

# UNITED STATES HOUSE OF REPRESENTATIVES

Periodic Transaction Report

LEGISLATIVE RESOURCE CENTER

Page 1 of 1

NAME: Ann Wagner

OFFICE TELEPHONE: (202) 225-1621

2022 FEB 14 PM 2: 23

OFFICE OF THE CLERK  
U.S. HOUSE OF REPRESENTATIVES

*ML*

(For Official Use Only)

Member of the U.S. House of Representatives  
State: Missouri District: 02

File an original and 2 copies

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

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

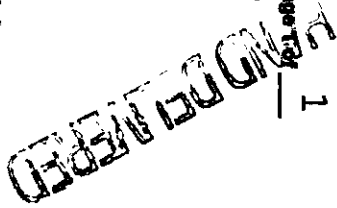
Please indicate whether this is an Initial report or an amended report. For amendments, please provide the date of the report you are amending.  Initial Report  Amendment

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 | DATE NOTIFIED OF TRANS-ACTION | AMOUNT OF TRANSACTION |   |   |                                     |   |   |   |   |   |   |   |  |  |  |  |  |  |
|---|-------------------------------------|--------------------------|--------------------------|----------------------|-------------------------------|-----------------------|---|---|-------------------------------------|---|---|---|---|---|---|---|--|--|--|--|--|--|
|   | Purchase                            | Sale                     | Exchange                 |                      |                               | A                     | B | C | D                                   | E | F | G | H | I | J | K |  |  |  |  |  |  |
| SP DC JT<br>Provide full name, not ticker symbol.<br><br>Example: Mega Corp. Common Stock |                                     |                          |                          | (MM/DD/YY)           | (MM/DD/YY)                    |                       |   |   |                                     |   |   |   |   |   |   |   |  |  |  |  |  |  |
| JT  |                                     | X                        |                          | 02/05/015            | 03/07/15                      |                       | X |   |                                     |   |   |   |   |   |   |   |  |  |  |  |  |  |
| JT Canyon TX Indpt Sch Dist Unl TD Sch Bldg   | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 01/26/22             |                               |                       |   |   | <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"/> |                      |                               |                       |   |   |                                     |   |   |   |   |   |   |   |  |  |  |  |  |  |



**UNITED STATES HOUSE OF REPRESENTATIVES**

Periodic Transaction Report

NAME: \_\_\_\_\_ Page  1  of  1

| FULL ASSET NAME   | TYPE OF TRANS-ACTION     |                          |                          | DATE OF TRANS-ACTION<br>(MM/DD/YY) | DATE NOTIFIED OF TRANS-ACTION<br>(MM/DD/YY) | AMOUNT OF TRANSACTION    |                          |                          |                          |                          |                            |                              |                              |                                |                          |  |                          |                          |
|---|--------------------------|--------------------------|--------------------------|------------------------------------|---|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|----------------------------|------------------------------|------------------------------|--------------------------------|--------------------------|--|--------------------------|--------------------------|
|   | Purchase                 | Sale                     | Exchange                 |                                    |   | A<br>\$1,001-\$15,000    | B<br>\$15,001-\$50,000   | C<br>\$50,001-\$100,000  | D<br>\$100,001-\$250,000 | E<br>\$250,001-\$500,000 | F<br>\$500,001-\$1,000,000 | G<br>\$1,000,001-\$5,000,000 | H<br>\$5,000,001-\$25,000,00 | I<br>\$25,000,001-\$50,000,000 | J<br>Over \$50,000,000   | K<br>Transaction in a Spouse or Dependent Child Asset over \$1,000,000 |                          |                          |
| SP<br>DC<br>JT<br><br>Provide full name, not ticker symbol. | <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"/> | <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)**

|  |  |
|--|--|
|  |  |
|  |  |
|  |  |