Employing Office:  Termination  Termination	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.	ERTIFICATION — 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 fails to file this report may be subject to civil penalties and criminal sanctions (See 5 U.S.C. app. 4, § 104 and 18 U.S.C. § 1001).  Contribution	<b>EXEMPTION</b> —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?	TRUSTS—Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and ce 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 — A	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.  Each que yes No No appropriate	Yes No	arned" y eriod? Yes No No	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.  VII. Did you, your seportable travel or reportable travel or period (worth more figures).	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?  If yes, complete and attach Schedule I.  VI. Did you, your spouse have "earned" income (e.g., salaries or reportable gift in the feet in the reportable gift in the feet in the feet in the salaries or reportable gift in the feet in the f	PRELIMINARY INFORMATION — ANSWER EACH OF THESE QUESTIONS	<b>1</b>	Employing Offic	asking ton D.C. 20515 202 225	「こうな」「のうな」とのいすが、 エ・ロ・び・	(Full Name)	(Full Name)	(Full Name)	STATEMENT  Collum  (Full Name)	STATEMENT  For use by Membe  (Full Name)	STATEMENT For use by Membe
A \$200 penalty shall be assessed against anyone who files more than 30 days late.  hild receive any yeal in the reporting well in the reporting race)?  In or arrangement to rarrangement to any response.  HOF THESE QUESTIONS  HOF THESE QUESTIONS  THE	- May 14.30	<b>PATING INDIVIDUAL AND DATED</b> Jed. The Statement will be available to any requesting sed the Statement will be available and willfully sanctions (See 5 U.S.C. app. 4, § 104 and 18 U.S.C. sanctions (See 5 U.S.C. app. 4)		rtain other "excepted trusts" need not	NSWER EACH OF THESE	stion in this part must be ans e schedule attached for each	t or arrangement	ny reportable positions on or before the urrent calendar year? d attach Schedule VIII.	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.	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.	NS	Termination Date:		63		7000	2098 MAY 15 PM 12: 07	officers, and employees	officers, and employees	officers, and employees	officers, and employees

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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.

exceeding \$1,000.		
Source	Туре	Amount
	! ! ! ! ! !	\$9,000
	Spouse Speech Spouse Salary	\$1,000 NA
NE.		

For payments to charity in lieu of honoraria, use Schedule II.

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# SCHEDULE II -- PAYMENTS MADE TO CHARITY IN LIEU OF HONORARIA

in lieu of an honorarium. A separate confidential list of charities receiving such payments must be filed directly with the Committee on Standards of Official Conduct. An envelope for transmitting the list is included in each Member's filing package. List the source, activity (i.e., speech, appearance, or article), date, and amount of any payment made by the sponsor of an event to a charitable organization

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Source	Activity	Date	Amount
Examples: Association of American Associations, Washington, DC	Speech	Feb. 2, 2006	\$2,000
XYZ magazine	Article	Aug. 13, 2006	\$500
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For additional assets and unearned income, use next page.

SCHEDULE III DESCRIPTION OF THE PROPERTY OF

Continuation Sheet (if needed)	(if needed)	Name	Page	e of
BLOCK A  Asset and/or Income Source	BLOCK B Year-End Value of Asset	BLOCK C Type of Income	BLOCK D Amount of Income	BLOCK E
SP, DC, JT	None	DIVIDENDS RENT INTEREST CAPITAL GAINS EXCEPTED/BLIND TRUST  Other Type of Income (Specify)	None	ரே வூ ரா
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Continuation Sheet (if needed)	(if needed)	Name	Page	Je of
BLOCK A  Asset and/or Income Source	BLOCK B Year-End Value of Asset	BLOCK C Type of Income	BLOCK D Amount of Income	BLOCK E
SP, DC, JT	None	NONE DIVIDENDS RENT INTEREST CAPITAL GAINS EXCEPTED/BLIND TRUST Other Type of Income (Specify)	None	முல்ய
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## SCHEDULE IV — TRANSACTIONS

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Name Bett McCult

Example: Mega Corporation Common Stock

10-12-06

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SP	SP, DC, JT	that re transa or you reside	stocks	Repoi deper
Example:		ection. Do r ction. Do r or depende	s, bonds, c	t any purc ident chilo
Mega Corporation Common Stock	Asset	that resulted in a loss. Provide a brief description of any exchange transaction. 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.	stocks, bonds, commodities futures, or other securities when the amount of the transaction exceeded \$1,000. Include transactions	Report any purchase, sale, or exchange by you, your spouse, or dependent child during the reporting year of any real property,
×		PURCHAS	E	of T
		SALE		Type
		SALE	E	Type of Transaction
10-12-06		SALE  EXCHANG  (MO/DAY/YR)	E	Type Date
10-12-06		(MO/DAY/YR) \$1,001-	E	<b>-</b>
10-12-06 X		(MO/DAY/YR)		<b>-</b>
		\$1,001- \$15,000 \$15,001-	<b>CO</b>	Date
		\$1,001- \$15,000 \$15,001- \$50,000 \$50,001-	<b>В</b>	Date
		\$1,001- \$15,000 \$15,001- \$50,000 \$50,001- \$100,000	B C	Date
		\$1,001- \$15,000 \$15,001- \$50,000 \$50,001- \$100,000 \$250,001- \$250,000 \$500,001- \$500,000	B C	Date
		\$1,001- \$15,000 \$15,001- \$50,000 \$50,001- \$100,000 \$250,001- \$250,000 \$500,001-	CO CO TI	Date
		\$1,001- \$15,000 \$15,001- \$50,000 \$50,001- \$100,000 \$250,001- \$500,001- \$500,000 \$500,001- \$1,000,000 \$1,000,000 \$5,000,000 \$5,000,000 \$5,000,000	B C D E T G T -	<b>-</b>
		\$1,001- \$15,000 \$15,001- \$50,000 \$50,001- \$100,000 \$250,001- \$500,001- \$500,001- \$1,000,000 \$1,000,000 \$5,000,000	B C D E T G T -	Date

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#### SCHEDULE V — LIABILITIES

Name Betty McCollum Page

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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 it is rented out); loans secured by automobiles, household furniture, or appliances; and liabilities calendar year exceeded \$10,000. 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

					SP, DC, JT	
			CITI So. Dalhala	Example: First Bank of Wilmington, Delaware	Creditor	
				Mortgage on 123 Main St., Dover, Del.	Type of Liability	
			<b>×</b>		\$10,001- \$15,000+	
					\$15,001- \$50,000	
 					\$50,001- \$100,000	
				×	\$100,001- \$250,000	Am
 		<u>.                                    </u>			\$250,001— \$500,000	ount c
 _	 				\$500,001— \$1,000,000	Amount of Liability
 					\$1,000,001- <b>±</b>	¥
					\$5,000,001- \$25,000,000	
					\$25,000,001- \$50,000,000	

#### SCHEDULE VI — GIFTS

to you. Gifts with a value of \$122 or less need not be added towards the \$305 disclosure threshold. Exclude: Gifts from relatives, gifts of personal hospitality of an individual, local meals, and gifts to a spouse or dependent child that are totally independent of his or her relationship Report the source, a brief description, and the value of all gifts totalling more than \$305 received by you, your spouse, or a dependent child from any source during the year.

Note: The gift rule (House Rule 25, clause 5) prohibits acceptance of gifts except as specifically provided in the rule.

			_		
			Example: Mr. Joseph H. Smith, Anytown, Anystate	Source	
			Silver Platter (determination on personal friendship received from Committee on Standards)	Description	
-			\$325	Value	
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## SCHEDULE VII —TRAVEL PAYMENTS AND REIMBURSEMENTS

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 paid directly by the sponsor

a spouse or dependent child that is totally independent of his or her relationship to you. 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 or were paid by you and reimbursed by the sponsor.

Source  Chicago Chamber of Commerce Roycroft Corporation	Mar. 2 Aug. 6–11	City of Departure—Destination— City of Return  DC—Chicago—DC  DC—Los Angeles—Cleveland	Lodging?	Food?	Was a Family Member included? (Y/N)  N	Number of days not at sponsor's expense None 2 Days
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### SCHEDULE VIII — POSITIONS

organization, or any educational or other institution other than the United States. proprietor, representative, employee, or consultant of any corporation, firm, partnership, or other business enterprise, any nonprofit organization, any labor Report all positions, compensated or uncompensated, held during the current calendar year as an officer, director, trustee of an organization, partner,

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

## SCHEDULE IX — AGREEMENTS

Identify the date, parties to, and general terms of any agreement or arrangement with respect to: future employment; a leave of absence during the period of government service; continuation or deferral of payments by a former or current employer other than the U.S. Government; or continuing participation in an employee welfare or benefit plan maintained by a former employer.

Date			
Parties To			
	,	,	
Terms of			
Terms of Agreement			