		dent child?	this report details of such a trust that benefits you, your spouse, or dependent child?
ave you excluded from	her "excepted trusts" need not be disclosed. Ha	nmittee on Ethics and certain ot	TRUSTS - Details regarding "Qualified Blind Trusts" approved by the Committee on Ethics and certain other "excepted trusts" need not be disclosed. Have you excluded from
H OF THESE QUESTIONS	N - ANSWER <u>BOTH</u> OF THESE	RUST INFORMATIO	EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION - ANSWER BOT
) COMPLETE	S THAT YOU ARE REQUIRED TO COMPLETE	NLY THE SCHEDULES	THIS FORM INCLUDES ONLY THE SCHEDULES THAT YOU ARE
3"	CHEDULE IF YOU ANSWER "YES"	ATTACH THE CORRESPONDING SCHEDULE IF YOU A	ATTACH THE
n \$5,000 from a single Yes No	J. Did you receive compensation of more than \$5,000 from a single source in the current year and two prior years?	Yes	D. Did you, your spouse, or your dependent child have any reportable liability (more than \$10,000) at any point during the reporting period?
arrangement with an Yes No No	F. Do you have any reportable agreement or arrangement with an outside entity during the reporting period or in the current calendar year up through the date of filing?	Yes	C. Did you or your spouse have "earned" income (e.g., salaries, honoraria, or pension/IRA distributions) of \$200 or more during the reporting period?
ng the reporting period Yes No	E. Did you hold any reportable positions during the reporting period or in the current calendar year up through the date of filing?	Yes No	A. Did you, your spouse, or your dependent child:     a. Own any reportable asset that was worth more than \$1,000 at the end of the reporting period? Or     b. Make more than \$200 in unearned income from any reportable asset during the reporting period?
	STIONS	<u>CH</u> OF THESE QUES	PRELIMINARY INFORMATION – ANSWER <u>EACH</u> OF THESE QUESTIONS
A \$200 penalty shall be assessed against any individual who files more than 30 days late.	Period Covered: January 1,to		New Officer or Employee  Employing Office:
(I.S. RUUSE OF KEPRESENTALIVES)  (Office Use Only)	Check if Amendment	/16 EL	New Member of or Candidate for State:  U.S. House of Representatives District:  Candidates – Date of Election:
2016 SEP 26 AM II: 14	10ne:	Daytime Telephone:	Name: William H MCullough
Page 1 of 6	FORM B For New Members, Candidates, and New Employees		UNITED STATES HOUSE OF REPRESENTATIVES FINANCIAL DISCLOSURE STATEMENT

## SCHEDULE A - ASSETS & "UNEARNED INCOME"

Name: William AMCullough Page 2 of 5

Marks of	å		SP Ameritud Euro Pacific	SP Vasquard that six fail	ABC Hedge Fund X	Examples: Simon & Schuster	SP, EF DC, Mega Corp Stock	For bank and other cash accounts, total the amount in all interest-bearing accounts. If the total is over \$5,000, list every financial institution where there is more than \$1,000 in interest-bearing accounts.  For rental and other real property held for investment, provide a complete address or description, e.g., rental property, and a city and state.  For an ownership interest in a privately-held business that is not publicly traded, state the name of the business, the nature of its activities, and its geographic location in Block A.  Exclude: Your personal residence, including second homes and vacation homes (unless there was rental income during the reporting period); and any financial interest in, or income derived from, a federal refirement program, including the hrift Savings Plan, if you have a privately-traded fund that is an Excepted investment Fund, please check the "EIF" box.  If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC), or jointly held with anyone (JT), in the optional column on the far left.  For a detailed discussion of Schedule A requirements, please refer to the instruction booklet.	hor all IKAs and other retirement plans (such as A01(k) plans) provide the value for each asset held in the account that exceeds the reporting thresholds.		Identify (a) each asset held for investment or production of income and with a fair market value exceeding \$1,000 at the end of the reporting period, and (b) any other reportable asset or source of income which generated more than \$200 in unasmed income during the year.	Assets and/or Income Sources	BLOCKA
<b>X</b> ,	*	×	×	X	×	Indefinite	*	None         >           \$1.\$1,000         □           \$1.5,001.\$15,000         □           \$15,001.\$50.000         □           \$50,001.\$100,000         □           \$250,001.\$250,000         □           \$500,001.\$1,000,000         □           \$500,001.\$25,000,000         □           \$5,000,001.\$25,000,000         □           \$25,000,001.\$50,000,000         □           \$25,000,001.\$50,000,000         □           \$25,000,001.\$50,000,000         □           \$pouse/DC Asset over \$1,000,000¹         □		*Column M is for assets held by your spouse or dependent child in which you have no interest.	Indicate value of asset at dose of the reporting period. If you use a valuation method other than fair market value, please specify the method used. If an asset was sold during the reporting period and is included only because it generated income, the value should be 'None.'	Value of Asset	вгоск в
7	<b>×</b>	<b>×</b>	*	<b>×</b>	Partnership Income	Royalties	×	NONE  DIVIDENDS  RENT  INTEREST  CAPITAL GAINS  EXCEPTED/BLIND TRUST  TAX-DEFERRED  Other Type of Income (Specify: e.g., Partnership Income or Farm Income)		nicouries for easette first in taxable accounts. Check "None" if the asset generated no income during the reporting period.	il columns that apply. For a renate tax-deferred income ( IRA, or 529 accounts), y the "Tax-Deferred" ds, interest, and capital ds, interest, must be disch	Type of Income	BLOCK C
XX	×	× ×	× ×	>	x × ×	×	×	None			is For assets for which you checked "Tax-Deferred" in Block C, you may check the "None" column. For all other assets indicate the category of income by checking the appropriate box below. Dividends, interest, y and capital gains, even if reinvested, must be disclosed as income for assets held in taxable by accounts. Check "None" if no income was earned or generated.  Column XII is for assets held by your spouse or dependent child in which you have no interest.	Amount of Income	BLOCKD

		L961	<u> </u>	Assets an	SCHEDULE A
		Chery CAMICO	ASSET NAME	BLOCK A Assets and/or Income Sources	LE A – ASSETS & "UNEARNED INCOME"
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			\$5,000,001-\$25,000,000	- 1	<u>ö</u>
			\$25,000,001\$50,000,000		M
-   -			Over \$50,000,000		''2
			Spouse/DC Asset over \$1,000,000*		
		$\times$	NONE		
			DIVIDENDS		
			RENT	I	
			INTEREST	₹	Z
			CAPITAL GAINS	BLOCK C	1 4
-+		-+	EXCEPTED/BLIND TRUST	ing XC	<u>ē</u>
			TAX-DEFERRED	BLOCK C	<b>-</b> -
			Other Type of Income (Specify: e.g., Partnership income or Farm Income)		Name: 1 1 -1
	1				<b>i</b>
<del>   </del>			None — = \$1-\$200 =		R KS
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			Spouse/DC Income over \$1,000,000*	BLOCK D  Amount of Income	<b>J</b> [
		+++++	None	5 이	
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			\$1,000,001-\$5,000,000 ×	l	
			Over \$5,000,000 ≥		'
			Spausa/DC Income over \$1,000,000*		1

## SCHEDULE C - EARNED INCOME

(	Name: William HMCallough
	Page 4 of 5

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 reporting period. For both the filer and filer's spouse, list the source and amount of any honoraria. List only the source for other spouse earned income exceeding \$1,000. See examples below.

EXCLUDE: Military pay (such as National Guard or Reserve pay), federal retirement programs, and benefits received under the Social Security Act.

INCOME LIMITS and PROHIBITED INCOME: Be advised that the income limit and prohibited income may apply to you after you are on House payroll. The 2015 limit on outside earned income for Members and employees compensated at or above the "senior staff" rate was \$27,225. The 2016 limit is \$27,495. In addition, certain types of income (notably honoraria, director's fees, and payments for professional services involving a fiduciary relationship) are totally prohibited for Members and senior staff.

	4	Am	Amount
Source (include date of receipt for nonoraria)	Туре	Current Year to Filing	Preceding Year
ABC Trade Association, Baltimore, MD (July 15)	Honorarium	\$0	\$500
Examples: Civil War Roundtable (Oct. 2)	Spouse Speech	\$0,000	\$75,000 \$1,000
Ontario County Board of Education	Spouse Salary	N/A	N/A
Cetam Advisor LL	SON - BIRDON OF	46 1660	7 UM CO
Healogies Inc.	Spowe SAlay	N/A	<i>心/☆</i>
	Now-Euployer		200 e

## SCHEDULE D - LIABILITIES

period by you, your spouse, or your dependent child. Mark the highest amount owed during the reporting		Name: William HM Cal
ark the highest a	0	MYallow
mount owed during the reporting		Page 5 of 5

Report liabilities of over \$10,000 owed to any one creditor at any time during the reporting period by you, your spouse, or your dependent child. Mark the highest amount owed during the reporting period. New Members: Members are required to report all liabilities secured by real property including mortgages on their personal residence. Exclude: Any mortgage on your personal residence (unless you rent it out or are a Member); loans secured by automobiles, household furniture, or appliances; liabilities of a business in which you own an interest (unless you are personally liable); and liabilities owed to you by a spouse or the child, parent, or sibling of you or your spouse. Report a revolving charge account (i.e., credit card) only if the balance at the close of the reporting period exceeded \$10,000. \*Column K is for liabilities held solely by your spouse or dependent child.

				s <sub>P</sub> , DC, JT		
•	Sace	50%	Example			
	pace Coast C.U.	Space Coast C.U.	First Bank of Wilmington, DE	Creditor		
	3/13	2/14	5/98	Date Liability Incurred MO/YR		
	Autolloan	Mostages acrosidons	Mortgage on Rental Property, Dover, DE	Type of Liability		
	+			\$10,001- \$15,000	>	
				\$15,001- \$50,000	æ	
		X	1	\$50,001- \$100,000	c	
			×	\$100,001- \$250,000	0	
				\$250,001- \$500,000	m	nnoun
				\$500,001- \$1,000,000	TI	Amount of Liability
				\$1,000,001- \$5,000,000	G	ability
				\$5,000,001- \$25,000,000	I	
				\$25,000,001- \$50,000,000	_	
				Over \$50,000,000	<u>-</u>	
				Over \$1,000,000* (Spouse/DC Liability)	*	

## SCHEDULE E - POSITIONS

Report all positions, compensated or uncompensated, as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm, partnership, or other business enterprise, nonprofit organization, labor organization, or educational or other institution other than the United States. Exclude: Positions held in any religious, social, fraternal, or political entities (such as political parties and campaign organizations); and positions solely of an honorary nature. New Members and second-year candidates report positions held in the reporting period and the current calendar year. First-year candidates and new employees report positions held in the current calendar year and two previous years.

	The second of th
Position	Name of Organization