

UNITED STATES HOUSE OF REPRESENTATIVES FINANCIAL DISCLOSURE STATEMENT

FORM B

For use by candidates and new employees

Period covered: January 1, 2013 - Oct 30, 2013

OCT 11 2013

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LEGISLATIVE RESOURCE CENTER

2013 OCT 21 PM 1:45

OFFICE OF THE CLERK
U.S. HOUSE OF REPRESENTATIVES

Name: Kenneth Reed

Daytime Telephone: _____

(Office Use Only)

Filer Status	<input checked="" type="checkbox"/> Candidate for the House of Representatives	State: <u>WV</u> District: <u>2</u>	Date of Election: <u>5-13-2014</u>	Check if Amendment <input type="checkbox"/>	A \$200 penalty shall be assessed against any individual who files more than 30 days late.
	<input type="checkbox"/> New officer or employee	Employing Office: _____			

In all sections, please type or print clearly in blue or black ink.

PRELIMINARY INFORMATION — ANSWER EACH OF THESE QUESTIONS

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.	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	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 <input checked="" type="checkbox"/> No <input type="checkbox"/>
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.	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	V. Did you have any reportable agreement or arrangement with an outside entity? If yes, complete and attach Schedule V.	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
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 <input checked="" type="checkbox"/> No <input type="checkbox"/>	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.	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.

EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION — ANSWER EACH OF THESE QUESTIONS

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?	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
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.	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

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Exclude: Military pay (such as National Guard or Reserve pay), federal retirement programs, and benefits received under the Social Security Act.

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Continuation Sheet (if needed)

Herbert Reed

2000

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Continuation Sheet (if needed)

Kenneth Reed

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Continuation Sheet (if needed)

Kenneth Reed

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SCHEDULE III — LIABILITIES

Name

Kenneth Reed

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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 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.

SP, DC, JT	Creditor	Date Liability Incurred mo/year	Type of Liability	Amount of Liability										
				A	B	C	D	E	F	G	H	I	J	K
	Example: First Bank of Wilmington, DE	May 1998	Mortgage on 123 Main Street, Dover, DE	\$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	\$1,000,001 — \$5,000,000	\$5,000,001 — \$25,000,000	\$25,000,001 — \$50,000,000	Over \$50,000,000	Spouse/DC Liability over \$1,000,000
	UNITED BANK	10/2002	Mortgage on home in Delaware				X			X				
	UNITED BANK	12/2009	Mortgage on Reed's Real estate							X				
	TRIVY Reed	10/2003	Campaign loan		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
Partner	Reed's Pharmacy
Partner	RPSM LLC
Partner	RPHU LLC
Partner	RPHC LLC
Partner	SONA LLC

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SP
DC
JT

Date
Liability
Incurred
mo/year

Type of Liability

Amount of Liability

Example:	First Bank of Wilmington, DE
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May 1996

Mortgage on 123 Main Street, Dover, DE

\$10,001— \$15,000	A
\$15,001— \$50,000	B
\$50,001— \$100,000	C
\$100,001— \$250,000	D
\$250,001— \$500,000	E
\$500,001— \$1,000,000	F
\$1,000,001— \$5,000,000	G
\$5,000,001— \$25,000,000	H
\$25,000,001— \$50,000,000	I
Over \$50,000,000	J
Spouse/DC liability over \$1,000,000	K

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.

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Position

Name of Organization

Donner

Ludds Leon Estate

Partner

Pharm Investments

Partners

RPCB LLC

Partne

RPBV UK