

Periodic Transaction Report

HAND DELIVERED

LEGISLATIVE RESOURCE CENTER

2025 AUG -6 PM 12:50

OFFICE OF THE CLERK,
U.S. HOUSE OF REPRESENTATIVES

NAME: <u>Tony Wied</u>		OFFICE TELEPHONE: <u>202-225-5665</u>		2025 AUG -6 PM 12: 50 OFFICE OF THE CLERK U.S. HOUSE OF REPRESENTATIVES																																	
<input checked="" type="checkbox"/> Member of the U.S. House of Representatives State: <u>Wisconsin</u> District: <u>8</u> File an original and 2 copies		<input type="checkbox"/> Officer or Employee Employing Office: _____ File an original and 1 copy		(For Official Use Only)																																	
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: _____		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																													
SP DC JT		Provide full name, not ticker symbol.		Purchase		Sale		Partial Sale		Exchange		(MM/DD/YY)		(MM/DD/YY)		A		B		C		D		E		F		G		H		I		J		K	
JT		Example: Mega Corp. Common Stock				X						02/05/20		03/07/20				X																		Transaction in a Spouse or Dependent Child Asset over \$1,000,000	
JT		American Express Bond 07-01-2025		<input type="checkbox"/>		<input checked="" type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		7/1/2025		8/6/2025		<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"/>	
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