₩ S	Yes	pendent child	ities of a spouse or de committee on Ethics.	transactions, or liability transactions, or liability tonsulted with the Cu	arned" income, ss you have firs	er assets, "une wer "yes" unles	EXEMPTION —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.	EXEMPTION because they
₹	Yes	ot be	cepted trusts" need no	and certain other "exc spouse, or a dependen	nittee on Ethics ting you, your s	d by the Comn a trust benefit	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?	TRUSTS—Def
S	QUESTION)F THESE (ANSWER EACH OF THESE QUESTIONS	MATION — ANS	TINFORM	OR TRUS	EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION —	EXCLUSIO
	esponse.	each "Yes" n	ule attached for each "Yes" response	sched	and the appropriate	e answered	Each question in this part must be answered	
No.	Yes 🔲	\$5,000 from	pensation of more than \$ to prior years? ttach Schedule VI.	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.	8 □	Yes 🔀	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.	III. Did you, your able liability (mor If yes, complete
ĕ ⊠	Yes	angement	ortable agreement or arratach Schedule V.	V. Did you have any reportable agreement or arrangement with an outside entity? If yes, complete and attach Schedule V.	N N	Yes X	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.	II. Did you, your income of more to reportable asset If yes, complete
Š	Yes 🖾	efore the date or two years?	ortable positions on or be lendar year or in the prior tach Schedule IV.	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.	№	Yes X	 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. 	I. Did you or you fees) of \$200 or If yes, complete
	:			ANSWER EACH OF THESE QUESTIONS	OF THESE	ER EACH	In all sections, please type or print clearly in blue or black ink. PRELIMINARY INFORMATION — ANSWI	In all sections, p
		more than 30 days late.				Office:		Status
assessed	12	A \$200 pen	Check if Amendment	5- 13-2014	Date of Election:	av 2	Candidate for the House of Representatives District:	Filer
((Office Use Only)	(0		į				
ATIVES	OFFICE OF THE CLERK U.S. HOUSE OF REPRESENTATIVES	OFFI U.S. HOUSE		Telephone:	Daytime 1		Kenneth Reed	Name: ド
Page 1 of 8 ECENTER	LEGISLATIVE RESOURCE CENTER 7013 OCT 21 PM 1: 45	LEGISLAT	B ind new employees	FORM B For use by candidates and new employees	F ₀	ATIVES	UNITED STATES HOUSE OF REPRESENTATIVES FINANCIAL DISCLOSURE STATEMENT Period covered: January 1, 3,413,0ct_ 30, 2013	UNITED ST FINANCIAI Period cover
>		3						

SCHEDULE I — EARNED INCOME (INCLUDING HONORARIA)

Name Kenneth Reed

Page 2 of 8

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.

	Two	Amount	unt
Source (include date of receipt to Horiotaria)	Type	Current Year to Filing	Preceding Year
XYZ Corporation, Houston, TX	Salary	\$6,300	\$28,450
_	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
Reeds Pharmucy	Salary	21,265,00	28,985.00
Reeds Phusmucs/	Spouse SulARY	U/A-	NIA
EPIC Pharmaces	Piredures Fee	1500	3000

Discover Sarrier	_	Sag Survives plun oc3	5 24 Sauvas plan DCA	Sacy Savings Plan Oc. 1	United Bank Shares		Examples:	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.	Asset and/or income Source 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). For ell 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. 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.
✓	<	S		<		×	Indefinite	X	None \$1 \$1,000 \$1,001 \$15,000 \$15,001 \$50,000 \$50,001 \$100,000 \$190,001 \$250,000 \$250,001 \$500,000 \$500,001 \$1,000,000 \$1,000,001 \$5,000,000 \$5,000,001 \$5,000,000 \$25,000,001 \$5,000,000 \$25,000,001 \$50,000,000 \$25,000,001 \$50,000,000 \$25,000,001 \$50,000,000 \$25,000,001 \$50,000,000 \$25,000,000 \$25,000,000 \$25,000,000 \$25,000,000 \$25,000,000 \$25,000,000	Walue of Asset Value of Asset dicate value of asset at close of porting year. If you use a valuation ethod other than fair market value, ease specify the method used. an asset was sold during the report gyear and is included only because generated income, the value should "None." This column is for assets solely held your spouse or dependent child.
<u> </u>	< <	\$ \$	<	< <	ζ.	×	Royalties	×	NONE DIVIDENDS RENT INTEREST CAPITAL GAINS EXCEPTED/BLIND TRUST TAX-DEFERRED Other Type of Income (Specify: e.g., Partnership Income or Farm Income)	BLOCK C Type of Income 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 "Tax-Deferred" column. Dividents, interest, and capital gains, even if the asset generated no income if the asset generated no income during the reporting period.
	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \				<	×	×	X	None	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. * This column is for income derived from assets solely held by your spouse or dependent child.

SCHEDULE II — ASSETS AND "UNEARNED" INCOME

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Continuation Sheet (if needed) To morting the TD AMERITANNE SOMPLETRA TO MERETRAGE IRA windentive TREMS ARTS Emigrant planed Sanviss -Pawershaves ETF must TO AMPRITUAL SUMPLERA Asset and/or Income Source -Power shows & 1064 | FIF THA FUT DIMENSIONS -DFA Emerging Mounts - DFA EMERS MARKETS OFA TATAMENA 574 DF4 Intransformer INVT Demosors **BLOCK A** None 8 \$1 - \$1,000\$1,001 - \$15,000 O O < \$15,001 - \$50,000 Value of Asset \$50,001 - \$100,000 Ш 77 BLOCK B \$100,001 - \$250,000 a \$250,001 - \$500,000 I — \$500,001 - \$1,000,000 \$1,000,001 - \$5,000,000 \$5,000,001 - \$25,000,000 ㅈ \$25,000,001 - \$50,000,000 Over \$50,000,000 Ζ Spouse/DC Asset over \$1,000,000* NONE DIVIDENDS Type of Income RENT BLOCK C INTEREST CAPITAL GAINS EXCEPTED/BLIND TRUST TAX-DEFERRED Other Type of Income -- (Specify: e.g., Partnership Income or Farm Income) None \$1 - \$200 \$201 - \$1,000 = \$1,001 - \$2,500 V V VI VII VIII IX **Current Year** \$2,501 - \$5,000 lemen Rus \$5,001 - \$15,000 \$15,001 - \$50,000 \$50,001 - \$100,000 \$100,001 - \$1,000,000 Amount of Income × \$1,000,001 - \$5,000,000 Over \$5,000,000 BLOCK D Spouse/DC Income over \$1,000,000* None \$1 - \$200 \$201 - \$1,000 Preceding Year \$1,001 - \$2,500 \$2,501 - \$5,000 \$5,001 - \$15,000 \$15,001 - \$50,000 \$50,001 - \$100,000 \$100,001 - \$1,000,000 \$1,000,001 - \$5,000,000 Over \$5,000,000 Spouse/DC Income over \$1,000,000*

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SCHEDULE II -- ASSETS AND "UNEARNED" INCOME

Krometh Reed

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SCHEDULE II — ASSETS AND "UNEARNED" INCOME Continuation Sheet (if needed)

lamo Jenneth Bead

Page 6 of 3

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SCHEDULE III — LIABILITIES

Name Kumuth Reed Page Zof &

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 sib-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.

								Amou	Int of	Amount of Liability	₹			
SP,	Creditor	Date Liability	Type of Liability	A	В	ဂ	ם ד	w		S	ю <u>т</u>	o =		*
- ≒,	Creditor	Incurred mo/year	Type of Liability	\$10,001 \$15,000	\$15,001— \$50,000	\$50,001— \$100,000	\$100,001— \$250,000 \$250.001 —	\$500,000 \$500,001—	\$1,000,001— \$1,000,000 \$1,000,001 —	\$5,000,001- \$5,000,001-	\$25,000,000	\$25,000,001 \$50,000,000	Over \$50,000,000 Spouse/DC	Liability over \$1.000.000
	Example: First Bank of Wilmington, DE	May 1998	Mortgage on 123 Main Street, Dover, DE				×						ļ	
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		12/200a	12/2009 most-gase on Reeds Red estate	,			i i			Δ				
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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 offiany 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,

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 nonorary nature.	nonorary nature.
Position	Name of Organization
MANGE	Reeds Phalmacy
Papetner	RPSMLLC
portra	RPHU LLC
Partie	RPH II
Partme	SMA CLC

SCHEDULE III - LIABILITIES

Linneth Reed

Page 3 of 3

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 furnitively. 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 sib-

							Am	Amount of Liability	f Liabi	₹			
SP,	•	Date		>	80	0	m	71	۵	I		٦	
ነ ጾ	Creditor	Incurred mo/year	Type of Liability	\$10,001 \$15,000	\$15,001 \$50,000 \$50,001	\$100,000 \$100,001— \$250,000	\$250,001 \$500,000	\$500,001— \$1,000,000	\$1,000,061 \$5,000,000	\$5,000,001— \$25,000,000 \$25,000,001—	\$50,000,000 Over	\$50,000,000 Spoume/DC	Liebility over \$1,000,000
	Example: First Bank of Wilmington, DE	May 1998	Mortgage on 123 Main Street, Dover, DE			Ш				H		Н	
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SCHEDULE IV — POSITIONS

any nonprofit organization, any labor organization, or any educational or other institution other than the United States 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,

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 nonorary nature.	lature.
Position	Name of Organization
Owner	Luds Real Estate
Profession	Marin Talvestments
partner	RPCB LLC
Partner	RPBV UL