

# KENTUCKY LEGISLATIVE ETHICS COMMISSION

## STATEMENT OF FINANCIAL DISCLOSURE (KRS 6.787)

To be filed by: All members of the General Assembly, all candidates and nominees for election to the General Assembly, and major management personnel in the legislative branch of state government.

Check here and attach additional sheets if necessary Number of sheets attached.
Please include the following information for the preceding calendar year:
Name AARON REED
Name HARON KEED  Business address 1016 MT VERNON DR, SHELBYVILLE, KY 40065  Business telephone 502 - 802 - 5427  Home address 981 BUZZARD ROOST RD SHELBYVILLE, KY 40065  Title of public position, or office sought STATE SUNATOR # 7  Other occupations of filer RUTIRUD NAVY, OWNER: OPS SUPPLY INC., Occupations of ASR ENTERPRISUS INC, T KODIAK KONTING INC.
Home address 981 13UZZIARD ROOST RY) SHIJISY VILLE, ILT 40065
Title of public position, or office sought STATE SUNATOR #7
Occupations of ASR ENTERPRISES INC, T KODIAK KONTING INC.
spouse THE OWNER FARMER WING A PRAYER FARM
NOTE: The following sections do not require disclosure of specific dollar amounts.
1. Positions held by filer in any business, partnership, corporation for profit, or corporation not for profit from which the filer receives compensation, and the name of the business, partnership, or corporation  OPS SUPPLY INC  KODIMK KUNTING INC
KODINAK KONATING INC
2. Positions held by filer's spouse in any business, partnership, corporation for profit, or corporation not for profit from which the filer's spouse receives compensation, and the name of the business, partnership, or corporation  [FAM] (4 FARM  OWNER: WING A PRAYER IFARM
3. Names and addresses of all businesses, investments, or securities in which the filer, filer's spouse, or filer's minor children had at any time during the reporting year an interest of \$10,000 at fair market value, or 5% ownership interest or more <u>BUNGR</u> ASR EMBR PRISBS INC, OPS SUPPLY INC, KODINIK KONTING, AND WING-APRAYON FARM.

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5. Sources and form of gr Kon Samlo	oss income of the filer みら # 4	's spouse (list sources by n	aine)
6. Positions of a fiduciary	nature held by the file	r in a business //	
7. A designation as comn other than the filer's prima held by the filer, filer's spechildren RESIO OUR SOUD OUR HOME V	ry residence, in which ouse, or filer's minor	oral, and the location of all restriction of all restriction of \$10,00 and the contraction of the second of the se	0 or more
or the filer's immediate far means spouse, parent, sibl in-law, grandparent, or gra Immediate family means u spouse, or a person claime NONE	nily, except those from ng, child, mother-in-lay ndchild, or dependent r nemancipated child res d by the filer as a depen		ly, (Family daughter- old, ehold,

	r household purposes) /NOEPENDENCE BANK
englist programme en engelede 27	
). The	name of any legislative agent who is:
) amily;	<ul><li>a) A member of the filer's immediate family;</li><li>b) A partner of the filer, or a partner of a member of the filer's immediate</li></ul>
(	<ul> <li>(c) An officer or director of the filer's employer;</li> <li>(d) An employer of the filer or an employer of a member of the filer's immediate family;</li> <li>(e) A business associate of the filer or a business associate of a member of the filer's immediate family</li> </ul>
11. 7	The names of any of the filer's clients who are legislative agents or employers
and access among the first of	

13. If yes, list the names of the copartner made an appearance. The before a specific agency.	clients represented and list the agencies before which the effect need not identify which client was represented
Clients	
N/A	
State Agency	
N/A	
	NOTICES
1. Upon receipt by the Commis record available for copying.	ssion, a statement of financial disclosure shall be a public
a deficiency identified by the Co	n statement of financial disclosure or who fails to remedy ommission in a timely manner may be fined an amount of a maximum total fine of \$1000.
3. Any person who files a staten false information, or to omit required	ment of financial interests which they know to contain uired information, shall be guilty of a class A
13 FEB 2024	AARON REEN MUNICIPALITY
Send completed statements to:	The Kentucky Legislative Ethics Commission 22 Mill Creek Park Frankfort, Kentucky 40601 FAX (502) 573-2929
If you have questions please call	Tus at (502) 573-2863.

### Question #3 for Aaron Reed

### Owner:

ASR ENTERPRISES INC, 1016 MT VERNON DR, SHELBYVILLE KY 40065

OPS SUPPLY INC, 1016 MT VERNON DR, SHELBYVILLE KY 40065

KODIAK KOATING INC, 1016 MT VERNON DR, SHELBYVILLE KY 40065

WING A PRAYER FARM (FAMILY FARM) 981 BUZZARD ROOST RD SHELBYVILLE KY 40065

## BANKS with Accounts and CDs:

Independence Bank 65 Mack Walters Rd Shelbyville KY 40065

L&N Federal Credit Union 12981 Shelbyville Rd Louisville, KY 40243

German American Bank 1854 Midland Trail Shelbyville KY 40065

#### Other:

Thrift Savings Plan (Military option) C/O Broadridge Processing PO Box 1600 Newark, NJ 07101-1600

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