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In all exertisms, whose there are print clearly in blue or black into	New officer or employee	Candidate for the House of Representatives		Name: John A. MCCALLUM	Period covered: January 1, 2012 - DECEMBER 20, 2013	UNITED STATES HOUSE OF REPRESENTATIVES
or black ink	Employing Office:	State: 6A Dat District: 1 Ele			ECEMBER 20, 2013	RESENTATIVES
		Date of MAY 20,2014		Daytime Telephone:	For use by candidates and new employees	FORM B
		Check if Amendment			ew empюyees	
	more than 30 days late.	A \$200 penalty shall be assessed	(Office Use Only)	U.S. HOUSE OF REPRESENTATIVES	2013 DEC 20 PM 4: 06	LEGISLATIVE RESDORCE CENTER

In all sections, please type or print clearly in blue or black in

## PRELIMINARY INFORMATION — ANSWER EACH OF THESE QUESTIONS

Schedule V.  Yes No X  No X  stion of more than \$5,000 from Yes No X  Schedule VI.	If yes, complete and attach Schedule VI.			
Yes 🔲	i. Did you receive compensatingle source in the two prices	<b>8</b> □	ěs ×	III. 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 III.
t or arrangement	V. Did you have any reportable agreement or arrangement with an outside entity? If yes, complete and attach Schedule V.	No.	Yes	II. 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 II.
le positions on or before the date r year or in the prior two years?  Schedule IV.	IV. Did you hold any reportable positions on or before the date of filing in the current calendar year or in the prior two years? If yes, complete and attach Schedule IV.	No	Yes 🔀	<ol> <li>Did you or your spouse have "earned" income (e.g., salaries or fees) of \$200 or more from any source in the reporting period?</li> <li>If yes, complete and attach Schedule I.</li> </ol>

# EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION — ANSWER EACH OF THESE QUESTIONS

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 this report details of such a trust benefiting you, your spouse, or a dependent child?	Yes	<b>₹</b>
<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? Do not answer "yes" unless you have first consulted with the Committee on Ethics.	Yes	<b>8</b> ⊠

### SCHEDULE I — EARNED INCOME (INCLUDING HONORARIA)

Name John A. MCCALLUM

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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. See examples below.

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

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Source (include date of receipt for honoraria)	Туре	Current Year to Filing	Preceding Year
XYZ Corporation, Houston, TX	Salary	\$6,300	\$28,450
	Director's Fee	\$400	\$3,200
XYZ Trade Association, Chicago, IL (Rec'd December 2)	Honorarium	0	\$1,000
Harris County, Texas Public Schools	Spouse Salary	NA	NA
TAM CAPITAL PARTIMERS MANERIEMENT, LLC	SALARY	\$329 773 00	*433, 467, 90
SAIRT SIMOUS ISLAND, 40	1 -	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
PFS JER 297, LLL	Corvetion	*36.090, 2	\$ 000° 5
SOINT SIMONS TELAND, GA		. , ,	3

Jam BRAJ MATT 25: 14	JAM DIG PROV 3:9	Jam GHAN ROMAN 122	JAM AME MATT 1145		1 × %	JT 1st Bank of Paducah, KY accounts	DC, Examples: Simon & Schuster	SP, SP Mega Corp. Stock	income during the reporting period); any deposits totaling \$5,000 or less in personal checking or savings accounts; and any financial intenset in, or income derived from, a federal retirement program, including the Thrift Savings Plan.  If you so choose, you may indicate that an asset or income source is that of your spouse (\$P) or dependent child (DC) or is jointly held with your spouse (JT), in the optional column on the far left.  For a detailed discussion of Schedule II requirements, please refer to the instruction booklet.	Exclude: Your personal residence, including second homes and vacation homes (unless there was rental	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.	For rental or other real property held for investment, provide a complete address or a description, e.g., "rental property," and the city and state.	For all IRAs and other retirement plans (such as 401(k) plans) provide the value for each asset held in the account that exceeds the reporting thresholds.	more than \$200 in "unearmed" income during the year.  Provide complete names of stocks and mutual funds (do not use ticker symbols).	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 productions of income which periods are	Asset and/or Income Source	BLOCK A
×	*	Χ	*	×	×	×	Indefinite	X	None \$1 - \$1,000 \$1,001 - \$15,000 \$15,001 - \$50,000 \$50,001 - \$100,000 \$100,001 - \$250,000 \$250,001 - \$500,000 \$500,001 - \$1,000,000 \$1,000,001 - \$5,000,000 \$5,000,001 - \$25,000,000 \$25,000,001 - \$50,000,000 Over \$50,000,000 Spouse/DC Asset over \$1,000,000°		A B C D E F G I I I K L M	by your spouse or dependent child.		please specify the method used.  If an asset was sold during the reporting year and is included only because	Indicate value of asset at close of reporting year. If you use a valuation method other than fair market value,	Value of Asset	BLOCK B
*	× .	× -	×	<b>メ</b>	×	×	Royalties	X	NONE DIVIDENDS RENT INTEREST CAPITAL GAINS EXCEPTED/BLIND TRUST TAX-DEFERRED Other Type of Income (Specify: e.g., Partnership Income or Farm I	ncome	)	during the reporting period.	Inverest, and capital gains, even if reinvested, must be dis- closed as income. Check "None" if the asset generated no income	investments or that generate tax- deterred income (such as 401(k) plans or IRAs), you may check the "Tax-Deferred" column. Dividends,	Check all columns that apply. For retirement accounts that do not allow you to choose specific	Type of Income	вгоск с
×	× ×	× × ×	×	× ×	X		×	×	\$2,501 - \$5,000 \$5,001 - \$15,000 \$15,001 - \$50,000 \$50,001 - \$100,000 \$100,001 - \$1,000,000 \$1,000,001 - \$5,000,000 Over \$5,000,000 Spouse/DC Income over \$1,000,000* None \$1 - \$200 \$201 - \$1,000 \$1,001 - \$2,500 \$2,501 - \$5,000 \$5,001 - \$15,000 \$15,001 - \$50,000	= = = = = = = = = = = = = = = = = = =	Current Year Precedin		* This column is for income derived from assets solely held by your spouse or dependent child.	=: o =		Amount of Income	ВГОСК D
									\$50,001 - \$100,000 \$100,001 - \$1,000,000 \$1,000,001 - \$5,000,000 Over \$5,000,000 Spouse/DC Income over \$1,000,000*	>			held by you	disclosed as erated.	k С, you ma не category o		

### SCHEDULE II — ASSETS AND "UNEARNED" INCOME

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#### SCHEDULE III — LIABILITIES

Name JOHN A. MCCALLUM

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ture, or appliances; liabilities of a business in which you own an interest (unless you are personally liable); 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 previous calendar year exceeded \$10,000. owed during the reporting period. Exclude: Any mortgage on your personal residence (unless there is rental income); loans secured by automobiles, household furni-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

SP,		Date Liability			>		>	A B C	A B C D	A B C D	A B C D	A B C D E F G H	A B C D E F G H	A B C D E F G H I
JT DC	Creditor	Incurred mo/year	Тур	Type of Liability	\$10,001 \$15,000	\$10,001— \$15,000 \$15,001— \$50,000	\$10,001— \$15,000 \$15,001— \$50,000 \$50,001— \$100,000	\$10,001— \$15,000 \$15,001— \$50,000 \$50,001— \$100,000 \$100,001— \$250,000	\$10,001— \$15,000 \$15,001— \$50,001— \$100,000 \$100,001— \$250,000 \$250,000	\$10,001— \$15,000 \$15,001— \$50,000 \$50,001— \$100,000 \$100,001— \$250,001— \$500,000 \$100,001— \$100,000	\$10,001— \$15,000 \$15,001— \$50,000 \$50,001— \$100,001— \$250,000 \$250,001— \$500,001—	\$10,001— \$15,000 \$15,001— \$50,000 \$50,001— \$100,001— \$250,000 \$250,001— \$500,001— \$1,000,000 \$1,000,001— \$5,000,000 \$5,000,000	\$10,001— \$15,000 \$15,001— \$50,000 \$50,001— \$100,001— \$250,001— \$500,001— \$1,000,000 \$1,000,000 \$5,000,000	\$10,001— \$15,000 \$15,001— \$50,000 \$50,001— \$100,001— \$250,000 \$250,001— \$1,000,001— \$1,000,000 \$5,000,000 \$5,000,000 \$25,000,000 \$25,000,000
	Example: First Bank of Wilmington, DE	May 1998	Mortgage on 1	Mortgage on 123 Main Street, Dover, DE										
	AMERICAN EXPORES	7013 2013	CROTT LARD	طعما	X									
	CTTI BAJOK	Z013	LOAD			×	×	×	×	×	×	*	*	*
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#### SCHEDULE IV — POSITIONS

Report all positions, compensated or uncompensated, held on or before the date of filing during the current calendar year and in the two prior years as an officer, director, trustee, partner, proprietor, representative, employee, or consultant of any corporation, company, 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 listed on Schedule I; positions held in any religious, social, fraternal, or political entities (such as a political party or campaign organization); and positions solely of an honorary nature

and positions solely of an individity nature.	auic.
Position	Name of Organization
DIRECTOR	RESTWIKE, INC.
DIRECTOR	LHANCELLOR

#### SCHEDULE V — AGREEMENTS

Name John A. MCCOLLUM

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a leave of absence during the period of government tinuing participation in an employee welfare or ben-
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ent plan transa	em plant manned by a former emproyer.	
Date	Parties To	Terms of Agreement

# SCHEDULE VI — COMPENSATION IN EXCESS OF \$5,000 PAID BY ONE SOURCE

Report sources of such compensation received by you or your business affiliation for services provided directly by you during the *two* prior years. This includes the names of clients and customers of any corporation, firm, partnership, or other business enterprise, or any nonprofit organization if you directly provided the services generating a fee or payment of more than \$5,000. Exclude: Payments by the U.S. Government and any information considered confidential as a result of a privileged relationship recognized by law. Do not repeat information listed on Schedule I.

Source (Name and Address)	Brief Description of Duties
Example: Doe Jones & Smith, Hometown, Homestate	Accounting services

GPO: 2013

78-995 (mac)