

Secretary of the Senate
Office of Public Records
Hart Building, Suite 232
Washington, DC 20510

This Report Should Be Filed With:

PERIODIC DISCLOSURE OF FINANCIAL TRANSACTIONS

SECRETARY OF THE SENATE

13 JAN 20 04 PM 4: 20

Reporting Individual's Name

☒ Amendment

Senate Office / Agency in Which Employed

Page Number

John F. Reed, Senator

United States Senate, Washington, DC

1 of 1

Report any purchase, sale, or exchange by you, your spouse, or dependent child within 30 days of receiving written notification of such transaction. Report any stocks, bonds, commodity futures, and other securities when the amount of the transaction exceeded \$1,000. Include transactions that resulted in a loss. Do not report a transaction involving an excepted investment fund, any real property, or a transaction between you, your spouse, or dependent child. Please clarify which two assets are involved in any reportable exchange. In no event may this disclosure be filed more than 45 days after such transaction.

Identification of Assets			P	S	E		\$	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$	
Example: (S) Spouse (DC) Dependent Child (J) Joint	IBM Corp. (stock) NYSE	X				2/1/1X		X				E	X	A	M	P	L	E
	(DC) Microsoft (stock) NASDAQ/OTC		X			2/27/1X					X	E	X	A	M	P	L	E
1	Lowes Companies, Inc.		X			10/25/12	X											
2																		
3																		
4																		
5																		
6																		
7																		
8																		

This Periodic Disclosure Of Financial Transactions statement is required by the Ethics in Government Act of 1978, as amended. The statement will be made available by the Office of the Secretary of the Senate to any requesting person upon written application and will be reviewed by the Select Committee on Ethics. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil and criminal sanctions. (See 5 U.S.C. app. 4, § 104, and 18 U.S.C. § 1001.)

Certification

I CERTIFY that the statement(s) have been made on this form and all attached schedules are true, complete, and correct to the best of my knowledge and belief.

Signature of Reporting Individual

Date (Month, Day, Year)

For Official Use Only - Do Not Write Below This Line

Signature of Reviewing Official

Date (Month, Day, Year)

It is the opinion of the reviewer that the statements made in this form are in compliance with Title 1 of the Ethics in Government Act.

00000021277

13