

**UNITED STATES HOUSE OF REPRESENTATIVES**  
**FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 2005**

**FORM A**  
 For use by Members, officers, and employees

**HAND DELIVERED**  
 LEGISLATIVE RESOURCE CENTER

2006 MAY 15 PM 2: 16 <sup>5</sup>

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

Betty L. McCollum

(Full Name)

1029 Longworth H.O.B.  
 Washington DC 20515

(Mailing Address)

202-225-6631

Daytime Telephone:

**Filer Status**  
 Member of the U.S. House of Representatives

State: MN  
 District: 04

Officer or Employee

Employing Office:

**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 checked="" type="checkbox"/> No <input 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"/>	<b>Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.</b>	

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

<b>TRUSTS</b> —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 <input type="checkbox"/> No <input checked="" type="checkbox"/>
<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?	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

**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	Signature of Reporting Individual	Date (Month, Day, Year)
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.	<i>Betty McCollum</i>	May 15, 2006





# MINNESOTA STATE DEFERRED COMPENSATION PLAN

BETTY L MCCOLLUM

## Unit/Share Valuation

Investment Code	Investment Option	Beginning Units/Shares	Beginning Price	Change in Units/Shares	Ending Price	Ending Units/Shares
1069	Fidelity Diversified International Fund	97.077	31.920	3.083	32.540	100.160
1228	Vanguard Inst'l Developed Markets Index		9.960		10.120	
2034	T. Rowe Price Small-Cap Stock Fund	123.586	33.410	6.388	32.810	129.974
3235	Vanguard Mid Cap Index - Instl		17.350		17.670	
4167	Janus Twenty Fund	38.824	48.360	.079	48.920	38.903
4486	Smith Barney Appreciation Fund - Y		14.870		14.380	
4303	Vanguard Institutional Index Fund Plus	20.742	112.280	.110	114.010	20.852
5020	Dodge & Cox Balanced Fund		81.250		81.340	
5150	Vanguard Balanced Index Fund - Inst'l		19.670		19.820	
6069	Dodge & Cox Income Fund		12.620		12.540	
6216	Vanguard Total Bond Market Index - Inst.		10.110		10.060	
7007	Great-West Guaranteed Certificate Fund					
7158	Minnesota Fixed Fund					
7156	SIF Fixed Interest Acct.		1.067		1.079	
8031	SIF Money Market Acct.		1.000		1.000	
10040	Harrisdirect SDB Account					

## Beneficiary Information

Type	Name	Relationship	Percent	Address
Primary	Katherine W Mccollum	Daughter	50.00%	
	Sean T Mccollum	Son	50.00%	

Please review this statement carefully to confirm that we have properly acted on your instructions. Corrections will be made only for errors which have been communicated within 90 calendar days of the last calendar quarter. Please direct all inquiries/complaints to the following:

Client Service Department  
 Attn - Correspondence Dept 6T2  
 8515 E. Orchard Rd.  
 Greenwood Village, CO 80111  
 1-877-457-6466

After this 90 days, this account information shall be deemed accurate and acceptable to you. If you notify the Company of an error after this 90 days the correction will only be processed from the date of notification forward and not on a retroactive basis.



Oppenheimer & Co. Inc.  
 125 Broad Street  
 New York, NY 10004  
 (212) 668-8000  
 Member of All Principal Exchanges

**STATEMENT OF  
 ACCOUNT**



OPPENHEIMER & CO INC CUSTODIAN  
 FBO BETTY L MCCOLLUM

Page 2 of 6 Account Number [REDACTED] Financial Advisor MCMONAGLE, PHILIP - X28 Period Ending 12/31/05

**Portfolio Holdings**

Some prices, current values and income estimates may be approximations, resulting in gains and losses not being accurately reflected. Unrealized gains and/or losses are computed from the supplied cost basis data and may not be accurate for tax reporting purposes. Items for which a cost basis was not available as of the statement period ending date are indicated by the symbol N/A. The total gains and/or losses do not reflect positions which we do not have cost information. Please contact your Financial Advisor if you believe any cost basis related data is inaccurate or if you require additional information.

**Money Market Funds**

Description	Account Type	Quantity	Symbol	Unit Cost	Current Price	Total Cost Basis	Current Value	Inc. Rate or Yield	Annual Income	Portfolio Percent
ADVANTAGE PRIMARY LIQ FD	CASH	599.40	CWPXX	1.00	1.00	599.40	599.40	3.20%	19	1.08
<b>TOTAL MONEY MARKET FUNDS.....</b>						<b>599.40</b>	<b>599.40</b>			<b>19 1.08</b>

**Mutual Funds**

Description	Account Type	Quantity	Symbol	Unit Cost	Current Price	Total Cost Basis	Current Value	Unrealized Gain/(Loss)	Inc. Rate or Yield	Annual Income	Portfolio Percent
GOLDMANSACHS GROWTH& INCOME FD CL A	REINV	259.659	GSGRX	22.7007	25.73	216.27	6,681.02	29	\$0.35	91	12.07
GOLDMANSACHS CAPITAL GROWTHFD CL A	REINV	436.244	GSCGX	18.3923	20.56	8,005.75	8,969.17	944	\$0.01	5	16.20
GOLDMANSACHS STRUCTURED SMALL CAP EQUITY FD CL A	REINV	313.512	GCSAX	11.8319	13.50	3,703.33	4,232.41	522			7.65
GOLDMANSACHS GRWTHOPPTY FD A	REINV	293.109	GGOAX	18.1705	21.55	5,313.10	6,316.49	988			11.41
JOHN HANCOCKUS GLOBAL LEADERS GRWTHFD A	REINV	259.701	USGLX	27.0874	28.44	7,013.20	7,385.89	350			13.34
ING MIDCAP OPPORTUNITIES FD-A	REINV	439.367	NMCAX	11.3895	14.50	5,000.00	6,370.82	1,366			11.51
OPPENHEIMER QUEST OPPTY VALUE FD A	REINV	244.823	QVOPX	29.8145	28.45	1,455.87	6,965.21	(67)	\$0.24	59	12.58
OPPENHEIMER QUEST BALANCED FUND-A	REINV	438.302	QVGIX	18.597	17.86	407.46	7,828.07	(16)			14.16
<b>TOTAL MUTUAL FUNDS.....</b>						<b>31,114.98</b>	<b>54,749.08</b>	<b>4,116</b>			<b>156 98.92</b>

