

<u>*</u>	Yes	pendent child	lities of a spouse or dependent child Committee on Ethics.	e, transactions, or liabilits irst consulted with the C	arned" incom	∍r assets, "une wer "yes" unle	EXEMPTION —Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities because they meet all three tests for exemption? Do not answer "yes" unless you have first consulted with the Com	
N ₀	Yes 🔲	t be	xcepted trusts" need not nt child?	cs and certain other "exr spouse, or a depende	nittee on Ethic ting you, your	d by the Comn a trust benefi	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?	
Ø	QUESTIONS	EACH OF THESE	/ER	MATION - ANSW	T INFOR	OR TRUS	EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION —	l m
	esponse.	∋ach "Yes" r	dule attached for each "Yes" response	appropriate sched	and the a	answered	Each question in this part must be answered and the appropriate schedule	
8 ⊠	Yes	5,000 from	VI. Did you receive compensation of more than \$5,000 from a single source in the two prior years? If yes, complete and attach Schedule VI.	VI. Did you receive compen a single source in the two p	8 □	Yes X	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.	
₹	Yes	angement	portable agreement or arrangement ttach Schedule V.	V. Did you have any reporta with an outside entity? If yes, complete and attach	S S	Yes 🔀	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? If yes, complete and attach Schedule II.	
Š	Yes	fore the date two years?	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.	IV. Did you hold any rey of filing in the current ca If yes, complete and at	N _S	Yes 🔯	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? If yes, complete and attach Schedule I.	
				ANSWER EACH OF THESE QUESTIONS	OF THES	R EACH	In all sections, please type or print clearly in blue or black ink. PRELIMINARY INFORMATION — ANSWE	– סו
who files	against any individual w more than 30 days late.	against any individual more than 30 days late	Amendment		Election:	office:	New officer or Employing C	
ssessed	A <i>\$200 penalty</i> shall be assessed	A \$200 pen	Check if	C-12-04	Date of		Candidate for the State:	
	(Office Use Only)			Daytime Telephone:	Daytime	; , ,	Name: Kenneth R Reed	
	ESENTATIVES	PART THE REPRESENTATIVES	() () ()					
Page 1 of	Ä	HATING RECOURCE CENTER 4 APR 23 PM 1: 24	new employees	FORM B For use by candidates and		PIOC	UNITED STATES HOUSE OF REPRESENTATIVES FINANCIAL DISCLOSURE STATEMENT Period covered: January 1, 入いる・Aps. 1、30岁 コロト	
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SCHEDULE I — EARNED INCOME (INCLUDING HONORARIA)

Name Chnelly R. Reed Page

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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) XYZ Corporation, Houston, TX First Bank & Trust, Houston, TX Harris County, Texas Public Schools Spouse Salary NA	Type Salary Director's Fee Honorarium Spouse Salary	Current Year to Filing \$6,300 \$400 0 NA
Reeds Phurmucy	Salary	4848
Reeds Pharmacy	Spower Salary	NIA
Epiz Plankmacx	Diretors Fre) -
Murgha County School Board	59/4R1	
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PISCOURT SAVINGS	529 Samuel Dlan DC4	529 Saving Plan DC3	SZO SOVING PICT DC2	Savings plan Oct	United Bank Shares	JT 1st Bank of Paducah, KY accounts	DC, Examples: Simon & Schuster	SP, 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 vacation homes (<i>unless</i> 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.	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.	For all IRAs and other retirement plans (such as 401(k) plans) provide the value for each asset held in the account that exceeds the reporting thresholds.	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 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).	BLOCK A Asset and/or Income Source
						×	Indefinite		None	by your spouse or dependent child.		•	BLOCK B Value of Asset
		X		<		×	Royalties		NONE DIVIDENDS RENT INTEREST CAPITAL GAINS EXCEPTED/BLIND TRUST TAX-DEFERRED Other Type of Income (Specify: e.g., Partnership Income or Farm Income)	during the reporting period.	Interest, and capital gains, even if reinvested, must be disclosed as income. Check "None" if the asset generated no income	Check all columns that apply, For retirement accounts that do not allow you to choose specific investments <u>or</u> that generate tax-deferred income (such as 401(k) plans or IRAs), you may check the "fax-Deferred" column. Dividends ,	BLOCK C Type of Income
									None		* This column is for income derived from assets solely held by your spouse or dependent child.	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.	BLOCK D Amount of Income
									\$201 - \$1,000		solely held by your	a Block C, you may atte the category of vidends, interest, be disclosed as r generated.	

SCHEDULE II — ASSETS AND "UNEARNED" INCOME

Name Kenneth Read

Continuation Sheet (if needed)

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														None \$1 - \$1,000 \$1,001 - \$15,000 \$15,001 - \$50,000 \$50,001 - \$100,000 \$100,001 - \$250,000 \$250,001 - \$500,000 \$500,001 - \$1,000,000 \$1,000,001 - \$5,000,000 \$5,000,001 - \$25,000,000 \$25,000,001 - \$25,000,000 \$25,000,001 - \$50,000,000 Spouse/DC Asset over \$1,000,00	A B C D E F G H I J K L M	Value of Asset	вгоск в
	<u> </u>					<								NONE DIVIDENDS RENT INTEREST CAPITAL GAINS EXCEPTED/BLIND TRUST TAX-DEFERRED Other Type of Income-(Specify Partnership Income or Farm Income	/: e.g.,	Type of Income	BLOCK C
					7									None	Current Year	Amount (ВLО
, , , , , , , , , , , , , , , , , , ,														None	Preceding Year	Amount of Income	BLOCK D

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SCHEDULE II — ASSETS AND Continuation Sheet (if needed)	ASSETS AND "UNEARNED" INCOME		Name Kunneth Reed	
BLOCK A	BLOCK B	BLOCK C	BLOCK D	CK D
Asset and/or Income Source	Value of Asset	Type of Income	Amount of Income	of Income
S.P.	A 88 C D E 71 G A 1	fy: e.g.,	Current Year	Preceding Year
J.T.	,000 0,000 50,000 00,000 ,000,000 55,000,000	IS LIND TRUST	= 	
	None \$1 - \$1,000 \$1,001 - \$15, \$15,001 - \$56 \$50,001 - \$10 \$100,001 - \$2 \$250,001 - \$1 \$1,000,001 - \$5,000,001 - \$25,000,001 - \$25,000,001 - \$25,000,001 - \$25,000,001 - \$25,000,001 -	NONE DIVIDENDS RENT INTEREST CAPITAL GAIL EXCEPTED/B TAX-DEFERR Other Type of	None \$1 - \$200 \$201 - \$1,000 \$1,001 - \$2,500 \$2,501 - \$5,000 \$5,001 - \$15,00 \$15,001 - \$100 \$100,001 - \$1,00 \$1,000,001 - \$5 Over \$5,000,000 Spouse/DC Income of	None \$1 - \$200 \$201 - \$1,000 \$1,001 - \$2,500 \$2,501 - \$5,000 \$5,001 - \$15,00 \$15,001 - \$50,0 \$50,001 - \$100
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		Pala pro		
(a for sadge w (25% inhered)		Partu-		500 2 2 2 2 3 4 2 3 4
Reeds Real Estate LLC			***	
- Rental Home NMB,50				

SC!	SCHEDULE II — ASSETS AND "UNEARNED" INCOME Continuation Sheet (if needed)	D "UNEARNED" INCOM	m	Name	Page to of 8
	BLOCK A	вгоск в	вгоск с	BLOCK D	;
<u> </u>	Asset and/or Income Source	Value of Asset	Type of Income	Amount of Income	
SP.		A B C D E = G H I X K L	ify: e.g.,	Current Year	Preceding Year
л, DC		None \$1 - \$1,000 \$1,001 - \$15,000 \$15,001 - \$50,000 \$50,001 - \$100,000 \$100,001 - \$250,000 \$250,001 - \$1,000,000 \$1,000,001 - \$5,000,000 \$5,000,001 - \$25,000,000 \$25,000,001 - \$25,000,000 Qver \$50,000,000	Spouse/DC Asset over \$1,000,000 NONE DIVIDENDS RENT INTEREST CAPITAL GAINS EXCEPTED/BLIND TRUST TAX-DEFERRED Other Type of Income(Spec Partnership Income or Farm Inc	None	\$2,501 - \$5,000
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SCHEDULE III — LIABILITIES

Name Kunuth Red

Page For 3

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 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.

S, S,		Date Liability		¥	•	C	D ,	Amour	F of L	Amount of Liability	<u> </u>	٠ -	
J Ç	Creditor	Incurred mo/year	lype of Liability	\$10,001— \$15,000	\$15,001— \$50,000 \$50,001—	\$100,000	\$250,000 \$250,001	\$500,000 \$500,001—	\$1,000,000 \$1,000,001	\$5,000,000 \$5,000,001- \$25,000,000	\$25,000,001 \$50,000,000	Over \$50,000,000	Spouse/DC
	Example: First Bank of Wilmington, DE	May 1998	Mortgage on 123 Main Street, Dover, DE				×	Υ.,					Α,
	United Bonk mortusbunw	10/2002	mortgase or therem Indestrumt						V				V 2 U 1 Z
	united bank mainshus we referred markets in Real Reflectation	12/2009	weepen in Rod Relestate								, , , , , , , , , , , , , , , , , , ,		, , , , ,
	Kun Read/talklad	10/2013	Cumpaign Loan									<u> </u>	
	unther Danik manshulu 2/2014	2/2014	Hamp Equity for mulgartuntlasse										W. W.
						ζ.							. , .

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.

and positions solely of an honorary nature. Exclude: Positions listed on Schedule I; positions held in any religious, social, fraternal, or political entities (such as a political party or campaign organization);

Position	Name of Organization
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Puchen	RPSM LC '
Partne	RPHULLC
Pactne	RPHCLL
partne	SMA LLC

Use additional sheets if more space is required.

SCHEDULE III — LIABILITIES

Name Kenneth Reed

Page 8 of 7

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. 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

SP. SP.	Creditor	Date Liability Incurred mo/year	Type of Liability	\$15,001— \$15,000 X	\$50,000 W \$50,001— \$100,000 O	\$100,001 \$250,000	\$250,001— m Am	\$500,001— \$1,000,000 TI	\$500,000 T Amount of Liability \$5,000,001— \$5,000,000 T S5,000,000 T S5,000 T S5,000 T S5,000 T S5,000 T S5,000 T S5,000 T	\$25,000,000 —	\$25,000,001— \$50,000,000	Over
	Example: First Bank of Wilmington, DE	May 1998	Mortgage on 123 Main Street, Dover, DE	Ć,	. · c	×	1 (1) (1) 2 (1) (2)		; ; ;		6	250
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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

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Position	Name of Organization
Ourse	Reeds Real Estate
つったすると	Phasen Investments
Pacture	RPCB LLC
Propos	RPBU LLC