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U.S. HOUSE OF REPRESENTATIVES

2021 OCT 27 AM 9:56

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UNITED STATES HOUSE OF REPRESENTATIVES
Periodic Transaction Report

NAME: Douglas L. Lembern OFFICE TELEPHONE: 202/225-4422

Member of the U.S. House of Representatives
State: CO District: 5
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 TRANS-ACTION				DATE OF TRANS-ACTION	DATE NOTIFIED OF TRANS-ACTION	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.					(MANDATORY)	(MANDATORY)														
JT Example: Mega Corp. Common Stock		X			02/05/20	03/07/20		X												
SP Net App, Inc. stock	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	10/12/21	10/12/21		<input checked="" type="checkbox"/>												
SP Net App, Inc. stock	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	11/25/21	10/25/21		<input checked="" type="checkbox"/>												
SP Net App, Inc. stock	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	10/26/21	10/26/21		<input checked="" type="checkbox"/>												
SP Net App, Inc. stock	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	10/12/21	10/12/21		<input checked="" type="checkbox"/>												

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NAME: Douglas L. Lember Page 2 of 2

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	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.					(MM/DD/YY)	(MM/DD/YY)	\$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-\$25,000,000	\$25,000,001-\$50,000,000	Over \$50,000,000	Transaction in a Spouse or Dependent Child Asset over \$1,000,000
IRA Net App, Inc. stock	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	10/25/21	10/25/21	<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"/>
IRA Net App, Inc. stock	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	10/26/21	10/26/21	<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"/>
IRA Net App, Inc. stock	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	10/25/21	10/25/21	<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"/>
IRA Net App, Inc. stock	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	10/26/21	10/26/21	<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"/>

NOTE NUMBER	FILER NOTES (optional)