

UNITED STATES HOUSE OF REPRESENTATIVES
Periodic Transaction Report

LEGISLATIVE RESOURCE CENTER
2021 OCT 20 AM 10:11
OFFICE OF THE CLERK
U.S. HOUSE OF REPRESENTATIVES

HAND DELIVERED

NAME: Clifford Scott Franklin

OFFICE TELEPHONE: _____

Member of the U.S. House of Representatives
State: Florida District: 15
File an original and 2 copies

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

ML
(For Official Use Only)

Did you purchase any shares that were allocated as a part of an Initial Public Offering?
Yes No
If you answered 'yes' to this question, please contact the Committee on Ethics for further guidance.

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
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 TRANSACTION				DATE OF TRANSACTION (MM/DD/YY)	DATE NOTIFIED OF TRANSACTION (MM/DD/YY)	AMOUNT OF TRANSACTION											
	Purchase	Sale	Partial Sale	Exchange			A	B	C	D	E	F	G	H	I	J	K	
SP DC JT Provide full name, not ticker symbol.																		
Example: Mega Corp. Common Stock		X			02/05/20	03/07/20		X										
Fidelity Total Market Index Fund	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	09/17/21	10/05/21				<input checked="" type="checkbox"/>								
Fidelity Total Market Index Fund	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	09/17/21	10/05/21				<input checked="" type="checkbox"/>								
Fidelity Advisor Total Bond Cl Z	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	09/17/21	10/05/21				<input checked="" type="checkbox"/>								

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NAME: Clifford Scott Franklin Page 2 of 2

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NOTE NUMBER		FILER NOTES (optional)