

Periodic Transaction Report

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LEGISLATIVE RESOURCE CENTER

2019 APR 29 PM 12:02

OFFICE OF THE CLERK
U.S. HOUSE OF REPRESENTATIVES

NAME: <u>F. James Sensenbrenner Sr.</u>		OFFICE TELEPHONE: <u>202-225-5101</u>																																	
<input checked="" type="checkbox"/> Member of the U.S. House of Representatives State: <u>WI</u> District: <u>05</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		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		(RANDOM)		(RANDOM)		A \$1,001-\$15,000		B \$15,001-\$50,000		C \$50,001-\$100,000		D \$100,001-\$250,000		E \$250,001-\$500,000		F \$500,001-\$1,000,000		G \$1,000,001-\$5,000,000		H \$5,000,001-\$25,000,000		I \$25,000,001-\$50,000,000		J Over \$50,000,000		K Transaction in a Spouse or Dependent Child Asset over \$1,000,000	
JT Example: Mega Corp. Common Stock				X						02/05/18		03/07/18				X																			
Dun & Bradstreet		<input type="checkbox"/>		<input checked="" type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		2/8/19		4/6/19		<input type="checkbox"/>		<input type="checkbox"/>		<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"/>	
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