<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.	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?	EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION — ANSWER EACH O	Each question in this part must be answered and the appropriate schedule attached for	III. Did you, your spouse, or a dependent child have any reportable liability (more than \$10,000) during the reporting period?  Yes No No If yes, complete and attach Schedule III.	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?  Yes Volid you have any reportable agreement or arrangement with an outside entity?  If yes, complete and attach Schedule V.  If yes, complete and attach Schedule V.	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 Wo 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.	In all sections, please type or print clearly in blue or black ink.  PRELIMINARY INFORMATION — ANSWER EACH OF THESE QUESTIONS	Filer    Check if Election: U.4.14.64   Check if Election: U.4.14.64	Name: Bradley Mark Walks- Daytime Telephone	UNITED STATES HOUSE OF REPRESENTATIVES FINANCIAL DISCLOSURE STATEMENT Period covered: January 1, 2013. Mach 3154 2013 For use by candidates and new employees
pendent child Yes	ot be Yes	EACH OF THESE QUESTIONS	e attached for each "Yes" response.	\$5,000 from Yes	rangement Yes	pefore the date or two years? Yes		A \$200 penalty shall be assessed against any individual who files more than 30 days late.	2013 MAY - 2 PH 1: 28 U.S. HOUSE OF THE THE LEHT AT IVE (Office Use Only)	LEGISLATIVE RESOURCE CENT
× C	No	NS S		8	8	8		e assessed If who files	Hi 28 CA	2013-1 of 6

## SCHEDULE I — EARNED INCOME (INCLUDING HONORARIA)

Name Brudley Mark Welker

Page 2 of 6

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.

Exclude: Military pay (such as National Guard of Heserve pay), lederal remembric programs, and benefits received under the social Security Act.  Amount	elleli piogiallis, and beleiks is	Amount	ant
Source (include date of receipt for nonoraria)	lype	Current Year to Filing	Preceding Year
XYZ Corporation, Houston, TX	Salary	\$6,300	\$28,450
1	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
Laundale Bostist Church	Salary	21K	X88
hate First Books+ Medical Center	Sporse Solary		
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				Rental	Guid		Examples:		For an ownership interest in a private that is not publicly traded, state the ness, the nature of its activities, an location in Block A.  Exclude: Your personal residence, i homes and vacation homes (unitess income during the reporting period); a ing \$5,000 or less in personal chee accounts; and any financial interess derived from, a federal retirement professive of the Thrift Savings Plan.  If you so choose, you may indicate income source is that of your spouse ent child (DC) or is jointly held with you the optional column on the far left.  For a detailed discussion of Schedule please refer to the instruction booklet.	provide a complete address.	count and its value or rental or other n	identify (a) each asset held of income with a fair market the end of the reporting   reportable asset or sources more than \$200 in "unearne roore seem if not each are the power, seem if not each are the power, seem if not each roore the meant account that exceeded for retirement accounts we provide only the name of	Asset and
			biogha-falon, AX 27108	10 mg	Guidestone Financial	1st Bank of Paducah, KY accounts	Simon & Schuster	SP Mega Corp. Stock	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 watation 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 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 (SP) 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.	ddress.	account and its value at the end of the reporting period. For rental or other real property held for investment.	Identify (a) each asset held for investment or production of income with a fair market value exceeding \$1,000 at the end of the resporting period, and (b) any other reportable asset or sources of income which generated more than \$200 in "unearned" income during the year. Provide complete 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 nor evencised to select the specific investments), provide the value for each asset held in the account that exceeds the reporting thresholds. For retirement accounts which are not self-directed. For retirement accounts which are not self-directed.	Asset and/or Income Source
						<u> </u>			None		>	Z = = = = = = = = = = = = = = = = = = =	7
						ļ	_		\$1 \$1,000		Φ	of repoi valuation waluation market method ff an as reportin reportin only be income."	<u> </u>
				<u> </u>		▙	忌		\$1,001 - \$15,000		<u>ဂ</u>	e, "hee, "he	
						╀	Indefinite		\$15,001 - \$50,000			of reporting y valuation met waluation met market value, method used. If an asset wa reporting year only because income, the va"None."	<u> </u>
				_	<b>×</b>		ਰ	×	\$50,001 - \$100,000		m	was sei	ue
				×	<u></u>	×		$\vdash$	\$100,001 - \$250,000 \$250,001 - \$500,000			indicate 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 during the reporting year and is included only because it generated income, the value should be "None."	Value of Asset
			<u> </u>	ļ	<del> </del> -	$\vdash$	-	$\vdash$	\$250,001 - \$500,000 \$500,001 - \$1,000,000		<u>_</u>	short short	A
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						<b>.</b>		$\dashv$	\$5,000,001 - \$25,000,000		ے	The Log Science has a co	
	-				<u> </u>	┪			\$25,000,001 - \$50,000,000			y sa	
				<u> </u>		t			Over \$50,000,000			_	•
						t		×	NONE			######################################	
									DIVIDENDS			The series	•
				×		×			RENT				
									INTEREST			The state of the s	: ₹
									CAPITAL GAINS				e of Inc
						L			EXCEPTED/BLIND TRUST			Check all columns retirement accounts allow you to choose ments of that of deferred income (so plans or IRAs), you plans or IRAs), you plans or IRAs, and capital freinvested, and capital freinvested, must be income. Check as income. Check asset generated no the reporting period.	<u>=</u>
					×				TAX-DEFERRED			The state of the s	. <u>त</u>
							Royalties		Other Type of Income (Specify: e.g., Partnership Income or Farm Incom	_		Check all columns that apply. For retirement accounts that do not allow you to choose specific investments or that generate tax-deferred income (such as 401(k) plans or IRAs), you may check the "lax-Deferred" column. Dividends, interest, and capital gains, even if reinvested, must be disclosed as income. Check "None" if the asset generated no income during the reporting period.	Type of Income
				ļ		1_	_		None -	-1			
				<u> </u>		⊢			\$1 - \$200 ==	_			
			<u> </u>		<del> </del>	Ͱ			\$201 \$1,000		C		
				_		L		×	\$1,001 - \$2,500 < \$2,501 - \$5,000 <	4	Current Year	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. Check "None" if no income was earned or generated.	
			<b> </b>	<b>X</b>		Ι×	×	$\vdash$			ब्	For assets Deferred" in "None" colur the categor appropriate and capital be disclose income was	
				<u> </u>	<del> </del>	┢		$\vdash$	\$5,001 - \$15,000 ≤ \$15,001 - \$50,000 ≦ \$50,001 - \$100,000 ≦ \$100,001 - \$1,000,000 ⋈	-	Ē	* cc ate; bria bria e w	
	}	<del>                                     </del>			×	╁		$\vdash$	\$50,001 - \$100,000 ≦	-	ea ea	as see in sits	*
	<u> </u>					1			\$100,001 - \$1,000,000	1	≒	for which Block C, nn. For all o y of incom box below. gains, ever d as incom earned or g	Ę
_	<b></b>		<b> </b>	<u> </u>	<b></b>	T			\$1,000,001 - \$5,000,000			For the hock with the hock wit	2
									Over \$5,000,000			TOO NOW TOO	=
						Γ			None -			nne ge	읔
					<u> </u>	T			\$1 - \$200 =	_		There is a second	int of Inc
						T	Ī	×			T	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. Check "None" if no income was earned or generated.	Amount of Income
						Ĺ			\$201 - \$1,000 \(\frac{1}{2}\) \(\frac{1}2\) \(\frac{1}2\) \(\frac{1}2\) \(\frac{1}2\) \(\frac{1}2\) \(\frac{1}2\) \(\frac{1}2\) \(\frac{1}2\)		Preceding Ye	d. K. Taket	ፙ
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				$\times$					\$5,001 − \$15,000 ≤		퍍	ne" ne mag	
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SCHEDULE II — ASSETS AND "UNEARNED" INCOME

င္း <mark>လ</mark>	SCHEDULE II — ASSETS AND "UNEARNED" INCOME Continuation Sheet (if needed)	D "UNEARNED" INCOM		Name Bradley Mark Lelle Page 40
7				
-	Asset and/or Income Source	Value of Asset	Type of Income	Amount of Income
SP,		ABCDEFGHIJKL	9	Current Year Preceding Year
Ä		00		
3		000 000 000 000,000 00,000	O TRI	,000
8		\$15,000 \$50,000 \$100,00 - \$250,0 - \$500,0 - \$1,000 1 - \$5,0 1 - \$25,0 01 - \$56	T GAINS D/BLINI ERRED e of Inco	2,500 5,000 15,000 850,000 \$100,000 \$1,000,00 -\$5,000 0,000 2,500 5,000 15,000 850,000 850,000 850,000
		None \$1 - \$1,001 \$1,001 - \$ \$15,001 - \$50,001 \$250,001 \$500,001 \$1,000,00 \$5,000,00 Qver \$50,00	NONE DIVIDEND RENT INTERES CAPITAL EXCEPTE TAX-DEFE Other Type (Specify: e.g	None \$1 - \$200 \$201 - \$1,0 \$1,001 - \$2 \$2,501 - \$5 \$5,001 - \$1 \$15,001 - \$ \$50,001 - \$ \$100,001 Over \$5,000 None \$1 - \$200 \$201 - \$1,0 \$1,001 - \$2 \$2,501 - \$5 \$5,001 - \$1 \$15,001 - \$2 \$2,501 - \$1 \$15,001 - \$2 \$3,001 - \$1 \$15,001 - \$2 \$3,001 - \$1 \$15,001 - \$2 \$3,001 - \$1 \$15,001 - \$2 \$3,001 - \$1

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#### SCHEDULE III — LIABILITIES

Name Brodley Mark Walker

Page 5 of 6

ling 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. 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 sibowed 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

	77		JT DC, SP,	
	Bank of MEXICA	Example: First Bank of Wilmington, DE	Creditor	
	May 1999	May 1998	Date Liability Incurred mo/year	
21/08 24/08/04: was 5 with	May 1899 Mandage on 400 Dearly Braket	Mortgage on 123 Main Street, Dover, DE	Type of Liability	
			\$10,001— \$15,000	
			\$15,001— \$50,000	
	_		\$50,001— \$100,000	
	X	×	\$100,001— \$250,000	Amo
	_		\$250,001 \$500,000 m	unt of
		<u> </u>	\$500,001— \$1,000,000	Amount of Liability
		_	\$5,000,000	Ť
<u> </u>		_	\$5,000,001— \$25,000,000 <b>エ</b>	
 1	ļ	_	\$50,000,000 -	
		_	\$50,000,000	

#### SCHEDULE IV — POSITIONS

any nonprofit organization, any labor organization, or any educational or other institution other than the United States. cer, director, trustee, partner, proprietor, representative, employee, or consultant of any corporation, company, firm, partnership, or other business enterprise, 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 off-

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.	ature.
Position	Name of Organization

### SCHEDULE V — AGREEMENTS

Name Brudley Mark Wolker Page 6 of 6

Identify the date, parties to, and general terms of any agreement or arrangement 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.

O TO THE PERSON NAMED IN COLUMN TWO IS NOT THE PERSON NAMED IN COLUMN TWO IS NAMED IN COLUMN TWO	The second secon	
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 tee 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