ssts for Yes No X	a spouse or dependent child because they meet all three te	arned" income, or liabilities of Committee on Ethics.	EXEMPTION – Have you excluded from this report any other assets, "unearned" income, or liabilities of a spouse or dependent child because they meet all three tests for exemption? Do not answer "yes" unless you have first consulted with the Committee on Ethics.
cluded Yes 🗌 No 🂢	other "excepted trusts" need not be disclosed. Have you excluded	nmittee on Ethics and certain o spendent child?	TRUSTS - Details regarding "Qualified Blind Trusts" approved by the Committee on Ethics and certain other "excepted trusts" ne from this report details of such a trust that benefits you, your spouse, or dependent child?
TIONS	N - ANSWER <u>BOTH</u> OF THESE QUESTIONS	UST INFORMATION	EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION - ANSWER BO
ETE	S THAT YOU ARE REQUIRED TO COMPLETE	LY THE SCHEDULES	THIS FORM INCLUDES ONLY THE SCHEDULES THAT YOU ARE
	HEDULE IF YOU ANSWER "YES"	CORRESPONDING SCHEDULE IF YOU	ATTACH THE C
na Yes No	Did you receive compensation of more than \$5,000 from single source in the current year and two prior years?	Yes No	D. Did you, your spouse, or your dependent child have any reportable liability (more than \$10,000) at any point during the reporting period?
t with an Yes No	F. Did 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 No X	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?
of filing? Yes No O	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. Receive more than \$200 in unearmed income from any reportable asset during the reporting period?
	QUESTIONS		PRELIMINARY INFORMATION - ANSWER EACH OF THESE
A \$200 penalty shall be assessed against any individual who files more than 30 days late.	Period Covered: January 1, 2017 to 2018	Staff Filer Type (If Applicable): Shared Principal Assistant	New Officer or Employee SEmploying Office:
HOUSE OF REPRESENTATIVES (Office Use Only)	Check if Amendment	71 71	New Member of or Candidate for State: 1 U.S. House of Representatives District:
18 JAN 12 PH 12: 05		Daytime Telephone:_	Name: Brian M. thew MSGI
LEGISLATIVE RESOURCE CENTER	FORM B For New Members, Candidates, and New Employees £60		UNITED STATES HOUSE OF REPRESENTATIVES FINANCIAL DISCLOSURE STATEMENT
AAN N 2 2018			

SCHEDULE A - ASSETS & "UNEARNED INCOME"

Medeial Products	Berningham AL	· Nutch Spine		· Rental House 658	ABC Hedge Fund	Examples:	SP, DC, Mega Corp Stock	the account that exceeds the reporting thresholds. 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 retirement program, including the Thrift 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.	For all IRAs and other retirement plans (such as 401(k) plans) provide the value for each asset held in	t or slue riod, omed ned ned ned ned ned ned ned ned ned n	BLOCK A Assets and/or Income Sources
X			><		×	Indefinite	×	None > \$1-\$1,000 cc \$1,001-\$15,000 cc \$15,001-\$50-000 cc \$50,001-\$100,000 cc \$250,001-\$250,000 cc \$250,001-\$500,000 cc \$500,001-\$1,000,000 cc \$1,000,001-\$5,000,000 cc \$5,000,001-\$25,000,000 cc \$25,000,001-\$50,000,000 cc \$25,000,001-\$50,000,000 cc \$50,005/DC Asset over \$1,000,000* cc		orting period. If you narket value, please rifing period and is ne, the value should wouse or dependent	BLOCK B Value of Asset
			><		Partnership Income	Royalbes	×	NONE DIVIDENDS RENT INTEREST CAPITAL GAINS EXCEPTED/BLIND TRUST TAX-DEFERRED Other Type of Income (Specify: e.g., Partnership Income or Farm Income)	- - -	Check all columns that apply. For accounts that generate tax-deferred income (such as 401(k), IRA, or 529 accounts), you may check the "Tax-Deferred" column. Dividends, interest, and capital gains, even if reinvested, must be disclosed as income for assets held in taxable accounts. Check "None" if the asset generated no income during the reporting period.	BLOCK C Type of Income
			*		×	X	×	None — \$1-\$200 = \$201-\$1,000 ≡ \$1,001-\$2,500 ≥ \$2,501-\$5,000 ≤ \$5,001-\$15,000 ≤ \$15,001-\$60,000 ≤ \$100,001-\$1,000,000 × \$1,000,01-\$5,000,000 × Over \$5,000,000 × Spouse/DC Income over \$1,000,000* ≥ \$1,001-\$2,500 = \$2,501-\$5,000 ≥ \$1,001-\$2,500 ≥ \$2,501-\$5,000 ≥ \$1,001-\$2,500 ≥ \$2,501-\$5,000 ≥ \$1,001-\$2,500 ≥ \$2,501-\$5,000 ≥ \$1,001-\$1,000,000 ≥ \$5,001-\$15,000 ≥ \$10,001-\$5,000,000 ≥ \$1,000,001-\$5,000,000 × \$0ver \$5,000,000 ≥ \$pouse/DC Income over \$1,000,000* ≥		For assets for which you checked "Tax-Dassets indicate the category of income trapital gains, even if retirvested, must check "None" if no income was earned o "Column XII is for assets held by your sp	BLOCK D Amount of Income

SCHEDULE A - ASSETS & "UNEARNED INCOME"

Name: Brink Matthew MCall

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							누尺유			
Cash	Scatt Boeine TK.	Texas Heitage	Medical Saplios	18 78008 Dieine)	MCCall International	ASSET NAME EIF			BLOCK A Assets and/or Income Sources
X	X	W.W.	· ×					None > \$1-\$1,000		BLOCK B Value of Asset
X	X			4		Pas	-The	NONE DIVIDENDS RENT INTEREST CAPITAL GAINS EXCEPTED/BLIND TRUST TAX-DEFERRED TAX-DEFERRED Appending income (Specify: e.g., Farm Income)		BLOCK C Type of Income
	*							None	Dresading	Amount of Income

SCHEDULE C - EARNED INCOME

Name: Sria 11	>
Mathew MCall	
Page 4 of 6	

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.

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 2016 limit on outside earned income for Members and employees compensated at or above the "senior staff" rate was \$27,495. The 2017 limit is \$27,765. 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. **EXCLUDE**: Military pay (such as National Guard or Reserve pay), federal retirement programs, and benefits received under the Social Security Act.

	4	Am	Amount
Source (ilicidae date of feceipt for floriorana)	i ype	Current Year to Filing	Preceding Year
	Honorarium	0\$	\$500
Examples: Civil War Roundtable (Oct. 2) Ontain Doubt & Education	Spouse Speech	\$20,000 \$0	\$1,000 \$1,000
	i		

SCHEDULE D - LIABILITIES

Name:
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Page of b
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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 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 *Column K is for liabilities held solely by your spouse or dependent child

				sp. Dc, Jт		
		Te Ka	Example			
		Texas HavitazeBank	First Bank of Wilmington, DE	Creditor		
		2/14	5/98	Liability Incurred MO/YR	?	
		18 1 Rosowood	Mortgage on Rental Property, Dover, DE	Type of Liability		
				\$10,001- \$15,000	>	
				\$15,001- \$50,000	œ	
				\$50,001- \$100,000	c	
		×	×	\$100,001~ \$250,000	0	
				\$250,001- \$500,000	m	moun
				\$500,001- \$1,000,000	П	Amount of Liability
				\$1,000,001- \$5,000,000	G	ability
				\$5,000,001- \$25,000,000	Ξ	
				\$25,000,001- \$50,000,000		
				Over \$50,000,000	£	
1				Over \$1,000,000* (Spouse/DC Liability)	_	1

SCHEDULE E - POSITIONS

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 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, ariod and the current calendar year. First-year candidates and new employees report positions held in the current calendar year and two previous years.

Position	Name of Organization
Broid Member	International Christian Ministries ICM
	ofit

SCHEDULE F - AGREEMENTS

Name: Brian Matthew MCall Page 6 of 6

SCHEDULE J - COMPENSATION IN EXCESS OF \$5,000 PAID BY ONE SOURCE government and any information considered confidential as a result of a privileged relationship recognized by law. Do not repeat information listed on Schedule C. Report sources of compensation received by you or your business affiliation for services provided directly by you during the current year and two prior years. This includes the names of clients and customers of any corporation, firm, partnership, or other business enterprise if you directly provided the services generating a fee or payment of more than \$5,000. Exclude: Payments by the U.S. employer. Identify the date, parties to, and general terms of any agreement or arrangement that you have with respect to: future employment; a leave of absence during the period of government services 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 Example: Date Source (Name and City/State) Doe Jones & Smith, Hometown, Homestate Parties to Agreement **Brief Description of Duties** Accounting Services Terms of Agreement