanta, GA; Old Hwy 5, Canton, GA)	\$100,001 - \$250,000	RENT	\$15,001 - \$50,000
	Church Street Properties (Church Street, Marietta, GA)	\$1,000,001 - \$5,000,000	RENT	\$15,001 - \$50,000
	Courtyard Properties (Courtyard Street, Auburn, AL)	\$500,001 - \$1,000,000	RENT	\$50,001 - \$100,000
	West Cobb Properties (Dallas Hwy, Marietta, GA)	\$100,001 - \$250,000	RENT	\$15,001 - \$50,000
	GMB Properties (Alexander Street, Marietta, GA)	\$250,001 - \$500,000	RENT	\$15,001 - \$50,000
SP	North Carolina Ave, SE, Washington, DC	\$500,001 - \$1,000,000	RENT	\$5,001 - \$15,000

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 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

SP, DC, JT	Asset	Type of Transaction	Date	Amount of Transaction
	Aim Diversified Dividend Fund	S	1-13-2006	\$50,001 - \$100,000
	Aim Premier Equity Fund	S	1-13-2006	\$50,001 - \$100,000
	Embarq Corp. Stock (exchange of EMC Corp. Stock)	E	5-26-2006	\$1,001 - \$15,000
	Liberty Media Holding Corp Interactive Stock (split of Liberty Media Corp. A Stock)	E	5-11-2006	\$1,001 - \$15,000
	Liberty Media Holding Corp. Capital Series A Stock (split of Liberty Media Corp. A Stock)	E	5-11-2006	\$1,001 - \$15,000

SCHEDULE V - LIABILITIES

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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, DC, JT	Creditor	Type of Liability	Amount of Liability
	Charter Bank, Marietta, GA	Mortgage on Office Building, Church Street, Marietta, GA	\$100,001 - \$250,000
	Community Bank of the South, Marietta, GA	Mortgage on Office Building, Dallas Hwy, Marietta, GA	\$250,001 - \$500,000
	Citibank Commercial Real Estate, San Francisco, CA	Mortgage on Rental Apartments, Alexander Street, Marietta, GA	\$50,001 - \$100,000
	Acadia Federal Savings & Loan, Falls Church, VA	Morgage on North Carolina Ave, SE, Washington, DC	\$500,001 - \$1,000,000

SCHEDULE VII - TRAVEL PAYMENTS AND REIMBURSEMENTS

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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 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 sponsor. 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)	Point of Departure-- Destination--Point of Return	Lodging? (Y/N)	Food? (Y/N)	Was a Family Member Included? (Y/N)	Days not at sponsor's expense
Heritage Foundation	Jan. 29-31	DC-Baltimore-DC	Y	Y	Y	NONE

SCHEDULE VIII - POSITIONS

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Report all positions, compensated or uncompensated, held during the current calendar year as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm, partnership, or any business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States. Exclude: Positions held in any religious, social, fraternal, or political entities; positions solely of an honorary nature; and positions listed on Schedule I.

Position	Name of Organization
Partner (unpaid)	GMB Properties
Partner (unpaid)	Church Street Properties
Partner (unpaid)	Courtyard Properties
Partner (unpaid)	West Cobb Properties
Director (unpaid)	Bank of Ellijay
Director (unpaid)	WestSide Bank