

UNITED STATES HOUSE OF REPRESENTATIVES

NAME: _____ Page 1 of 1

Periodic Transaction Report

| 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 |
| 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 |
| | | <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"/> |
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| | | <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"/> |
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| NOTE NUMBER | FILER NOTES (optional) |
|-------------|------------------------|
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