

General Assembly of Virginia

| | | | | | | | | |
|--|-------------------------|------------------------------|---|------------------------------|----------------------------|---|---------------------|----------------------------|
| STATEMENT OF ECONOMIC INTERESTS | | CHECK SCHEDULES ATTACHED: | | | | | For Office Use Only | |
| | | <input type="checkbox"/> A | <input type="checkbox"/> B | <input type="checkbox"/> C | <input type="checkbox"/> D | <input type="checkbox"/> E | | <input type="checkbox"/> F |
| | | <input type="checkbox"/> G-1 | <input type="checkbox"/> G-2 | <input type="checkbox"/> G-3 | <input type="checkbox"/> H | <input type="checkbox"/> I | | |
| NAME <u>J. BRADLEY BELL II</u> | | | | | | | | |
| OFFICE HELD OR SOUGHT | | | <input type="checkbox"/> HOUSE OF DELEGATES | | DISTRICT NO. | CANDIDATE FOR ELECTION TO THIS OFFICE | | |
| | | | <input checked="" type="checkbox"/> SENATE | | <u>22</u> | <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO | | |
| HOME ADDRESS | STREET | | CITY | | STATE | | ZIP | |
| | <u>5268 GOLDEN EDGE</u> | | <u>ROANOKE</u> | | <u>VA</u> | | <u>24018</u> | |
| | | | | | TELEPHONE | | | |
| | | | | | OFFICE | | HOME | |
| | | | | | <u>540-777-0035</u> | | <u>540-789-0435</u> | |
| NAMES OF MEMBERS OF IMMEDIATE FAMILY | | | | | | | | |
| <u>DEBORAH H. BELL</u> | | | | | | | | |

Complete Items 1 through 10. Refer to Schedules only if directed. You may attach additional explanatory information.

1. OFFICES AND DIRECTORSHIPS

Are you or a member of your immediate family a paid officer or paid director of a business? YES NO

If yes is checked, complete Schedule A.

2. PERSONAL LIABILITIES

Do you or a member of your immediate family owe more than \$10,000 to any one creditor including contingent liabilities? (Exclude debts to any government and loans secured by recorded liens on property at least equal in value to the loan.) YES NO

If yes is checked, complete Schedule B.

3. SECURITIES

Do you or a member of your immediate family, directly or indirectly, separately or together, own securities valued in excess of \$10,000 invested in one business? Account for mutual funds, limited partnerships, and trusts. YES NO

If yes is checked, complete Schedule C.

4. PAYMENTS FOR TALKS, MEETINGS, AND PUBLICATIONS

During the past 12 months did you receive lodging, transportation, money, or anything else of value with a combined value exceeding \$200 for a single talk, meeting, or published work in your capacity as a legislator? YES NO

If yes is checked, complete Schedule D.

5. GIFTS

During the past 12 months did a business, government, or individual other than a relative or personal friend (i) furnish you with any gift or entertainment at a single event, and the value received by you exceeded \$50 in value or (ii) furnish you with gifts or entertainment in any combination and the value received by you exceeded \$100 in total value; and for which you neither paid nor rendered services in exchange? Account for entertainment events only if the average value per person attending the event exceeded \$50 in value. Account for all business entertainment (except if related to your private profession or occupation) even if unrelated to your official duties. YES NO

If yes is checked, complete Schedule E.

6. SALARY AND WAGES

List each employer that pays you or a member of your immediate family salary or wages in excess of \$10,000 annually. (Exclude state or local government or advisory agencies.)

BELL WEALTH MANAGEMENT

If no reportable salary or wages, check here.

7. BUSINESS INTERESTS

Do you or a member of your immediate family, separately or together, operate your own business, or own or control an interest in excess of \$10,000 in a business?

YES NO

If yes is checked, complete Schedule F.

8. PAYMENTS FOR REPRESENTATION AND OTHER SERVICES

8A. Did you represent any businesses before any state governmental agencies, excluding courts or judges, for which you received total compensation during the past 12 months in excess of \$1,000, excluding compensation for other services to such businesses and representation consisting solely of the filing of mandatory papers and subsequent representation regarding the mandatory papers?

YES NO

If yes is checked, complete Schedule G-1.

8B. Subject to the same exceptions as in 8A, did persons with whom you have a close financial association (partners, associates, or others) represent any businesses before any state governmental agency for which total compensation was received during the past 12 months in excess of \$1,000?

YES NO

If yes is checked, complete Schedule G-2.

8C. Did you or persons with whom you have a close financial association furnish services to businesses operating in Virginia for which total compensation in excess of \$1,000 was received during the past 12 months?

YES NO

If yes is checked, complete Schedule G-3.

9. REAL ESTATE

Do you or a member of your immediate family hold an interest, including a partnership interest, valued at \$10,000 or more in real property (other than your principal residence) for which you have not already listed the full address on Schedule F? Account for real estate held in trust.

YES NO

If yes is checked, complete Schedule H.

10. REAL ESTATE CONTRACTS WITH STATE GOVERNMENTAL AGENCIES

Do you or a member of your immediate family hold an interest valued at more than \$10,000 in real estate, including a corporate, partnership, or trust interest, option, easement, or land contract, which real estate is the subject of a contract, whether pending or completed within the past 12 months, with a state governmental agency? If the real estate contract provides for the leasing of the property to a state governmental agency, do you or a member of your immediate family hold an interest in the real estate, including a corporate, partnership, or trust interest, option, easement, or land contract valued at more than \$1,000? Account for all such contracts whether or not your interest is reported in Schedule F or H. This requirement to disclose an interest in a lease does not apply to an interest derived through an ownership interest in a business unless the ownership interest exceeds three percent of the total equity of the business.

YES NO

If yes is checked, complete Schedule I.

This Statement of Economic Interests is open for public inspection.

NOTE: You MUST sign the following "Affirmation" in the presence of a Notary Public. complete the acknowledgment portion of the "Affirmation."

AFFIRMATION

In accordance with the rules of the house in which I [may] serve, if I receive a request that this disclosure statement be corrected, augmented, or revised in any respect, I hereby pledge that I shall respond promptly to the request. I understand that if a determination is made that the statement is insufficient, I will satisfy such request or be subjected to disciplinary action of my house.

I swear or affirm that the foregoing information is full, true, and correct to the best of my knowledge.

J. Brandon PRA II
Signature of Member/Member-elect/Candidate

COMMONWEALTH OF VIRGINIA

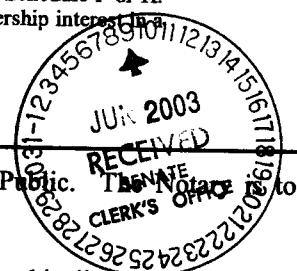
Roanoke of Roanoke to wit:
(City/County) (Name of City/County)

The foregoing disclosure form was acknowledged before me this 6 day of JUNE, 2009.

by J. Brandon PRA II
(Name of Member/Member-elect/Candidate)

Wendy M. Hughes
Notary Public

My commission expires: 2.28.07



General Assembly of Virginia

Statement of Economic Interests

SCHEDULE B PERSONAL LIABILITIES

NAME: J. Byrson Felt

Report personal liability by checking each category. Report only debts in excess of \$10,000. Do not report debts to any government. Do not report loans secured

by recorded liens on property at least equal in value to the loan.

Report contingent liabilities below and indicate which debts are contingent.

1. My personal debts are as follows:

CHECK APPROPRIATE CATEGORIES:

| | CHECK ONE | CHECK ONE | CHECK ONE |
|--|-------------------------------------|--------------------------|-------------------------------------|
| | \$10,001 to \$50,000 | \$10,001 to \$50,000 | MORE THAN \$50,000 |
| Banks | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Savings institutions | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Other loan or finance companies | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Insurance companies | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Stock, commodity, or other brokerage companies | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Other businesses: | | | |
| (State principal business activity for each creditor.) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Individual creditors: | | | |
| (State principal business or occupation of each creditor.) | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| Robert Byrson Felt / Partner of Byrson, Inc. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

2. The personal debts of the members of my immediate family are as follows:

CHECK APPROPRIATE CATEGORIES:

| | CHECK ONE | CHECK ONE | CHECK ONE |
|--|-------------------------------------|--------------------------|--------------------------|
| | \$10,001 to \$50,000 | \$10,001 to \$50,000 | MORE THAN \$50,000 |
| Banks | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Savings institutions | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Other loan or finance companies | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Insurance companies | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Stock, commodity, or other brokerage companies | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

SCHEDULE B PERSONAL LIABILITIES (continued)

| CHECK APPROPRIATE CATEGORIES: | CHECK | ONE | MORE THAN \$50,000 |
|---|--------------------------|--------------------------|--------------------------|
| | \$10,001 to \$50,000 | | |
| Other businesses: (State principal business activity for each creditor.) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Individual creditors: (State principal business or occupation of each creditor.) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

(Return only if needed to complete Statement.)

General Assembly of Virginia

Statement of Economic Interests

SCHEDULE D PAYMENTS FOR TALKS, MEETINGS, AND PUBLICATIONS

NAME: J. Bladen RBC, II

List each source from which you received during the past 12 months lodging, transportation, money, or any other thing of value (excluding meals or drinks coincident with a meeting) with combined value exceeding \$200 for your presentation of a single talk, participation in one meeting, or publication of a work in your capacity as a legislator.

List payments or reimbursements by the Commonwealth only for meetings or travel outside the Commonwealth.

List a payment even if you donated it to charity.

Do not list information about a payment:

- if you returned it within 60 days or
- if you received it from an employer already listed under Item 6 or from a source of income listed on Schedule F.

If no payment must be listed, check here.

| PAYER | APPROXIMATE VALUE | CIRCUMSTANCES | TYPE OF PAYMENT (e.g., HONORARIA, TRAVEL REIMBURSEMENT, ETC.) |
|--------|-------------------|---------------|---|
| (None) | | | |
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(Return only if needed to complete Statement.)

General Assembly of Virginia

Statement of Economic Interests

SCHEDULE F BUSINESS INTERESTS

NAME: J. Robert BEC II

Complete this Schedule for each self-owned or family-owned business (including rental property, a farm, or consulting work), partnership, or corporation in which you or a member of your immediate family, separately or together, own an interest having a value in excess of \$10,000.

If the enterprise is owned or operated under a trade, partnership, or corporate name, list that name; otherwise merely explain the nature of the enterprise. If rental property is owned or operated under a trade, partnership, or corporate name, list the name only; otherwise, give the address of each property. Account for business interests held in trust.

| NAME OF BUSINESS, CORPORATION, PARTNERSHIP, FARM; ADDRESS OF RENTAL PROPERTY | CITY OR COUNTY AND STATE | NATURE OF ENTERPRISE (FARMING, LAW, RENTAL PROPERTY, ETC.) | GROSS INCOME | |
|--|--------------------------|--|--------------------------|-------------------------------------|
| | | | \$50,000 OR LESS | MORE THAN \$50,000 |
| <u>BEC WEALTH MANAGEMENT, INC</u> | <u>Potomac County</u> | <u>SECURITIES/INV. SERVICE</u> | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| | | | <input type="checkbox"/> | <input type="checkbox"/> |
| | | | <input type="checkbox"/> | <input type="checkbox"/> |
| | | | <input type="checkbox"/> | <input type="checkbox"/> |
| | | | <input type="checkbox"/> | <input type="checkbox"/> |
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| | | | <input type="checkbox"/> | <input type="checkbox"/> |
| | | | <input type="checkbox"/> | <input type="checkbox"/> |

(Return only if needed to complete Statement.)

General Assembly of Virginia

Statement of Economic Interests

SCHEDULE G-2 PAYMENTS FOR REPRESENTATION BY ASSOCIATES

NAME: J. Barron Bras, II

List the businesses that have been represented before any state governmental agency, excluding any court or judge, by persons who are your partners, associates, or others with whom you have a close financial association and who received total compensation in excess of \$1,000 for such representation during the past 12 months, excluding representation consisting solely of the filing of

mandatory papers and subsequent representation regarding the mandatory papers filed by your partners, associates, or others with whom you have a close financial association.

Identify such businesses by type and also name the state governmental agencies before which such person appeared on behalf of such businesses.

| TYPE OF BUSINESS | NAME OF STATE GOVERNMENTAL AGENCY |
|------------------|-----------------------------------|
| <u>(None)</u> | |
| | |
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(Return only if needed to complete Statement.)

General Assembly of Virginia

Statement of Economic Interests

SCHEDULE G-3 PAYMENTS FOR REPRESENTATION AND OTHER SERVICES GENERALLY

NAME: J. B. Aronson, LLC

Indicate below types of businesses that operate in Virginia to which services were furnished by you or persons with whom you have a close financial association and for which total compensation in excess of \$1,000 was received during the past 12 months.

Identify opposite each category of businesses listed below (i) the type of business, (ii) the type of service rendered, and (iii) the value by dollar category of the compensation received for all businesses falling within each category.

| BUSINESS CATEGORY | CHECK IF SERVICES WERE RENDERED | TYPE OF SERVICE RENDERED | VALUE OF COMPENSATION | | | | | |
|---|---------------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| | | | \$1,001 to \$10,000 | \$10,001 to \$50,000 | \$50,001 to \$100,000 | \$100,001 to \$250,000 | \$250,001 and over | |
| Electric utilities | <input type="checkbox"/> | _____ | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Gas utilities | <input type="checkbox"/> | _____ | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Telephone utilities | <input type="checkbox"/> | _____ | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Water utilities | <input type="checkbox"/> | _____ | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Cable television companies | <input type="checkbox"/> | _____ | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Interstate transportation companies | <input type="checkbox"/> | _____ | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Intrastate transportation companies | <input type="checkbox"/> | _____ | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Oil or gas retail companies | <input type="checkbox"/> | _____ | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Banks | <input type="checkbox"/> | _____ | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Savings institutions | <input type="checkbox"/> | _____ | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Loan or finance companies | <input type="checkbox"/> | _____ | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Manufacturing companies | <input type="checkbox"/> | _____ | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| (state type of product, e.g., textile, furniture, | | _____ | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Mining companies | <input type="checkbox"/> | _____ | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Life insurance companies | <input type="checkbox"/> | _____ | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Casualty insurance companies | <input type="checkbox"/> | _____ | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

**SCHEDULE G-3
PAYMENTS FOR REPRESENTATION AND OTHER SERVICES GENERALLY (continued)**

| BUSINESS CATEGORY | CHECK IF SERVICES WERE RENDERED | TYPE OF SERVICE RENDERED | VALUE OF COMPENSATION | | | | | | |
|---|---------------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| | | | \$1,000 to \$10,000 | \$10,001 to \$50,000 | \$50,001 to \$100,000 | \$100,001 to \$250,000 | \$250,001 to \$500,000 | \$500,001 to \$1,000,000 | \$1,000,001 and over |
| Other insurance companies | <input type="checkbox"/> | _____ | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Retail companies | <input type="checkbox"/> | _____ | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Beer, wine, or liquor companies or distributors | <input type="checkbox"/> | _____ | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Trade associations | <input type="checkbox"/> | _____ | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Professional associations | <input type="checkbox"/> | _____ | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Associations of public employees or officials | <input type="checkbox"/> | _____ | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Counties, cities, or towns | <input type="checkbox"/> | _____ | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Labor organizations | <input type="checkbox"/> | _____ | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Other | <input type="checkbox"/> | _____ | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

(Return only if needed to complete Statement.)

General Assembly of Virginia

Statement of Economic Interests

SCHEDULE I REAL ESTATE CONTRACTS WITH STATE GOVERNMENTAL AGENCIES

NAME: J. B. Anderson, LLC

List all contracts, whether pending or completed within the past 12 months, with a state governmental agency for the sale or exchange of real estate in which you or a member of your immediate family holds an interest, including a corporate, partnership or trust interest, option, easement, or land contract, valued at \$10,000 or more. List all contracts with a state

governmental agency for the lease of real estate in which you or a member of your immediate family holds such an interest valued at \$1,000 or more. This requirement to disclose an interest in a lease does not apply to an interest derived through an ownership interest in a business unless the ownership interest exceeds three percent of the total equity of the business.

| List your real estate interest and the person or entity, including the type of entity, which is party to the contract. Describe any management role and the percentage ownership interest you or your immediate family member has in the real estate or entity. | List each state governmental agency which is a party to the contract and indicate the county or city where the real estate is located. | State the annual income from the contract, and the amount, if any, of income you or any immediate family member derives annually from the contract. |
|---|--|---|
| NONE | | |
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(Return only if needed to complete Statement.)