

**UNITED STATES HOUSE OF REPRESENTATIVES
CALENDAR YEAR 2009 FINANCIAL DISCLOSURE STATEMENT**

FORM A
For use by Members, officers, and employees

**HAND
DELIVERED**

Rep. Betty McCollum
(Full Name)

(202) 225-6631
(Daytime Telephone)

2010 JUL -2 PM 3:46
(Office Use Only)

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? Yes No

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? Yes No

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? Yes No

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? Yes No

V. Did you, your spouse, or a dependent child have any reportable liability (more than \$10,000) during the reporting period? Yes No

VI. Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than \$335 and not otherwise exempt)? Yes No

VII. Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than \$335 from one source)? Yes No

VIII. Did you hold any reportable positions on or before the date of filing in the current calendar year? Yes No

IX. Did you have any reportable agreement or arrangement with an outside entity? Yes No

If yes, complete and attach Schedule I.
 If yes, complete and attach Schedule II.
 If yes, complete and attach Schedule III.
 If yes, complete and attach Schedule IV.
 If yes, complete and attach Schedule V.

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

Exemptions-- 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 Standards of Official Conduct. Yes No

SCHEDULE III - ASSETS AND "UNEARNED" INCOME

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BLOCK A Asset and/or Income Source 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 assets or sources of income which generated more than \$200 in "unearned" income during the year. For rental property or land, provide a complete address. Provide full names of stocks and mutual funds (do not use ticker symbols). For all IRAs and other retirement plans (such as 401(k) plans) that are self directed (i.e., plans in which you have the power, even if not exercised, to select the specific investments), provide the value and income information on each asset in the account that exceeds the reporting threshold. For retirement plans that are not self-directed, name the institution holding the account and its value at the end of the reporting period. For an active 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 additional information, see the instruction booklet. Exclude: Your personal residence(s) (unless there is rental income); any debt owed to you by your spouse, or by your or your spouse's child, parent or sibling; any deposits totaling \$5,000 or less in personal savings accounts; any financial interest in or income derived from U.S. Government retirement programs. 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.	BLOCK B Year-End Value of Asset at close of reporting year. If you use a valuation method other than fair market value, please specify the method used. If an asset was sold and is included only because it is generated income, the value should be "None."	BLOCK C Type of Income Check all columns that apply. For retirement plans or accounts that do not allow you to choose specific investments, you may write "NA". For all other assets including all IRAs, indicate the type of income by checking the appropriate box below. Dividends and interest, even if reinvested, should be listed as income. Check "None" if asset did not generate any income during the calendar year.	BLOCK D Amount of Income For retirement plans or accounts that do not allow you to choose specific investments, you may write "NA" for income. For all other assets, including all IRAs, indicate the category of income by checking the appropriate box below. Dividends and interest, even if reinvested, should be listed as income. Check "None" if no income was earned or generated.	BLOCK E Transaction Indicate if asset had purchases (P), sales (S), or exchanges (E) exceeding \$1,000 in reporting year.
Alger Small & Midcap Growth A Open End Mutual Fund	\$1,001 - \$15,000	None	NONE	
Davis NY Venture Mutual Fund	\$1,001 - \$15,000	None	NONE	
Goldman Sachs Capital Growth Mutual Fund	\$15,001 - \$50,000	DIVIDENDS	\$201 - \$1,000	
Goldman Sachs Structured Small Cap Equity Mutual Fund	\$1,001 - \$15,000	None	NONE	
Hartford Capital Apprec Fund	\$1,001 - \$15,000	DIVIDENDS	\$1,001 - \$2,500	
Minnesota State Def. Comp - T. Rowe Price Small Cap Fund	\$1,001 - \$15,000	DIVIDENDS	\$1 - \$200	

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Minnesota State Def. Comp -- Fidelity Div Inter Fund	\$1,001 - \$15,000	None	NONE
Minnesota State Def. Comp. - Janus Twenty	\$1,001 - \$15,000	DIVIDENDS	\$1 - \$200
Minnesota State Def. Comp. Vanguard Index Funds Plus	\$1,001 - \$15,000	DIVIDENDS	\$1 - \$200
Oppenheimer Quest Balanced Fund-A Mutual Fund	\$1,001 - \$15,000	None	NONE
Oppenheimer Quest Opportunity Value Mutual Fund	\$1,001 - \$15,000	None	NONE

SCHEDULE VII - TRAVEL PAYMENTS AND REIMBURSEMENTS

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Identify the source and list travel itinerary, dates, and nature of expenses provided for travel and travel-related expenses totaling more than \$335 received by you, your spouse, or a dependent child during the reporting period. Indicate whether a family member accompanied the traveler at the sponsor's expense, and the amount of time, if any, that was not at the sponsor's expense. Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor. 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.

Source	Date(s)	Point of Departure-- Destination--Point of Return	Lodging? (Y/N)	Food? (Y/N)	Was a Family Member Included? (Y/N)	Days not at sponsor's expense
United South and Eastern Tribes, Inc.	Oct. 26-27	Minneapolis, MN - Hollywood, FL-Washington, DC	Y	Y	N	None