

UNITED STATES HOUSE OF REPRESENTATIVES  
2007 FINANCIAL DISCLOSURE STATEMENT

FORM A  
For use by Members, officers, and employees

HAND  
DELIVERED

LEGISLATIVE RESOURCE CENTER

2008 MAY 15 PM 12:07

OFFICE OF THE CLERK  
U.S. HOUSE OF REPRESENTATIVES  
(House Use Only)

**Full Name** Betty L. McCollum  
**Residence** 1714 Longworth  
**City** Washington D.C. **State** Minnesota **Zip** 20515  
**Daytime Telephone** 202 225 6621  
**Filer Status** ☒ Member of the U.S. House of Representatives ☐ Officer or Employee  
**Report Type** ☒ Annual (May 15) ☐ Amendment ☐ Termination  
**Termination Date:** \_\_\_\_\_

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

PRELIMINARY INFORMATION — ANSWER EACH OF THESE QUESTIONS

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.	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	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.	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
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.	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	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.	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
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? If yes, complete and attach Schedule III.	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	VIII. Did you hold any reportable positions on or before the date of filing in the current calendar year? If yes, complete and attach Schedule VIII.	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
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? If yes, complete and attach Schedule IV.	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	IX. Did you have any reportable agreement or arrangement with an outside entity? If yes, complete and attach Schedule IX.	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
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.	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	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 ☒

EXEMPTION—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 18 U.S.C. § 1001).

**Certification**  
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.  
**Signature of Reporting Individual** Betty L. McCollum  
**Date (Month, Day, Year)** May 14, 2007

2

Amount

None

Spouse Salary

NA

Name Betty McCallum Page      of     

[illegible]

## Page \_\_\_\_\_ of \_\_\_\_\_

**BLOCK A**

Value of Asset

Type

Amount of Income

Transaction

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.

SP, DC, JT	SP
<i>Examples:</i>	Mega Corp. Stock
	Simon & Schuster
	1st Bank of Paducah, KY accounts

None	A
\$1 – \$1,000	B
\$1,001 – \$15,000	C
\$15,001 – \$50,000	D
\$50,001 – \$100,000	E
\$100,001 – \$250,000	F
\$250,001 – \$500,000	G
\$500,001 – \$1,000,000	H
\$1,000,001 – \$5,000,000	I
\$5,000,001 – \$25,000,000	J
\$25,000,001 – \$50,000,000	K
Over \$50,000,000	L

NONE  
 DIVIDENDS  
 RENT  
 INTEREST  
 CAPITAL GAINS  
 EXCEPTED/BLIND TRUST

None	-
\$1 - \$200	=
\$201 - \$1,000	≡
\$1,001 - \$2,500	≡
\$2,501 - \$5,000	>
\$5,001 - \$15,000	>
\$15,001 - \$50,000	>
\$50,001 - \$100,000	>
\$100,001 - \$1,000,000	X
\$1,000,001 - \$5,000,000	X
Over \$5,000,000	X

ms. 2

## Comp. Plan

Fidelity D.J. Enter Fund

Jonas Tenbury Fund

1. Phase Price Small fund

Vanguard Int. Index

**Plus**  
For additional

**For additional assets and unearned income, use next page**

## Page \_\_\_\_ of \_\_\_\_

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## Continuation Sheet (if needed)

Page \_\_\_\_\_ of \_\_\_\_\_

**This page may be copied if more space is required.**

Name Beth McCall

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# SCHEDULE V — LIABILITIES

Name Betty McCallum

Page    of   

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 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										
			B \$10,001- \$15,000	C \$15,001- \$50,000	D \$50,001- \$100,000	E \$100,001- \$250,000	F \$250,001- \$500,000	G \$500,001- \$1,000,000	H \$1,000,001- \$5,000,000	I \$5,000,001- \$25,000,000	J \$25,000,001- \$50,000,000	K Over \$50,000,000	
	Example: First Bank of Wilmington, Delaware	Mortgage on 123 Main St., Dover, Del.				X							
	CITI So. Dakota		X										

# SCHEDULE VI — GIFTS

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. **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 to you. Gifts with a value of \$122 or less need not be added towards the \$305 disclosure threshold.

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

Source	Description	Value
<i>Example:</i> Mr. Joseph H. Smith, Anytown, Anystate	Silver Platter (determination on personal friendship received from Committee on Standards)	\$325



2

**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.

**This name may be revised if more email is received**

# **SCHEDULE VIII — POSITIONS**

Name

*Betty McDaniel*

Page \_\_\_\_ of \_\_\_\_

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 other 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

# **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 Agreement