

**UNITED STATES HOUSE OF REPRESENTATIVES**  
Periodic Transaction Report

**HAND DELIVERED**  
1 of 2

LEGISLATIVE RESOURCE CENTER

2019 AUG 14 PM 2:02

OFFICE OF THE CLERK  
U.S. HOUSE OF REPRESENTATIVES

NAME: Douglas L. Lamborn

OFFICE TELEPHONE: 202-225-4422

Member of the U.S. House of Representatives  
State: CO District: 05  
File an original and 2 copies

Officer or Employee  
 Employing Office: \_\_\_\_\_  
File an original and 1 copy

*HL*  
(For Official Use Only)

Did you purchase any shares that were allocated as a part of an Initial Public Offering?  Yes  No

Please indicate whether this is an initial report or an amended report. For amendments, please provide the date of the report you are amending.  
 Initial Report  Amendment

If you answered "yes" to this question, please contact the Committee on Ethics for further guidance.

Date of Report Being Amended: \_\_\_\_\_

**A \$200 penalty shall be assessed against anyone who files more than 30 days late.**

FULL ASSET NAME	TYPE OF TRANS-ACTION				DATE OF TRANS-ACTION (MM/DD/YY)	DATE NOTIFIED OF TRANS-ACTION (MM/DD/YY)	AMOUNT OF TRANSACTION										
	Purchase	Sale	Partial Sale	Exchange			A \$1,001-\$15,000	B \$15,001-\$50,000	C \$50,001-\$100,000	D \$100,001-\$250,000	E \$250,001-\$500,000	F \$500,001-\$1,000,000	G \$1,000,001-\$5,000,000	H \$5,000,001-\$25,000,000	I \$25,000,001-\$50,000,000	J Over \$50,000,000	K Transaction in a Spouse or Dependent Child Asset over \$1,000,000
SP DC JT Provide full name, not ticker symbol. Example: Mega Corp. Common Stock																	
SP Net App, Inc. stock		<input checked="" type="checkbox"/>			02/05/18	03/07/18		<input checked="" type="checkbox"/>									
SP Net App, Inc. stock		<input checked="" type="checkbox"/>			7/15/19	7/15/19		<input checked="" type="checkbox"/>									
SP Net App, Inc. stock		<input checked="" type="checkbox"/>			7/15/19	7/15/19		<input checked="" type="checkbox"/>									
SP Net App, Inc. stock		<input checked="" type="checkbox"/>			7/15/19	7/15/19		<input checked="" type="checkbox"/>									

(TRN)  
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NAME: Douglas L. Lamborn Page 2 of 2

FULL ASSET NAME	TYPE OF TRANS-ACTION	DATE OF TRANS-ACTION	DATE NOTIFIED OF TRANS-ACTION	AMOUNT OF TRANSACTION										
				A	B	C	D	E	F	G	H	I	J	K
SP DC JT Provide full name, not ticker symbol.	Purchase	(MMDDYY)	(MMDDYY)	\$1,001-\$15,000	\$15,001-\$50,000	\$50,001-\$100,000	\$100,001-\$250,000	\$250,001-\$500,000	\$500,001-\$1,000,000	\$1,000,001-\$5,000,000	\$5,000,001-\$25,000,00	\$25,000,001-\$50,000,000	Over \$50,000,000	Transaction in a Spouse or Dependent Child Asset over \$1,000,000
(IRA) SP Net App, Inc. stock	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(IRA) SP Net App, Inc. stock	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

NOTE NUMBER	FILER NOTES (optional)