LEGISLATIVE RESOURCE CENTER

2013 OCT 21 AM 11: 21

OFFICE OF THE CLERK U.S. HOUSE OF REPRESENTATIVES

UNITED STATES HOUSE OF REPRESENTATIVES FINANCIAL DISCLOSURE STATEMENT Period covered: January 1, 2012 Lecenter 2012	FORM B For use by candidates and new employees	Page 1 of
Name: Weldon Russell Daytin	ne Telephone.	cc
		(Office Use Only)
Filler Candidate for the House of Representatives District: 5 Date Sec. Status Hew officer or employee Employing Office:		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 THI  1. Did you or your spouse have "serned" income (e.g., salaries or read) of \$200 or more from any source in the reporting period?  Yes No	IV. Did you hold any reportable positions on or be filling in the current calendar year or in the price if year, complete and attach Schedule IV.	pefore the date or beginning. Yes No
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 No II yes, 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 X
It. Old 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 I <u>wo</u> prior years? If yes, complete and attach Schedule VI.	\$5,000 From Yes No No No
Each question in this part must be answered and the	appropriate schedule attached for	each "Yes" response.
EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFO	RMATION - ANSWER EACH (	OF THESE QUESTIONS
TRUSTS Details regarding "Qualified Blind Trusts" approved by the Committee on E disclosed. Have you excluded from this report details of such a trust benefiting you, y	thics and certain other "excepted trusts" need n our spouse, or a dependent child?	ot be Yes No 🔀
EXEMPTION — Have you excluded from this report any other assets, 'unearned' ino because they meet all three tests for examption? Do not answer 'yes' unless you have	orne, transactions, or liabilities of a spouse or di a first consulted with the Committee on Ethics.	ependent child Yes No X

SCHEDULE	I - EARNED	INCOME	(INCLUDING	HONORARIA
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Name Weldon	D.	1.1	Page 2 of 7
Name COCIDION	Nusse	1)	Page of

List the source, type, and amount of earned income from any source (other than the iller'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. Amount Source (include date of receipt for honoraria) Type **Current Year to Filing** Preceding Year XYZ Corporation, Houston, TX Salary \$28,450 \$6,300 First Bank & Trusl, Houston, TX Director's Fee \$3,200 \$400 XYZ Trade Association, Chicago, IL (Rec'd December 2) Honorarium \$1,000 0 Harris County, Texes Public Schools Spouse Salary NA Weldow Russel Real Estate 20,000 20,000

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## SCHEDULE II - ASSETS AND "UNEARNED" INCOME

Name Weldon Russell page 3 of ]

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Asset and/or Income Source	Ì	Value of Asset					Type of Income						BLOCK D Amount of Income																													
Identify (a) each asset held for investment or production of income with a feir market value exceeding \$1,000 at the end of the reporting period, and (b) any other reportates asset or sources of income which generated more than \$200 in "uneerned" income during the year.	179	pori Who	ite v ling od o e sp	ya: Ihe	ar. I r lih	l yo an	u u fair	Se a	va Kel	luai val	ion		alle inv	eck Fem Dw	alit c ent you vent	olun acci lo	nns ount cho	thei th cse gen	4919 10 18 10 18	ly. For o not estific e tax- t01(k)	in	HBC HBC	k Ih ⊓e∣	eTN by d	ion:	e cı Xin	ohir 9 B	оц і ИП. Не а	che For	cke all	d " oth	Fax er	e-De	e fe set:	rrec s, in	olica Di	ale vid	the ienc	ca ds.	itege Inte	a ma ory - eres	o!
Provide complete names of stocks and militial funds. [do not use licker symbols].			1856 181										17	ire o ix-Oc	e UR/ efert	As) ad (	you	may nn. C	che Ivia	ck the ands,	ŧ	CO	me	Ch	eck	N	ne	ij	no	inc	NTA:	W	85	e8	LLAG.	d or	. Ge	97191	fBie	id.	u e	"
For all IRAs and other retirement plans (such as 401 (k) plans) provide the value for sech asset hald in the account that exceeds the reporting thresholds.	jt (	en N	eral ore	led	inc	аты	9, C	18 V		sh	oule	d	ļ,	reh Sed	yes   se	ted Inco	, m	ust Che	be ck 1	dis- None'	Š	Thi pou	\$ C	olun Ot d	n i Ope	s fo	r ir Mi	cor	ne d.	der	ive	j	on	n a	sse	ts s	iole	ely t	helo	i by	y yo	ur
For rental or other real property held for investment, provide a complete address or a description, e.g., "rental property," and the city and state.	Ы	yo	GON UT	pat	186	or i	dep	end	ier d	chi	d.			. pu6	the r	теро	e line	per	lod.		_																					
For an ownership interest in a privately-held business that is not publicly traded, state the name of the busi- ness, the nature of its activities, and its geographic location in Block A.	ı	В	C	٥	E	F	۹	"	١	*	1	M						1			L			C	urr	en	ιY	281		-		_	-	P	rec	ed	ing	gΥ	'ea	r		
Exclude: Your personal residence, including second homes and vecation homes (unints there was rental income during the reporting period); any deposits total- ing \$5,000 or less in personal pheciding or each	ì																			Farm (noome)		n	#	W \	<b>'</b>	ı VI	V#II	ΙX	×		XIII	'	10	D:	~	۷,	VI Y	VIIV	/IH E	×	: XI	XIII
actounts; and any financial interest in, or income derived from, a lederal retirement program, including the Thrill Savings Plan. If you so phoose, you may indicate that an asset or									١	8 8		over \$1,000,000						ST		opme or Fe											\$1,000,0											over \$1,000.000
income source is that of your spouse (SP) or depen- dent child (OC) or is jointly held with your spouse (JT), in the optional column on the far left.			90	\$50,000	0,00	- \$250,000	00,00	- \$1,000,000	00000	680.000	8	Sec Cver 5					Ş	LIND TRUST	A	of Income Partnership in				2 5	2   5	900	000'0	000,000	- \$5,000,000	8	OTH OVE				Q	0	8	000	0000	\$5,000,000	2	
For a detailed discussion of Schedule II requirements, please refer to the instruction booklet.		-\$1,000	\$1,001 \$15,000	\$15,001 - \$50	\$50,001 \$100,000	\$100.001 - \$2	250,001 - \$	\$200,003	51,000,001 - 55,000,000	10000	Over \$50,000,000	Spouse/DC Asset	¥	DIVIDENDS	RENT	EREST	CAPITAL GAINS	EPTED/B	DEFERR	Other Type of Income (Spacify: e.g., Partnership		1221	1-\$1,000	01 - 52.500		\$15,001 - \$50,000	001 - \$10	\$100,001 - \$1		Over \$5,000,000	Spouse/DC income over \$1,000,000		\$200	- \$1,000	01 - \$2,50	\$2,501 - \$5,000	01 - \$15,0	\$15,001 - \$50,000	\$50,001 - \$100,000	00,000	113	Spouse/DC Income
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## SCHEDULE II - ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Name Weldon Russell Page 4 of ]

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SCHEDU	LE III —	LIABIL	JTIES.

Name Weldon Russell Page 5 of ]

Report liabilities of over \$10,000 cwed 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 turniture, 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.

				L		-		Am	ount e	Lal	ility			_
SP, DC, JT	Creditor	Date Liability Incurred mo/year	Type of Liability	\$10,001-	\$15,001 U	50,001 100,000	1100,001— 1250,000 CJ	\$250,000 \$500,000	T 000,000,12	\$1,000,000. \$5,000,000	5.000,0001— 25.000,000 —	25,000,001	Over 550,000,000	SpousarDC Liability over X \$1,000,000
	Example: First Bank of Wilmington, DE	May 1998	Mortgage on 123 Main Street, Dover, DE				X			22			<u> У</u>	97 = 0
JT	First Gureaty Book		Mortgage				X							
11	Cit: Mortgage	<u> </u>	mortere				X							
Jī	CARTO ONE BOOK		Revoluing Credit	X										
JI	SALLE MAC		STIDENT LOAN	χ										
57	BANK of America		Aerolvin Credit	X										

## 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
Portrey	Amite Coutral Rail Road CLE
Director	heldow Russel Replestate INC
Dector	Mary wel Inc
Partuer	BIG Delta Investments LLC
Partner	Good to GO LLC

Use additional sheets if more space is required.

\* See Attached

## Attach ment

Position	Name of Organization	
Partner	Allied Aggretes UE	
Partver	UP town DOWN TOWN LLC	
Ojectix	By Letta Managenil System Inc	
Partner	Allich Aggretes Le Uptown Downtown LLE Big felta Managerial System Face Atlas Appraisals LLC	
		·····

SCHEDULE \	/ AGREEMENTS	NameWeldon Ru	SSELL Page 7 of 7
service; continu	<ul> <li>e, parties to, and general terms of any agreement or arrange union or deferral of payments by a former or current employed tined by a former employer.</li> </ul>	nt with respect to: future employment, a leave of abset ther than the U.S. Government; or continuing participa	nce during the period of government ation in an employee welfare or ben-
Date	Parties To	Terms of Ag	preement
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1			
SCHEDULE	VI COMPENSATION IN EXCESS OF \$	000 PAID BY ONE SOURCE	
of clients and of a fee or dayme	s of such compensation received by you or your business afficustomers of eny corporation, firm, partnership, or other businest of more than \$5,000. Exclude: Payments by the U.S. Golaw, Do not repeat information listed on Schedule I.	ss enterprise, or any nonprofit organization if you direc	ctly provided the services generating
	Source (Name and Address)	Brief Description o	f Duties
	ones & Smith, Homelown, Homestate	Accounting services	
Weldon	Russel Kepl Estate Inc	Sales Comission on Rea	ol Estate
<b>[</b>			

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