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UNITED STATES HOUSE OF REPRESENTATIVES FINANCIAL DISCLOSURE STATEMENT	FORM B For use by candidates and new employees	JAN 0 2 2013
Period covered: January 12012 - Jenuary 2, 2013	roc use by cardidates and new employees	**
Name: RObin Kelly Daytin	ne Telephone:	LEGISLATIVE RESOURCE CENTER 2013 JAN 10 PH 5: 00
Filer Status Candidate for the House of Representatives New officer or employee Employing Office:	check if Amendment	A 200 penalty shall be assessed against any individual who files more than 30 days late.
in all sections, please type or print clearly in blue or black ink. PRELIMINARY INFORMATION — ANSWER EACH OF TH	ESE QUESTIONS	
Did you or your spouse have "earned" income (e.g., salaries or lees) of \$200 or more from any source in the reporting period? Yes No	IV. Did you hold any reportable positions on or of filting in the current calendar year or in the print yes, complete and attach Schedule IV.	
H. 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 I fyes, complete and attach Schedule II.	V. Did you have any reportable agreement or an with an outside entity? If yes, complete and attach Schedule V.	rangement Yes No V
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.	VI. Did you receive compensation of more than a single source in the two prior years? If yes, complete and attach Schedule VI.	\$5,000 from Yes X No X
Each question in this part must be answered and th	e appropriate schedule attached for	each "Yes" response.
EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFO	DRMATION — ANSWER EACH (OF THESE QUESTIONS
TRUSTS—Details regarding "Qualified Blind Trusts" approved by the Committee on Education details of such a trust benefiting you, y		ot be Yes No X
EXEMPTION —Have you excluded from this report any other assets, "unearned" inc because they meet all three tests for exemption? Do not answer "yes" unless you have		ependent child Yes No X

SCHEDULE I-	EARNED INCOME	(INCLUDING	HONORARIA
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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.

Source (include date of receipt for honoraria)	Туре	Am	ount
COULDS (INCOOR ONLY OF TOTALIS)	1,500	Current Year to Filing	Preceding Year
XYZ Corporation, Houston, TX	Salary	\$6,300	\$28,450
Examples: First Bank & Trust, Houston, TX	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	NA NA
COOK County	Salary	0	170,000
(sp) Boston Medical	Salary	0	140,000
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SCHEDULE II - ASSETS AND "UNEARNED" INCOME

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BLOCK A BLOCK B BLOCK C BLOCK D Asset and/or Income Source Value of Asset Type of Income **Amount of Income** Indicate value of asset at close identify (a) each asset held for investment or production Check all columns that apply. For For assets for which you checked "Tax-Deferred" in Block C, you may check the retirement accounts that do not allow you to choose specific investof income with a fair market value exceeding \$1,000 at the end of the reporting period, and (b) any other reportable asset or sources of income which generated more than \$200 in "unearned" income during the year. of reporting year. If you use a valuation method other than fair ments or that generate tax-"None" column. For all other assets, indicate market value, please specify the the category of income by checking the appropriate box below. Dividends, interest, deferred income (such as 401(k) method used. cesared income (such as 401(k) plans or IRAs), you may check the "Tax-Deferred" column. Dividends, interest, and capital galms, even if retirvested, must be disclosed as income. Check "None" if the Provide complete names of stocks and mutual funds (do not use ticker symbols). and capital gains, even if reinvested, must If an asset was sold during the For all BTAs 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 for each seek held in the account that exceeds the reporting tirestroids. For retirement accounts which are not self-directed, provide only the name of the institution holding the account and its value at the end of the reporting period. be disclosed as Income. Check "None" if no reporting year and is included only because it generated income was earned or generated. income, the value should be asset generated no income during "None." the reporting period. BCDEFGHI **Current Year Preceding Year** For rental or other real property held for in provide a complete address. 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. lwlv vidvid ix | x | xi ncome or Ferm Exclude: Your personal residence, including second homes and vacation homes (unless there was rental income during the reporting period); any deposits totaling \$5,000 or less in personal checking or savings accounts; and any financial interest in, or income derived from, a faderal retriement program, including the Thrift Savings Plan. \$1 - \$1,000 \$1,001 - \$15,000 \$15,001 - \$50,000 \$20,001 - \$100,000 \$250,001 - \$100,000 \$250,001 - \$1,000,000 \$1,000,001 - \$5,00,000 \$25,000,001 - \$5,000,000 \$25,000,001 - \$50,000,000 Over \$50,000,000 NONE BUILDENDS HENT EXCEPTED/BLIND TRUST TAX-DEFERRED \$1 - \$200 \$201 - \$1,000 \$1,001 - \$2,500 \$2,501 - \$15,000 \$15,001 - \$15,000 \$15,001 - \$15,000 \$100,001 - \$1,000,000 \$1100,001 - \$5,000,000 \$11,000,001 - \$5,000,000 \$100,001 - \$5,000,000 \$1 - \$200 \$201 - \$1,000 \$1,001 - \$2,500 \$2,501 - \$5,000 \$15,001 - \$50,000 \$15,001 - \$10,000 \$10,001 - \$1,000,000 \$1,000,001 - \$5,000,000 \$1,000,001 - \$5,000,000 Partnership Other Type of Income (Specify: e.g., Partnership GAINS If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or depend-ent chief (DC) or is jointly held with your spouse (JT), in the optional column on the far left. CAPITAL For a detailed discussion of Schedule II requirements please refer to the instruction booklet. SP Mega Corp. Stock X Royellies Indefinite X DC. Simon & Schuster <u>lx</u>l Τx X X 1st Bank of Paducah, KY accounts 4A 457 County 451 3

For additional assets and unearned income, use next page

Continuation Sheet (if needed)

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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 dependent child. Mark the highest amount owed during the reporting period. Exclude: Any mortgage on your personal residence (unless there is rental income); 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 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.

								Аm	ount c	of Liai	ollity			
SP, DC, JT		Creditor	Date Liability Incurred mo/year	Type of Liability	\$10,001- \$15,000	\$15,001— ta	\$50,001— C)	\$100,001— \$250,000 O	\$500,000 FM	\$500,000,1 \$1,000,000,1	G -100,000,18	\$5,000,001— \$25,000,000	\$55,000,001	Over \$50,000,000
	Example:	First Bank of Wilmington, DE	May 1998	Mortgage on 123 Main Street, Dover, DE				X						
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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.

Position	Name of Organization
Director	RICH TOWNSHIP FOOD PANTY
Director	NIU POLITICAL SCIENCE Advisory Bd.
Drector	NIU Alumni Association
Director	UIC Public Admin Advisory
DIRECTOR	Center for TAX 4 Budget Accountability

Use additional sheets if more space is required.

SCHEDIN	FV-AGI	REEMENTS
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Date	Parties To	Terms of Agreement
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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
ample:	Doe Jones & Smith, Hometown, Homestate	Accounting services
		

GPO: 2012 72-584 (marc)