REASON: DISSOLUTION OF MARRIAGE 2005

B. CHANGE OF ADDRESS, AMENDMENTS, TERMINATIONS, AND BILLS AND RESOLUTIONS

EMPLOYER CHANGE OF NAME OR ADDRESS - Based on your Initial Registration Statement or last Updated Registration Statement, state any CHANGES in your name or business address: Name KATHLEEN WALCHER TO KATHLEEN REED NORWALK OH 44857

City State Zip(=1) Telephone Number 419 706 - 1160 TELEPHONE NUMBER (706) 1160 HURON NAME OF EMPLOYER (Other than the General Assembly)_ ZIP CODE STATE CITY STREET TELEPHONE NUMBERL COUNTY PLEASE CHECK THE APPROPRIATE BOX, AND FILL IN THE REQUESTED INFORMATION. MEMBERS OF THE GENERAL ASSEMBLY DURING 2005 OR 2006 Elected OR Appointed to the General Assembly If appointed, what was the date of your appointment: ___/__/__ If elected or appointed, what are (were) the dates of your most current term: From: 61/01/05 To NON INCUMBENT CANDIDATES FOR THE GENERAL ASSEMBLY DURING 2006 Date of first election (primary, special, or general) in which your candidacy is to be voted upon:_ EMPLOYEES OF THE GENERAL ASSEMBLY OR LEGISLATIVE AGENCY Date of employment: Designated by JLEC as a required filer **VOLUNTARY FILERS** d. Name of Agency of Voluntary Filer:

FINANCIAL DISCLOSURE STATEMENT INSTRUCTIONS

YOU MUST COMPLETE THIS FORM IF:

- ♦ You are a member of the General Assembly during 2006;
- ♦ You were a member of the General Assembly during 2005;
- ♦ You are a non incumbent candidate for the General Assembly during 2006;
- ♦ You are an employee of the General Assembly or any legislative agency who has been designated by the Joint Legislative Ethics Committee as a required filer.

FILING FEE: Each form must be accompanied by a \$40 FILING FEE (check or money order only made payable to JLEC). Campaign funds MAY be used for this fee. If you are an employee (non-elected) of the General Assembly, or any legislative agency, your agency is required to pay the \$40 fee.

PENALTIES: Any person who fails to file a <u>complete</u> financial disclosure statement by the appropriate deadline may be assessed a late filing fee of one-half the filing fee for each day the statement is late, up to a maximum of \$100, and may also be subject to criminal prosecution. In addition, any person who files a false statement may be subject to criminal prosecution.

FILING DEADLINES: The filing deadline is Monday, APRIL 3, 2006, unless one of the following applies:

AN INCUMBENT MEMBER OF THE GENERAL ASSEMBLY whose name will **NOT** appear on any May 2, 2006, Primary Election Ballot. The filing deadline for non-candidate members is April 15, 2006.

APPOINTEES TO THE GENERAL ASSEMBLY: Any person appointed to fill a vacancy for an un-expired term in the General Assembly must file within 15 days after he or she qualifies for office.

EMPLOYEES: An employee of the General Assembly, or any legislative agency, must file by April 15, 2006, unless you were employed or promoted after that date, then you must file within 90 days after employment or promotion.

NOTE: No person is required to file more than <u>one</u> financial disclosure statement for any given calendar year with the appropriate ethics agency.

Submit Completed Form To:

JOINT LEGISLATIVE ETHICS COMMITTEE

OFFICE OF THE LEGISLATIVE INSPECTOR GENERAL

50 West Broad Street, Suite 1308 Columbus, Ohio 43215-5908

(614) 728-5100

FOR MORE INFORMATION, PLEASE CONTACT THE JOINT LEGISLATIVE ETHICS COMMITTEE, OFFICE OF THE LEGISLATIVE INSPECTOR GENERAL AT (614) 728-5100.

CANDIDATES: THIS IS A PERSONAL FINANCIAL DISCLOSURE STATEMENT.

THIS IS NOT A CAMPAIGN FINANCE-RELATED REPORT.

1. INCOME

Complete EITHER Section A or Section B, whichever is the appropriate section.

A. IF YOU ARE A MEMBER OF THE GENERAL ASSEMBLY IN 2006 OR WERE A MEMBER OF THE GENERAL ASSEMBLY IN 2005: You are required to list EVERY source of income and must identify the amount of each source of income received in accordance with the following ranges using the appropriate letter: A. \$0 - \$999; B. \$1,000 - \$9,999; C. \$10,000 - \$24,999; D. \$25,000 - \$49,999; E. \$50,000 - \$99,999; F. \$100,000 or more. Also, list each source of income received by any other person for your use or benefit. "Income" includes gross income for federal tax purposes and interest and dividends on all governmental securities. You are not required to list the sources of income of your spouse, unless the income was received specifically for your use or benefit. MILEAGE REIMBURSEMENT IS REPORTED IN "SECTION 8. TRAVEL". DO NOT INCLUDE MILEAGE REIMBURSEMENT IN "SECTION 1. INCOME".

You are not required to list the individual items of income from your business or profession, only the name of any business, governmental agency, or employer from which you received income EXCEPT (1) you must list the source and dollar amount of income received, or shared with a partner in your business or profession, that is attributable to services or goods provided to a client or customer who is a "legislative agent" AND/OR (2) you must list the source and dollar amount of income received from a person or entity that is doing or seeking to do business with the General Assembly. Attorneys, physicians, and psychologists should list each practice separately but need not disclose the names of their clients or patients, unless those clients or patients are legislative agents. If the client or patient is a legislative agent, you must disclose each client or patient, unless excepted under Revised Code 102.02(A)(2)(c).

For each source of income listed, briefly describe the services for which the income was received.

IF NONE, CHECK HERE

IF NONE, CHECK HERE		AMOUNT
SOURCE OF INCOME	SERVICE PERFORMED	(A, B, C, D, E, OR F)
A STATE OF OHIO	REPRESENTATIVE	E
B.		
C.		
D.		
E.		
	The state of the s	E CENERAL

B. IF YOU ARE A CANDIDATE (but not an incumbent candidate) FOR THE GENERAL ASSEMBLY OR IF YOU ARE AN EMPLOYEE OF THE GENERAL ASSEMBLY OR ANY LEGISLATIVE AGENCY: You are required to list each source of gross income. You are not required to disclose any dollar amounts except as indicated below. Also, list each source of income received by any other person for your use or benefit. Remember to list your employment as a source of income. "Income" includes gross income for federal tax purposes and interest and dividends on all governmental securities. You are not required to list the sources of income of your spouse, unless the income was received for your use or benefit.

You are not required to list the individual items of income from your business or profession, only the name of any business, governmental agency, or employer from which you received income EXCEPT (1) you must list the source and dollar amount of income received, or shared with a partner in your business or profession, that is attributable to services or goods provided to a client or customer who is a "legislative agent" AND/OR (2) you must list the source and dollar amount of income received from a person or entity that is doing or seeking to do business with the General Assembly. Attorneys, doctors, and psychologists should list each practice separately but need not disclose the names of their clients or patients, unless those clients or patients are legislative agents. If the client or patient is a legislative agent, you must disclose each client or patient, unless excepted under Revised Code 102.02(A)(2)(c).

For each source of income listed, briefly describe the services for which the income was received.

IF NONE,	CHECK	HERE	
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	SERVICE PERFORMED	AMOUNT (If required)
ciano, p., de mangania		
		SERVICE PERFORMED

		25,033,031	
2. IMMEDIATE FAMILY MEM List the names of members of your immediate your household and any dependent child. IF NONE, CHECK HERE	ł I		Immediate family" is defined as your spouse residing in
A.			C.
В.			D.
3. BUSINESS NAMES List all names under which you or members of IF NONE, CHECK HERE	your	imr	
A.			C.
В.			D.

4. INVESTMENTS

List the names of each corporation incorporated or authorized to do business in Ohio and each trust, business trust, partnership, or association transacting business in Ohio in which you or any other person for your use or benefit had an investment of more than \$1,000 during 2005 (at fair market value as of December 31, 2005, or the date of disposition, whichever is earlier) or in which you hold an office or have a fiduciary relationship (regardless of any monetary investment, including holding office in a not-for-profit corporation.) Include all investments even though they constitute a source of income. You do not have to disclose accounts with banks, building and loan associations, savings and loan associations, and credit unions if the amount is a deposit or withdrawable share account. For each listing, give a brief description of the investment, office, or relationship.

IF NONE, CHECK HERE

NAME OF CORPORATION, TRUST, BUSINESS TRUST, PARTNERSHIP, OR ASSOCIATION	NAME OF INVESTMENT, OFFICE, OR FIDUCIARY RELATIONSHIP
A. PERS	RETIREMENT
B. PUBLIC EMP. DEFERREDCE	MUTUAL FUND
D.	

5. REAL ESTATE

List all leasehold or ownership interests in real property located in Ohio to which you hold legal title or in which you have any beneficial interest. You do not have to list your personal residence or any real property used primarily for personal recreation. List by address or other description.

IF NONE, CHECK HERE

STREET ADDRESS	CITY	COUNTY	ZIP CODE
Α.			
B.			
С.			

6. CREDITORS

List the names of all of your creditors residing or transacting business in Ohio to whom you owe, or have owed, at any time during the calendar year 2005, more than \$1,000 in your own name or in the name of any other person. You must disclose automobile loans, credit card accounts, and all other similar accounts if the balance has exceeded \$1,000 at any time during outstanding. You do not have to disclose the debts on your personal residence or real property used primarily for personal recreation, or debts resulting from the ordinary conduct of a business or profession.

XX T4CT4TT CTTTCTTTTTTTTTTTTTTTTTTTTTTTT	IF NONE,	CHECK	HERE	
--	----------	-------	------	--

A CHRYSLER FINANCIA	AL	C.
B. BANK OF AMERICA	1	D.

7. DEBTORS

List the names of all of your debtors residing or transacting business in Ohio who owe, or have owed, you at any time during the calendar year 2005, more than \$1,000 in your own name or in the name of any other person for your use or benefit. If you are an attorney, a doctor, or a psychologist, you do not have to disclose the names of your clients or patients. You do not have to disclose the names of persons indebted to you if the debt results from the ordinary conduct of your business or profession. Banks, building and loan associations, savings and loan associations, and credit unions need not be listed if the only moneys owed to you by them are moneys which you deposited with such institutions or which are in a withdrawable share account.

IF NONE, CHECK HERE

A.		C.
В.		D.

8. TRAVEL

List the source and amount of each payment of payments or reimbursements received by you in your for travel in connection with your official duties. You must disclose every payment or reimbursements of expenses for travel both inside and outside of Ohio. You must disclose travel payments or reimbursements, INCLUDING MILEAGE REIMBURSEMENTS made to you, or on your behalf, by the General Assembly.

You do not have to disclose expenses incurred at a meeting or convention of a national or state organization to which any state agency, including, but not limited to, any legislative agency or state institution of higher education as defined in section 3345.011 of the Revised Code, pays membership dues. For example: the General Assembly pays dues to the following organizations: (1) National Council of State Legislatures (NCSL); (2) Council of State Governments (CSG); (3) American Legislative Exchange Council (ALEC); (4) National Conference of Insurance Legislators (NCOIL); (5) State Legislator Leaders Foundation (National Speakers Conference); and (6) Senate Presidents Forum.

IF NONE, CHECK HERE

SOUR	Œ		AMOUNT
A. OHIO HOUSE ADM	IN	OFFICE	2,227.50
B. CAMPAIGN COMMitte	e	LISTEDON CAMPAIGN	
C.			
D.			

Representative Kathy Walcher (Reed) Addendum to 2005 JLEC Financial Disclosure Form

Section 11: Non-Disputed Information

Employer of a Legislative Agent
Ohio Hospital Association

Category of Expenditure
S17.666

Meals

Category of Expenditure
Details
Legislative Reception

6/21/2005

CENSES

Therefore, if you are a me activity. IF NONE, CHECK HEI	ar license, or is engagember of the General	L OII	engages in the conduct or practice of a particular business, licensing or regulation by any branch, department, division, bureau of the state, is required to file a notice that he or she in such activity, as part of the financial disclosure statement. sembly, list all licenses held or a description of any regulated
License Held	NOTOD		
Regulated Activity	WOTARY		PUBLIC
THE BOX MARKE THE STATEME RETURNED TO BY THE APPROPE MAY BE SUBJECT	ED "NONE." IF THE NT IS INCOMPI YOU. PERSONS WE WATE DEADLINE TO CRIMINAL PRO	E A LET HO MA SEC	NT, CHECK EVERY QUESTION TO MAKE IE NECESSARY INFORMATION OR, IF YOU GIVEN QUESTION, YOU HAVE CHECKED NSWER TO ANY QUESTION IS OMITTED. TE UNDER THE LAW AND WILL BE IT IN FAIL TO FILE A COMPLETE STATEMENT Y BE ASSESSED A LATE FILING FEE AND CUTION.
the Ohio Revised Code whice misdemeanors of the first degenthan six months, or both. (See	owledge awareness and the prohibit me from tee, punishable by a f Revised Code Section	d ur kno fine ons	at and any additional attachments have been prepared or uthful, and correct disclosure of all required information. Inderstanding of Sections 102.02(D) and 2921.13(A)(7) of owingly filing a false statement and which are criminal of not more than \$1,000 or imprisonment of not more 102.99(B), 2921.13(D), and 2929.21.) The of Sections 3.04 and 124.34 of the Ohio Revised Code for removal from public office or dismissal from public
By signing below I I			or my public agency has, paid the \$40 FILING FEE hich must accompany this disclosure form.
Your Signature is Required: (Please sign in blue ink)	Karllen C	Å	Reed Walchet 3-23-06
RETAIN	NA COPY OF THIS ST	ATE	MENT FOR YOUR RECORDS
FOR OFFICE USE ONLY: Review	wed by 7 . 6	77	TOUR RECORDS
Complete Date form returned to filer:/_	Incomplete	-	Date: 4 / 5 / 06 Date completed form returned to OLIG:/_/_
		8	

March 30, 2006

To:

Joint Legislative Ethics Committee

From:

State Representative Kathy Reed (Walcher)

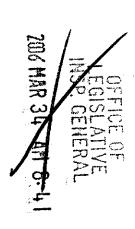
(Name change 8/05 due to dissolution of marriage)

Re:

Financial Disclosure Statements

Enclosed, please find my financial disclosure statement. If you find any errors or omissions please feel free to let me know. I did not attend the Chamber event last year, and I am not a candidate for this year's election.

Thank you for your time and consideration in the matter.



INSP. GENERAL