

UNITED STATES HOUSE OF REPRESENTATIVES FINANCIAL DISCLOSURE STATEMENT

FORM B
For New Members, Candidates, and New Employees

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Name: PAMELA GAL BALLEWAY Daytime Telephone: _____

2015 SEP 29 AM 10:58

FILER STATUS

☒ New Member of or Candidate for U.S. House of Representatives
State: INDIANA District: 3
Candidates - Date of Election: 11/8/2016

☒ Check if Amendment

☐ New Officer or Employee
Employing Office: _____

Period Covered: January 1, 2014 to 9/20/2015

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

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

PRELIMINARY INFORMATION - ANSWER EACH OF THESE QUESTIONS

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?

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 ☒

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?

Yes ☒ No ☐

F. Did you have any reportable agreements or arrangements with an outside entity during the reporting period or in the current calendar year up through the date of filing?

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?

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 ☐ No ☒

ATTACH THE CORRESPONDING SCHEDULE IF YOU ANSWER "YES"

THIS FORM INCLUDES ONLY THE SCHEDULES THAT YOU ARE REQUIRED TO COMPLETE

EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION - ANSWER BOTH 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 that benefits you, your spouse, or your 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? Do not answer "yes" unless you have first consulted with the Committee on Ethics.

Yes ☐ No ☒

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BLOCK A

Assets and/or Income Sources

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 "unearned" income during the year.

Provide complete names of stocks and mutual funds (do not use only ticker symbols).

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.

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.

BLOCK B

Value of Asset

Indicate value of asset at close 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."

*Column M is for assets held by your spouse or dependent child in which you have no interest.

BLOCK C

Type of Income

Check all columns that apply. For accounts that generate tax-deferred income (such as 401(k), IRA, 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 D

Amount of Income

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, and capital gains, even if reinvested, must be disclosed as income for assets held in taxable 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.

Current Year

Preceding Year

	A	B	C	D	E	F	G	H	I	J	K	L	M		I	II	III	IV	V	VI	VII	VIII	IX	X	XI	XII	I	II	III	IV	V	VI	VII	VIII	IX	X	XI	XII			
None															None												None														
\$1-\$1,000															\$1-\$200												\$1-\$200														
\$1,001-\$15,000															\$201-\$1,000												\$201-\$1,000														
\$15,001-\$50,000															\$1,001-\$2,500												\$1,001-\$2,500														
\$50,001-\$100,000															\$2,501-\$5,000												\$2,501-\$5,000														
\$100,001-\$250,000															\$5,001-\$15,000												\$5,001-\$15,000														
\$250,001-\$500,000															\$15,001-\$50,000												\$15,001-\$50,000														
\$500,001-\$1,000,000															\$50,001-\$100,000												\$50,001-\$100,000														
\$1,000,001-\$5,000,000															\$100,001-\$1,000,000												\$100,001-\$1,000,000														
\$5,000,001-\$25,000,000															\$1,000,001-\$5,000,000												\$1,000,001-\$5,000,000														
\$25,000,001-\$50,000,000															Over \$5,000,000												Over \$5,000,000														
Over \$50,000,000															Spouse/DC Income over \$1,000,000*												Spouse/DC Income over \$1,000,000*														
Spouse/DC Asset over \$1,000,000*																																									
NONE																																									
DIVIDENDS																																									
RENT																																									
INTEREST																																									
CAPITAL GAINS																																									
EXCEPTED/BLIND TRUST																																									
TAX-DEFERRED																																									
Other Type of Income (Specify: e.g., Partnership Income or Farm Income)																																									
None																																									
\$1-\$200																																									
\$201-\$1,000																																									
\$1,001-\$2,500																																									
\$2,501-\$5,000																																									
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Block A Block B Block C

MAIL FOLLOWUP
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PRECEDING
YEAR

Wock D

SCHEDULE D - LIABILITIES

Name: **PATRICIA GAIL GALLAGHER**

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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 exceeded \$10,000. *Column K is for liabilities held solely by your spouse or dependent child.

SP, DC, JT	Creditor	Date Liability Incurred MO/YR	Type of Liability	Amount of Liability										
				A	B	C	D	E	F	G	H	I	J	K
				\$10,001- \$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	Over \$1,000,000* (Spouse/DC Liability)
Example	First Bank of Wilmington, DE	5/98	Mortgage on Rental Property, Dover, DE				X							
	N/A													

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.

Position	Name of Organization
N/A	

SCHEDULE F - AGREEMENTS

Name: **PAMELA GAIL GALLAGHER**

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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 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 Agreement	Terms of Agreement
3/2002	MYSELF AND DEPT OF EMPLOYEE TRUST FUNDS, WISCONSIN RETIREMENT SYSTEM (FORMER STATE SENATOR)	CONTRIBUTED PARTICIPATION IN LEGISLATIVE RETIREMENT PLAN - NOT YET RETIRED

SCHEDULE J - COMPENSATION IN EXCESS OF \$5,000 PAID BY ONE SOURCE

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. government and any information considered confidential as a result of a privileged relationship recognized by law. Do not repeat information listed on Schedule C.

Source (Name and City/State)		Brief Description of Duties
Example:	Doe Jones & Smith, Hometown, Homestate	Accounting Services
	N/A	