

UNITED STATES HOUSE OF REPRESENTATIVES
CALENDAR YEAR 2012 FINANCIAL DISCLOSURE STATEMENT
2011

Form A
For use by Members, officers, and employees

Name: Thomas W. Reed II Daytime Telephone: _____

Filer Status	<input checked="" type="checkbox"/> Member of the U.S. House of Representatives	State: <u>NY</u> District: <u>24</u>	<input type="checkbox"/> Officer or Employee	Employing Office: _____
Report Type	<input type="checkbox"/> Annual (May 15, 2013)	<input checked="" type="checkbox"/> Amendment	<input type="checkbox"/> Termination	Termination Date: _____

A \$200 penalty shall be assessed against anyone who files more than 30 days late.

U.S. HOUSE OF REPRESENTATIVES
LEGISLATIVE RESOURCE CENTER
(Office Use Only)

2013 MAY 15 PM 1:30

HAND DELIVERED

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"/>	VI. Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than \$350 and not otherwise exempt)? If yes, complete and attach Schedule VI.	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
II. Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? If yes, complete and attach Schedule II.	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	VII. Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than \$350 from one source)? If yes, complete and attach Schedule VII.	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
III. 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 III.	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	VIII. Did you hold any reportable positions on or before the date of filing in the current calendar year? If yes, complete and attach Schedule VIII.	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
IV. Did you, your spouse, or a dependent child purchase, sell, or exchange any reportable asset in a transaction exceeding \$1,000 during the reporting period? If yes, complete and attach Schedule IV.	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	IX. Did you have any reportable agreement or arrangement with an outside entity? If yes, complete and attach Schedule IX.	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
V. 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 V.	Yes <input checked="" type="checkbox"/> No <input 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

IPO—Did you purchase any shares that were allocated as a part of an Initial Public Offering?	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
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 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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SCHEDULE III—ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Name

Thomas W. Reed Jr.

Page

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BLOCK A		BLOCK B													BLOCK C								BLOCK D												BLOCK E		
Asset and/or Income Source		Year-End Value of Asset													Type of Income								Amount of Income												Transaction		
		A	B	C	D	E	F	G	H	I	J	K	L	M									I	II	III	IV	V	VI	VII	VIII	IX	X	XI	XII			
															NONE	DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED/BLIND TRUST	TAX-DEFERRED	Other Type of Income (Specify: e.g., Partnership Income or Farm Income)															
Life Insurance - Abertmest				X											X																						
- Whole Life															X																						
Life Insurance - Guardian			X																																		
- Whole Life																																					
Fritz-Vier Holdings LLC		X													X																						
- Closed																																					
Fritz-Vier Realty LLC		X													X																						
- Closed																																					
Law Office of Thomas W. Reed					X																																
PLLC - Cong-Legal Income																																					
Money Run Realty LLC		X													X																						
- Closed																																					
Mineral Rights Land		X													X																						
- Tuscarora, NY																																					
R+E Properties' LLC						X																															
(Partial Owner) Family																																					
Divided Real Estate Business																																					
Real Estate Property Holding																																					
Trona Ave Irving, NY																																					
Estimated Value \$250,000																																					

P, S, E

SCHEDULE III—ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Name Thomas W. Reed II

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BLOCK A Asset and/or Income Source	BLOCK B Year-End Value of Asset													BLOCK C Type of Income								BLOCK D Amount of Income												BLOCK E Transaction		
	A	B	C	D	E	F	G	H	I	J	K	L	M	NONE	DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED/BLIND TRUST	TAX-DEFERRED	Other Type of Income (Specify: e.g., Partnership Income or Farm Income)	I	II	III	IV	V	VI	VII	VIII	IX	X	XI	XII			
SP, DC, JT																																				
P+L Resource Recovery LLC (Partial Owner) Family Owned Business Providing Account + Credit for Management located in Carmel, NY. Estimated Value \$259,000						X															None															
SP 1PA-Cadaret Grant • Oclaro (10 shares) est. value \$12 • Cerium, Inc (135 shares) est. value \$1799 • Level 3 Communications (20 shares) est. value \$405 • Pershing Money Market Account est. value \$233			X													X	X																			

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Capital Gains — if a sales transaction resulted in a capital gain in excess of \$200, check the “capital gains” box and disclose this income on Schedule III.

SP, DC, JT	Asset
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Name Thomas W. Ford

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spouse or dependent child that is totally independent of his or her relationship to you.

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