FILE COPY

## UNITED STATES HOUSE OF REPRESENTATIVES

#### ETHICS IN GOVERNMENT ACT

#### FINANCIAL DISCLOSURE STATEMENT — FORM B

Please provide the following information. Your address and signature WILL NOT be made available to the public.

THOMAS W. REED TT (607) 937-5597
(Print Full Name) (Daytime Telephone)

ZZ/ WASHINGTON ST., CORNING, NY 14830
(Complete Address — Office or Home)

# CERTIFICATION — THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

The attached Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended. The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct or its designee. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file the attached report may be subject to civil penalties and criminal sanctions. See Section 104 of the Ethics in Government Act (5 U.S.C. app) and 18 U.S.C. § 1001.

I CERTIFY that the statements I have made on the attached financial disclosure statement and all attached schedules are true, complete, and correct to the best of my knowledge and belief.	Date (Month, Day, Year)

UNITED STATES HOUSE OF REPRESENTATIVES FINANCIAL DISCLOSURE STATEMENT	FORM B	
Period covered: January 1, 2009 - August 1, 2009	For use by candidates and new employees	
Name: THOMAS W. REED II Daytin	ne Telephone: (כטס) 937-5397	·
		(Office Use Only)
Filer Status  Candidate for the House of Representatives District: 1291 Date Elected D	of tion: ///2/20/0 Check if Amendment	A \$200 penalty shall be assessed against anybody who files more than 30 days late.
In all sections, please type or print clearly in black ink.  PRELIMINARY INFORMATION — ANSWER EACH OF THE	SE 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?  Yes  No  If yes, complete and attach Schedule I.	IV. Did you hold any reportable positions on or be of filing in the current calendar year or in the prior of the current calendar year or in the prior of the current calendar year or in the prior of the current year.  If yes, complete and attach Schedule IV.	efore the date r two years? Yes No No
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.	V. Did you have any reportable agreement or arrawith an outside entity?  If yes, complete and attach Schedule V.	angement Yes No
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.	VI. Did you receive compensation of more than \$ a single source in the two prior years?  If yes, complete and attach Schedule VI.	5,000 from Yes No
Each question in this part must be answered and the	appropriate schedule attached for e	each "Yes" response.
EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFO	RMATION — ANSWER EACH O	F THESE QUESTIONS
TRUSTS—Details regarding "Qualified Blind Trusts" approved by the Committee on Staneed not be disclosed. Have you excluded from this report details of such a trust benefit page 8.)	iting you, your spouse, or a dependent child? (S	See Instructions, Yes No No
<b>EXEMPTION</b> —Have you excluded from this report any other assets, "unearned" incor because they meet all three tests for exemption? Do not answer "yes" unless you have Conduct.	ne, transactions, or liabilities of a spouse or dep first consulted with the Committee on Standard	endent child s of Official Yes No

### SCHEDULE I—EARNED INCOME (INCLUDING HONORARIA)

Name THOMAS W. REED I Page 1 of

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 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.

Source (include date of receipt for honoraria)	Туре	Amo	mount						
	.,,,,,	Current Year to Filing	Preceding Year						
XYZ Corporation, Houston, Texas	Salary	\$6,300	\$28,450						
mples: First Bank & Trust, Houston, Texas	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	NA						
OWN OF BIG FLATS	SALARY	*//2,000							
SWN OF BIG FLATS	SALARY	*23,000	*158,690 *29,516						
			W						
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#### BLOCK A BLOCK B BLOCK C BLOCK D Asset and/or Income Source Value of Asset Type of Income Amount of Income Identify (a) each asset held for investment or Indicate value of asset at close Check all columns that apply. For production of income with a fair market value of reporting year. If you use a For retirement plans or accounts that do not retirement plans or accounts that exceeding \$1,000 at the end of the reporting valuation method other than fair allow you to choose specific investments, you do not allow you to choose specifperiod, and (b) any other asset or sources of market value, please specify the ic investments, you may write "NA." may write "NA" for income. For all other income which generated more than \$200 in For all other assets including all assets, including all IRAs, indicate the catemethod used. "unearned" income during the year. For rental IRAs, indicate the type of income gory of income by checking the appropriate property or land, provide a complete address. If an asset was sold during the by checking the appropriate box box below. Dividends and interest, even if Provide full names of stocks and mutual funds below. Dividends and interest. reporting year and is included (do not use ticker symbols). For all IRAs and reinvested, should be listed as income. even if reinvested, should be only because it generated other retirement plans (such as 401(k) plans) Check "None" if no income was earned or listed as income. Check "None" if that are self directed (i.e., plans in which you income, the value should be generated. asset did not generate any income have the power, even if not exercised, to select "None." during calendar year. the specific investments), provide the value and income information on each asset in the ABCDEFGHLJ account that exceeds the reporting threshold. Κ Specify: For Example, Partnership Income or Farm Income) For retirement plans that are not self-directed, **Current Year Preceding Year** name the institution holding the account and its value at the end of the reporting period. For an active business that is not publicly traded. state the name of the business, the nature of its activities, and its geographic location in Block A. For additional information, see the instruction booklet. Exclude: Your personal residence(s) (unless \$25,000,001 - \$50,000,000 EXCEPTED/BLIND TRUST \$5,000,001 - \$25,000,000 \$100,001 - \$250,000 \$250,001 - \$500,000 \$500,001 - \$1,000,000 \$1,000,001 - \$5,000,000 there is rental income); any debt owed to you \$1,000,001 - \$5,000,000 \$100,001 - \$1,000,000 \$1,000,001 - \$5,000,000 by your spouse, or by you or your spouse's \$100,001 - \$1,000,000 Other Type of Income \$2,501 - \$5,000 \$5,001 - \$15,000 \$15,001 - \$50,000 \$50,001 - \$100,000 child, parent, or sibling; any deposits totalling \$50,001 - \$100,000 \$1,001 - \$2,500 \$2,501 - \$5,000 \$5,001 - \$15,000 \$15,001 - \$50,000 \$50,001 - \$100,000 \$1,001 - \$15,000 Over \$50,000,000 \$5,000 or less in personal savings accounts: \$201 – \$1,000 \$1,001 – \$2,500 CAPITAL GAINS Over \$5,000,000 any financial interest in or income derived from - \$1,000 \$1 -- \$1,000 U.S. Government retirement programs. DIVIDENDS NTEREST \$1 - \$200 \$15,001 If you so choose, you may indicate that an asset or income source is that of your spouse \$201 (SP) or dependent child (DC) or is jointly held (JT), in the optional column on the far left. SP. SP Mega Corp. Stock X Х DC, Examples: Simon & Schuster Indefinite Royalties X JT 1st Bank of Paducah, KY accounts Χ Corning Inc. JOS Uniphase Panagex Corp. Penn Growth X × Valence Zerox

## SCHEDULE II—ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Name THOMAS W. REED IL

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-	BLOCK A		BLOCK B					BLOCK C							BLOCK D																							
	Asset and/or Income Source		Value of Asset				Type of Income							1	Amount of Income																							
SP		Α	В	С	D E	F	G	Н	IJ	к	L						T		+	Current Year Preceding Year																		
JT,									.   ♀	8									-	T II	m	Lιν					κΙx	Ινι	<u> </u>	TI.	Pr							
DC					3 8	e e	000	0000	000,00	0,000,0						TRUS	6	2			"	'		*	v" v						"	''	<b>V</b>	VIIV	ועווי	II IX	0	XI
				\$1,001 - \$15,000	\$50,001 - \$100,000	\$100,001 \$250,000	\$250,001 \$500,000	\$500,001 - \$1,000,000	\$5,000,001 - \$25,000,000	\$25,000,001 - \$50,000,000	Over \$50,000,000				SNIN	EXCEPTED/BLIND TRUST	Other Type of focus	<u> </u>				Q	<u>.</u>	8		000	5,000,0	0				0		2 2	000	000,000	0'000'9	
		<u></u>	\$1 - \$1,000	01 - <del>8</del>	201 -	100	-100,	100	00,001	00,000	\$50,00	ш	DIVIDENDS	NTEREST	CAPITAL GAINS	PTED	Type	(Specify)		000	\$201 - \$1,000	\$1,001 - \$2,500	\$2,501 - \$5,000	\$5,001 - \$15,000	1 200	11 - 51	001 - \$	0000'0		00	\$1,000	\$2,50	\$5,00(	), er4-	- \$100	1-\$1.0	01 – \$	000,000
		None	69	91,0	\$50,0	\$100	\$250	\$ 500 5 500	\$5,00	\$25,0	Q.e.			NTE	CAP	EXCE	Page		None	\$1 - \$200	\$201-	\$1,001	\$2,501	\$5,001	\$50,001 - \$100,000	\$100,001 - \$1,000,000	\$1,000,001 - \$5,000,000	Over \$5,000,000	None	\$1 - \$200	\$201 - \$1,000	\$1,001 \$2,500	\$2,501 - \$5,000	\$15.001 - \$15,000	\$50,001 - \$100,000	\$100,001 - \$1,000,000	\$1,000,001 - \$5,000,000	Over \$5,000,000
	Capital Source		,	K							1	X							  x	<del> </del>			1				-	-			+					"	<b>37</b>	$\dashv$
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Name THOMAS W. REED I

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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, 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.

			Amount of Liability												
SP, DC,	Chadian		В	С	D	Ε	F	G	Н	1	J	К			
JT,	Creditor	Type of Liability	1	1		1	1	18	28	000	5 8	000			
			\$10,001- \$15,000	\$15,001- \$50,000	\$50,001—	00,00	\$250,001- \$500,000	\$500,001— \$1,000,000	000	\$5,000,001— \$25,000,000	\$25,000,001	Over \$50,000,000			
	Example: First Bank of Wilmington, Delaware	Mortgage on 123 Main Street, Dover, Del.	<u>*</u> *	\$1:	\$ <del>\$</del>	X S	\$25	\$ 50	55,	\$5,	\$2 \$2 \$2 \$2	<u>\$</u>			
	GLC-Student Loans	Student Loans	+			<u> </u>				<del>                                     </del>					
	G. S. Carlotti, Gard	STUDENT LOANS	-		×	<u> </u>				ļ!					
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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 officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, 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	
member	Fritz-Klee Holdings, LLC	
Member	Fritz-Kler Realty, UC	
Member	Platinum Home Broup, LLC	
Member	Bending River Estates, UC	
Member	Law Office of thomas W. Reed II, PLLC	