

SUMMARY PAGE
of Receipts and Disbursements

Write or Type Committee Name
KEN REED FOR CONGRESS

Report Covering the Period: From: / / To: / /

	COLUMN A This Period	COLUMN B Election Cycle-to-Date
6. Net Contributions (other than loans)		
(a) Total Contributions (other than loans) (from Line 11(e))....	23680.72	30890.72
(b) Total Contribution Refunds (from Line 20(d))	0.00	0.00
(c) Net Contributions (other than loans) (subtract Line 6(b) from Line 6(a)).....	23680.72	30890.72
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17)	31427.37	36793.58
(b) Total Offsets to Operating Expenditures (from Line 14).....	0.00	0.00
(c) Net Operating Expenditures (subtract Line 7(b) from Line 7(a)).....	31427.37	36793.58
8. Cash on Hand at Close of Reporting Period (from Line 27).....	511714.67	
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D).....	0.00	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D).....	517617.53	

For further information contact:

Federal Election Commission
999 E Street, NW
Washington, DC 20463

Toll Free 800-424-9530
Local 202-694-1100

DETAILED SUMMARY PAGE
of Receipts

FEC Form 3 (Revised 12/2003)

Write or Type Committee Name

KEN REED FOR CONGRESS

Report Covering the Period: From: / / To: / /

I. RECEIPTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
11. CONTRIBUTIONS (other than loans) FROM:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A).....	12775.00	17025.00
(ii) Unitemized.....	2455.00	2915.00
(iii) TOTAL of contributions from individuals ▶	15230.00	19940.00
(b) Political Party Committees.....	0.00	0.00
(c) Other Political Committees (such as PACs).....	500.00	3000.00
(d) The Candidate.....	7950.72	7950.72
(e) TOTAL CONTRIBUTIONS (other than loans) (add Lines 11(a)(iii), (b), (c), and (d))..	23680.72	30890.72
12. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES	0.00	0.00
13. LOANS:		
(a) Made or Guaranteed by the Candidate.....	300000.00	525000.00
(b) All Other Loans.....	0.00	0.00
(c) TOTAL LOANS (add Lines 13(a) and (b)).....	300000.00	525000.00
14. OFFSETS TO OPERATING EXPENDITURES (Refunds, Rebates, etc.)	0.00	0.00
15. OTHER RECEIPTS (Dividends, Interest, etc.).....	0.00	0.00
16. TOTAL RECEIPTS (add Lines 11(e), 12, 13(c), 14, and 15) (Carry Total to Line 24, page 4)..... ▶	323680.72	555890.72

DETAILED SUMMARY PAGE
of Disbursements

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
17. OPERATING EXPENDITURES.....	31427.37	36793.58
18. TRANSFERS TO OTHER AUTHORIZED COMMITTEES	0.00	0.00
19. LOAN REPAYMENTS:		
(a) Of Loans Made or Guaranteed by the Candidate.....	6190.92	7382.47
(b) Of All Other Loans	0.00	0.00
(c) TOTAL LOAN REPAYMENTS (add Lines 19(a) and (b)).....	6190.92	7382.47
20. REFUNDS OF CONTRIBUTIONS TO:		
(a) Individuals/Persons Other Than Political Committees	0.00	0.00
(b) Political Party Committees.....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) TOTAL CONTRIBUTION REFUNDS (add Lines 20(a), (b), and (c)).....	0.00	0.00
21. OTHER DISBURSEMENTS	0.00	0.00
22. TOTAL DISBURSEMENTS (add Lines 17, 18, 19(c), 20(d), and 21) ▶	37618.29	44176.05

III. CASH SUMMARY

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....	225652.24
24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page 3).....	323680.72
25. SUBTOTAL (add Line 23 and Line 24).....	549332.96
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....	37618.29
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25).....	511714.67

**SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 5 OF 24
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
KEN REED FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
Frank Alderman

Mailing Address 7 Miramichi Trail

City Morgantown State WV Zip Code 26508

FEC ID number of contributing federal political committee. **C**

Name of Employer Med Express Occupation Owner

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y
 02 / 19 / 2014

Transaction ID : SA11AI.4188

Amount of Each Receipt this Period
 1000.00

B. Full Name (Last, First, Middle Initial)
David Ayers

Mailing Address 382 Razorstrap Road

City North East State MD Zip Code 21901

FEC ID number of contributing federal political committee. **C**

Name of Employer Northside Pharmacy Occupation Pharmacist

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y
 03 / 24 / 2014

Transaction ID : SA11AI.4190

Amount of Each Receipt this Period
 250.00

C. Full Name (Last, First, Middle Initial)
Fred Barber

Mailing Address 6200 Sweetbay Drive

City Blackshear State GA Zip Code 31516

FEC ID number of contributing federal political committee. **C**

Name of Employer Barber's Pharmacy Occupation Pharmacist

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y
 03 / 19 / 2014

Transaction ID : SA11AI.4192

Amount of Each Receipt this Period
 250.00

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

1500.00

**SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 6 OF 24
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
KEN REED FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
Robert Borgatti

Mailing Address 9755 Water Oak Dr

City State Zip Code
Fairfax VA 22031

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
Vienna Rexall Drug Pharmacist

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
1500.00

Date of Receipt
 M M / D D / Y Y Y Y
 03 / 19 / 2014

Transaction ID : SA11AI.4194

Amount of Each Receipt this Period
1500.00

B. Full Name (Last, First, Middle Initial)
Scott Bowen

Mailing Address 19725 Spring Creek Road

City State Zip Code
Hagerstown MD 21742

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
MSB Architects Architect

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
750.00

Date of Receipt
 M M / D D / Y Y Y Y
 03 / 19 / 2014

Transaction ID : SA11AI.4196

Amount of Each Receipt this Period
750.00

C. Full Name (Last, First, Middle Initial)
Scott Boyd

Mailing Address 711 Gerrardstown Road

City State Zip Code
Gerrardstown WV 25420

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
Jefferson Pharmacy Pharmacist

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
300.00

Date of Receipt
 M M / D D / Y Y Y Y
 03 / 27 / 2014

Transaction ID : SA11AI.4198

Amount of Each Receipt this Period
300.00

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

2550.00

**SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 7 OF 24
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
KEN REED FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
Thomas Close

Mailing Address 1680 Valley Road

City Berkeley Springs State WV Zip Code 25411

FEC ID number of contributing federal political committee. **C**

Name of Employer BTM CPA's Occupation Accountant

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y
 02 / 07 / 2014

Transaction ID : SA11AI.4200

Amount of Each Receipt this Period
 500.00

B. Full Name (Last, First, Middle Initial)
Jay Dorsch

Mailing Address 2670 Wynfield Road

City West Friendship State MD Zip Code 21794

FEC ID number of contributing federal political committee. **C**

Name of Employer Voshell's Pharmacy Occupation Pharmacist

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y
 03 / 19 / 2014

Transaction ID : SA11AI.4202

Amount of Each Receipt this Period
 250.00

C. Full Name (Last, First, Middle Initial)
David Fulton

Mailing Address 6132 Jefferson Blvd

City Frederick State MD Zip Code 21703

FEC ID number of contributing federal political committee. **C**

Name of Employer Whitesell Pharmacy Occupation Pharmacist

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y
 03 / 19 / 2014

Transaction ID : SA11AI.4204

Amount of Each Receipt this Period
 500.00

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

1250.00

**SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 8 OF 24
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
KEN REED FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
Eric Graham

Mailing Address 7368 Oldenburg Ln

City State Zip Code
Portage MI 49024

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
Red Crown Pharmacy Pharmacist

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
800.00

Date of Receipt
M M / D D / Y Y Y Y
03 / 29 / 2014

Transaction ID : SA11AI.4206

Amount of Each Receipt this Period
800.00

B. Full Name (Last, First, Middle Initial)
Leonard Jarkowski

Mailing Address 192 Falcon Dr

City State Zip Code
Pasadena MD 21122

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
Empire Professional Pharmacy Pharmacist

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
250.00

Date of Receipt
M M / D D / Y Y Y Y
03 / 19 / 2014

Transaction ID : SA11AI.4208

Amount of Each Receipt this Period
250.00

C. Full Name (Last, First, Middle Initial)
Martin Mintz

Mailing Address 6701 Harford Road

City State Zip Code
Baltimore MD 21234

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
Northern Pharmacy Pharmacist

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
1000.00

Date of Receipt
M M / D D / Y Y Y Y
03 / 31 / 2014

Transaction ID : SA11AI.4210

Amount of Each Receipt this Period
1000.00

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

2050.00

**SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 9 OF 24
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
KEN REED FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
Randolph Mohabir

Mailing Address 6 Iris Ave

City Farmingville State NY Zip Code 11738

FEC ID number of contributing federal political committee. **C**

Name of Employer Island Chemist Inc. Occupation Pharmacist

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y
 03 / 28 / 2014

Transaction ID : SA11AI.4212

Amount of Each Receipt this Period
 250.00

B. Full Name (Last, First, Middle Initial)
David Nation

Mailing Address 2514 Little Brook Trail

City Owensboro State KY Zip Code 42303

FEC ID number of contributing federal political committee. **C**

Name of Employer Nations Pharmacy Occupation Pharmacist

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y
 03 / 19 / 2014

Transaction ID : SA11AI.4214

Amount of Each Receipt this Period
 1000.00

C. Full Name (Last, First, Middle Initial)
Thomas Paree

Mailing Address 306 Kruger St

City Wheeling State WV Zip Code 26003

FEC ID number of contributing federal political committee. **C**

Name of Employer Paree Insurance Occupation Insurance Broker

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y
 02 / 07 / 2014

Transaction ID : SA11AI.4216

Amount of Each Receipt this Period
 350.00

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

1600.00

**SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 10 OF 24
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
KEN REED FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
Abraham Pelta

Mailing Address 11703 Huntsworth Lane

City Owings Mills State MD Zip Code 21117

FEC ID number of contributing federal political committee. **C**

Name of Employer James Pharmacy Occupation Pharmacist

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
250.00

Date of Receipt
 M M / D D / Y Y Y Y
 03 / 19 / 2014

Transaction ID : SA11AI.4218

Amount of Each Receipt this Period
250.00

B. Full Name (Last, First, Middle Initial)
Steve Roach

Mailing Address 146 Horizon Way

City Martinsburg State WV Zip Code 25403

FEC ID number of contributing federal political committee. **C**

Name of Employer Roach Oil Occupation Owner

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
300.00

Date of Receipt
 M M / D D / Y Y Y Y
 03 / 27 / 2014

Transaction ID : SA11AI.4220

Amount of Each Receipt this Period
300.00

C. Full Name (Last, First, Middle Initial)
Bruce Roberts

Mailing Address 307 Edwards Ferry Road

City Leesburg State VA Zip Code 20176

FEC ID number of contributing federal political committee. **C**

Name of Employer Leesburg Pharmacy Occupation Pharmacist

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
500.00

Date of Receipt
 M M / D D / Y Y Y Y
 03 / 17 / 2014

Transaction ID : SA11AI.4222

Amount of Each Receipt this Period
500.00

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

1050.00

**SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 11 OF 24
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
KEN REED FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
Lee Romero

Mailing Address PO Box 919

City Meadville State MS Zip Code 39653

FEC ID number of contributing federal political committee. **C**

Name of Employer Apothecare Occupation Pharmacist

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y
 03 / 19 / 2014

Transaction ID : SA11AI.4224

Amount of Each Receipt this Period
 250.00

B. Full Name (Last, First, Middle Initial)
Thomas Scono

Mailing Address 313 Beechwood Drive

City Granville State OH Zip Code 43023

FEC ID number of contributing federal political committee. **C**

Name of Employer Epic Pharmacies Occupation Contracting Director

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y
 03 / 19 / 2014

Transaction ID : SA11AI.4226

Amount of Each Receipt this Period
 500.00

C. Full Name (Last, First, Middle Initial)
Jeffrey Sherr

Mailing Address 3905 Old Post Road

City Salisbury State MD Zip Code 21804

FEC ID number of contributing federal political committee. **C**

Name of Employer Apple Discount Drugs Occupation Pharmacist

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y
 03 / 19 / 2014

Transaction ID : SA11AI.4227

Amount of Each Receipt this Period
 1000.00

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

1750.00

**SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 12 OF 24
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
KEN REED FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
Angelo Voxakis

Mailing Address 13216 Dulaney Valley Road

City State Zip Code
Glen Arm MD 21057

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
Epic Pharmacies President

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
1000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 19 / 2014

Transaction ID : SA11AI.4229

Amount of Each Receipt this Period
1000.00

B. Full Name (Last, First, Middle Initial)
Vicki Williams

Mailing Address 218 Americian Lane

City State Zip Code
Hedgesville WV 25427

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
Amgen Medical Liason

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
225.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 29 / 2014

Transaction ID : SA11AI.4233

Amount of Each Receipt this Period
25.00

C. Full Name (Last, First, Middle Initial)

Mailing Address

City State Zip Code

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

1025.00

12775.00

**SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 13 OF 24
	<input type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input checked="" type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
KEN REED FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
AMERISOURCEBERGEN CORPORATION POLITICAL ACTION COMMITTEE (ABC PAC)

Mailing Address 1300 MORRIS DRIVE
SUITE 100

City State Zip Code
CHESTERBROOK PA 19355

FEC ID number of contributing federal political committee. **C** C00400929

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 01 / 11 / 2014

Transaction ID : SA11C.4186

Amount of Each Receipt this Period
500.00

B. Full Name (Last, First, Middle Initial)

Mailing Address

City State Zip Code

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

C. Full Name (Last, First, Middle Initial)

Mailing Address

City State Zip Code

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

500.00

500.00

**SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 14 OF 24
	<input type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input checked="" type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
KEN REED FOR CONGRESS

Full Name (Last, First, Middle Initial) KENNETH RAY REED		Date of Receipt M M / D D / Y Y Y Y 03 / 31 / 2014	
Mailing Address 4253 MARTINSBURG ROAD		Transaction ID : SA11D.4285	
City BERKELEY SPRINGS State WV Zip Code 25411	Amount of Each Receipt this Period 5400.00 In-kind - Office		
FEC ID number of contributing federal political committee. C H4WV02122	Name of Employer Self-Employed Occupation Pharmacist		
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 532093.20		

Full Name (Last, First, Middle Initial) KENNETH RAY REED		Date of Receipt M M / D D / Y Y Y Y 03 / 31 / 2014	
Mailing Address 4253 MARTINSBURG ROAD		Transaction ID : SA11D.4286	
City BERKELEY SPRINGS State WV Zip Code 25411	Amount of Each Receipt this Period 1693.20 In-kind - Cessna 182S Plane		
FEC ID number of contributing federal political committee. C H4WV02122	Name of Employer Self-Employed Occupation Pharmacist		
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 526693.20		

Full Name (Last, First, Middle Initial) KENNETH RAY REED		Date of Receipt M M / D D / Y Y Y Y 03 / 31 / 2014	
Mailing Address 4253 MARTINSBURG ROAD		Transaction ID : SA11D.4330	
City BERKELEY SPRINGS State WV Zip Code 25411	Amount of Each Receipt this Period 857.52 In-kind - Fuel		
FEC ID number of contributing federal political committee. C H4WV02122	Name of Employer Self-Employed Occupation Pharmacist		
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 532950.72		

SUBTOTAL of Receipts This Page (optional).....	7950.72
TOTAL This Period (last page this line number only).....	7950.72

**SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 15 OF 24
	<input type="checkbox"/> 11a 12 <input checked="" type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
KEN REED FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
KENNETH RAY REED

Mailing Address 4253 MARTINSBURG ROAD

City State Zip Code
BERKELEY SPRINGS WV 25411

FEC ID number of contributing federal political committee. **C** H4WV02122

Name of Employer Self-Employed Occupation Pharmacist

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
525000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 31 / 2014

Transaction ID : SA13A.4184

Amount of Each Receipt this Period
300000.00

Loan 3

B. Full Name (Last, First, Middle Initial)

Mailing Address

City State Zip Code

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

C. Full Name (Last, First, Middle Initial)

Mailing Address

City State Zip Code

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

300000.00

300000.00

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 16 OF 24			
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21				

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NAME OF COMMITTEE (In Full)
KEN REED FOR CONGRESS

Full Name (Last, First, Middle Initial) A. Around the Panhandle		Date of Disbursement M M / D D / Y Y Y Y 03 / 31 / 2014
Mailing Address 39 Kelly Island Rd #2		Amount of Each Disbursement this Period 499.00 Transaction ID : SB17.4305
City Martinsburg State WV Zip Code 25401	Purpose of Disbursement Advertisement 004 Category/Type	
Candidate Name KEN REED FOR CONGRESS		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: WV District: 02	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	

Full Name (Last, First, Middle Initial) B. CampaignON		Date of Disbursement M M / D D / Y Y Y Y 03 / 31 / 2014
Mailing Address 306 W. Chesapeake Ave ste		Amount of Each Disbursement this Period 1947.00 Transaction ID : SB17.4315
City Towson State MD Zip Code 21204	Purpose of Disbursement Computer Category/Type	
Candidate Name KEN REED FOR CONGRESS		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: WV District: 02	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	

Full Name (Last, First, Middle Initial) c. Chrissa Cunningham		Date of Disbursement M M / D D / Y Y Y Y 03 / 31 / 2014
Mailing Address 1201 Nipetown Road		Amount of Each Disbursement this Period 500.00 Transaction ID : SB17.4302
City Martinsburg State WV Zip Code 25403	Purpose of Disbursement Staff 001 Category/Type	
Candidate Name KEN REED FOR CONGRESS		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: WV District: 02	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	

SUBTOTAL of Disbursements This Page (optional).....	2946.00
TOTAL This Period (last page this line number only).....	

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 17 OF 24	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
KEN REED FOR CONGRESS

Full Name (Last, First, Middle Initial) A. Selina Meehleib		Date of Disbursement M M / D D / Y Y Y Y 03 / 31 / 2014
Mailing Address 130 Sycamore Street		Amount of Each Disbursement this Period 12000.00 Transaction ID : SB17.4298
City Martinsburg	State WV Zip Code 25401	
Purpose of Disbursement Manager	Category/Type 001	
Candidate Name KEN REED FOR CONGRESS		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: WV District: 02		

Full Name (Last, First, Middle Initial) B. Pay Pal		Date of Disbursement M M / D D / Y Y Y Y 03 / 31 / 2014
Mailing Address PO Box 45950 Ste		Amount of Each Disbursement this Period 166.00 Transaction ID : SB17.4304
City Omaha	State NE Zip Code 68145	
Purpose of Disbursement Bank Fee	Category/Type 001	
Candidate Name KEN REED FOR CONGRESS		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: WV District: 02		

Full Name (Last, First, Middle Initial) C. KENNETH RAY REED		Date of Disbursement M M / D D / Y Y Y Y 03 / 31 / 2014
Mailing Address 4253 MARTINSBURG ROAD		Amount of Each Disbursement this Period 1693.20 Transaction ID : SB17.4288
City BERKELEY SPRINGS	State WV Zip Code 25411	
Purpose of Disbursement In-kind - Cessna 182S Plane	Category/Type	
Candidate Name		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: WV District: 02		

SUBTOTAL of Disbursements This Page (optional).....	13859.20
TOTAL This Period (last page this line number only).....	

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 18 OF 24		
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21			

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NAME OF COMMITTEE (In Full)
KEN REED FOR CONGRESS

Full Name (Last, First, Middle Initial) A. KENNETH RAY REED		Date of Disbursement M M / D D / Y Y Y Y 03 / 31 / 2014
Mailing Address 4253 MARTINSBURG ROAD		Amount of Each Disbursement this Period 5400.00 Transaction ID : SB17.4289
City BERKELEY SPRINGS State WV Zip Code 25411	Purpose of Disbursement In-kind - Office	
Candidate Name	Category/Type	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: WV District: 02		

Full Name (Last, First, Middle Initial) B. KENNETH RAY REED		Date of Disbursement M M / D D / Y Y Y Y 03 / 31 / 2014
Mailing Address 4253 MARTINSBURG ROAD		Amount of Each Disbursement this Period 913.77 Transaction ID : SB17.4327
City BERKELEY SPRINGS State WV Zip Code 25411	Purpose of Disbursement Interest Expense	
Candidate Name KEN REED FOR CONGRESS	Category/Type 009	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: WV District: 02		

Full Name (Last, First, Middle Initial) C. KENNETH RAY REED		Date of Disbursement M M / D D / Y Y Y Y 03 / 31 / 2014
Mailing Address 4253 MARTINSBURG ROAD		Amount of Each Disbursement this Period 857.52 Transaction ID : SB17.4332
City BERKELEY SPRINGS State WV Zip Code 25411	Purpose of Disbursement In-kind - Fuel	
Candidate Name	Category/Type	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: WV District: 02		

SUBTOTAL of Disbursements This Page (optional).....	7171.29
TOTAL This Period (last page this line number only).....	

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 19 OF 24			
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21	

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NAME OF COMMITTEE (In Full)
KEN REED FOR CONGRESS

Full Name (Last, First, Middle Initial) A. Rising Tide Media		Date of Disbursement M M / D D / Y Y Y Y 03 / 31 / 2014
Mailing Address 226 S. Fayette		Amount of Each Disbursement this Period 2000.00 Transaction ID : SB17.4295
City Alexandria	State VA	
Purpose of Disbursement Consultant		Category/ Type 001
Candidate Name KEN REED FOR CONGRESS		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: WV	District: 02	

Full Name (Last, First, Middle Initial) B. The Herald		Date of Disbursement M M / D D / Y Y Y Y 03 / 31 / 2014
Mailing Address 100 Summit Avenue		Amount of Each Disbursement this Period 400.00 Transaction ID : SB17.4311
City Hagerstown	State WV	
Purpose of Disbursement Advertising		Category/ Type 004
Candidate Name KEN REED FOR CONGRESS		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: WV	District: 02	

Full Name (Last, First, Middle Initial) c. Venable		Date of Disbursement M M / D D / Y Y Y Y 03 / 31 / 2014
Mailing Address 575 7th Street NW		Amount of Each Disbursement this Period 3000.00 Transaction ID : SB17.4293
City Washington	State DC	
Purpose of Disbursement Legal		Category/ Type 001
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State:	District:	

SUBTOTAL of Disbursements This Page (optional).....	5400.00
TOTAL This Period (last page this line number only).....	

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 20 OF 24		
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21			

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NAME OF COMMITTEE (In Full)
KEN REED FOR CONGRESS

Full Name (Last, First, Middle Initial) A. WVSOS		Date of Disbursement MM / DD / YYYY 01 / 18 / 2014
Mailing Address 1900 Kanawha Blvd. East		Amount of Each Disbursement this Period 1740.00 Transaction ID : SB17.4316
City Charleston State WV Zip Code 25305	Purpose of Disbursement Filing 001 Category/Type	
Candidate Name KEN REED FOR CONGRESS	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: WV District: 02		

Full Name (Last, First, Middle Initial) B.		Date of Disbursement MM / DD / YYYY
Mailing Address		Amount of Each Disbursement this Period
City State Zip Code	Purpose of Disbursement Category/Type	
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) C.		Date of Disbursement MM / DD / YYYY
Mailing Address		Amount of Each Disbursement this Period
City State Zip Code	Purpose of Disbursement Category/Type	
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	1740.00
TOTAL This Period (last page this line number only).....	31116.49

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 21 OF 24	
	<input type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input checked="" type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
KEN REED FOR CONGRESS

Full Name (Last, First, Middle Initial) A. KENNETH RAY REED		Date of Disbursement M M / D D / Y Y Y Y 03 / 31 / 2014
Mailing Address 4253 MARTINSBURG ROAD		Amount of Each Disbursement this Period 1197.52 Transaction ID : SB19A.4325
City BERKELEY SPRINGS State WV Zip Code 25411	Purpose of Disbursement Principle on Loan 1 009 Category/Type	
Candidate Name KEN REED FOR CONGRESS	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: WV District: 02		

Full Name (Last, First, Middle Initial) B. KENNETH RAY REED		Date of Disbursement M M / D D / Y Y Y Y 03 / 31 / 2014
Mailing Address 4253 MARTINSBURG ROAD		Amount of Each Disbursement this Period 4993.40 Transaction ID : SB19A.4326
City BERKELEY SPRINGS State WV Zip Code 25411	Purpose of Disbursement Principle on Loan 2 009 Category/Type	
Candidate Name KEN REED FOR CONGRESS	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: WV District: 02		

Full Name (Last, First, Middle Initial) C.		Date of Disbursement M M / D D / Y Y Y Y
Mailing Address		Amount of Each Disbursement this Period
City State Zip Code	Purpose of Disbursement Category/Type	
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	6190.92
TOTAL This Period (last page this line number only).....	6190.92

SCHEDULE C (FEC Form 3)
LOANS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

13a
 13b

NAME OF COMMITTEE (In Full)

Transaction ID : SC/10.4174

KEN REED FOR CONGRESS

LOAN SOURCE Full Name (Last, First, Middle Initial)

[PERSONAL FUNDS]

Election: 2014

KENNETH RAY REED

Primary

General

Other (specify) ▼

Mailing Address

4253 MARTINSBURG ROAD

City

State

ZIP Code

BERKELEY SPRINGS

WV

25411

Original Amount of Loan

25000.00

Cumulative Payment To Date

2389.07

Balance Outstanding at Close of This Period

22610.93

TERMS

Date Incurred

09 / 29 / 2013

Date Due

09/29/2018

Interest Rate

2.00 % (apr)

Secured:

Yes No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

2. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

3. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

4. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

SUBTOTALS This Period This Page (optional)..... ▶

22610.93

TOTALS This Period (last page in this line only)..... ▶

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

SCHEDULE C (FEC Form 3)
LOANS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

13a
 13b

NAME OF COMMITTEE (In Full)

Transaction ID : SC/10.4180

KEN REED FOR CONGRESS

LOAN SOURCE Full Name (Last, First, Middle Initial)

[PERSONAL FUNDS]

Election: 2014

KENNETH RAY REED

Primary

General

Other (specify) ▼

Mailing Address

4253 MARTINSBURG ROAD

City

State

ZIP Code

BERKELEY SPRINGS

WV

25411

Original Amount of Loan

200000.00

Cumulative Payment To Date

4993.40

Balance Outstanding at Close of This Period

195006.60

TERMS

Date Incurred

M 12 / D 31 / Y 2013

Date Due

M / D / Y 12/31/2033

Interest Rate

10.00

% (apr)

Secured:

Yes

No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

2. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

3. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

4. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

SUBTOTALS This Period This Page (optional)..... ▶

195006.60

TOTALS This Period (last page in this line only)..... ▶

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

**SCHEDULE C (FEC Form 3)
LOANS**

NAME OF COMMITTEE (In Full) **KEN REED FOR CONGRESS** Transaction ID : **SC/10.4184**

LOAN SOURCE Full Name (Last, First, Middle Initial) **[PERSONAL FUNDS]** Election: 2014
KENNETH RAY REED Primary
 Mailing Address 4253 MARTINSBURG ROAD General
 Other (specify) ▼

City State ZIP Code
 BERKELEY SPRINGS WV 25411

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
300000.00	0.00	300000.00

TERMS

Date Incurred	Date Due	Interest Rate	Secured:
M 03 / D 31 / Y 2014	M / D / Y 2034	10.00 % (apr)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: []
2. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: []
3. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: []
4. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: []

SUBTOTALS This Period This Page (optional).....	300000.00
TOTALS This Period (last page in this line only).....	517617.53

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.