

Periodic Transaction Report

**HAND
DELIVERY**

2025-12-19 09:24:34

NAME: <u>Trey Hollingsworth</u>		OFFICE TELEPHONE: <u>202-225-5315</u>	
<input checked="" type="checkbox"/> Member of the U.S. House of Representatives State: <u>IN</u> District: <u>09</u> File an original and 2 copies		<input type="checkbox"/> 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? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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. <input checked="" type="checkbox"/> Initial Report <input type="checkbox"/> Amendment Date of Report Being Amended: _____	
FULL ASSET NAME		TYPE OF TRANS-ACTION	
SP DC JT Provide full name, not ticker symbol.		DATE OF TRANS-ACTION	
		DATE NOTIFIED OF TRANS-ACTION	
		AMOUNT OF TRANSACTION	
		AMOUNT OF TRANSACTION	
Purchase		(MM/DD/YY)	
Sale		(MM/DD/YY)	
Partial Sale		(MM/DD/YY)	
Exchange		(MM/DD/YY)	
A		B	
C		D	
E		F	
G		H	
I		J	
K		Transaction in a Spouse or Dependent Child Asset over \$1,000,000	

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FULL ASSET NAME		TYPE OF TRANS-ACTION				DATE OF TRANS-ACTION	DATE NOTIFIED OF TRANS-ACTION	AMOUNT OF TRANSACTION										
		Purchase	Sale	Partial Sale	Exchange	(MM/DD/YY)	(MM/DD/YY)	A	B	C	D	E	F	G	H	I	J	K
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NOTE NUMBER	FILER NOTES (optional)