

## Periodic Transaction Report

Fred Coston

OFFICE TELEPHONE:

Member of the U.S. House of Representatives  
State: MT District: 6

**File an original and 2 copies**

Did you purchase any shares that were allocated as a part of an Initial Public Offering? ☐ ☒

☐ Yes ☒ No

**If you answered "yes" to this question, please contact the Committee on Ethics for further guidance.**

Date of Report Being Amended:

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

**(For Official Use Only)**

2019 APR -4 PM 4:18

HAND  
DELIVERED  
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[illegible]

# UNITED STATES HOUSE OF REPRESENTATIVES

Periodic Transaction Report

NAME: Caplan

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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	Exchange			A	B	C	D	E	F	G	H	I	J	K
SP DC JT These SP/DC/JT Asset Transactions are messaged w/o asset/ Provide full name, not ticker symbol. by me. I have no ownership in their holdings/w/hold.				(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
Letirpool -05	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	3/20/19	4/2/19	<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"/>
Letirpool -03	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	3/20/19	4/2/19	<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"/>
Comcast-CCA -01	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	3/10/19	4/2/19	<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"/>
Merck -01	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	3/10/19	4/2/19	<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"/>
Bryson -01	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	3/10/19	4/2/19	<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"/>
Bristol Myers Squibb -01	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	3/10/19	4/2/19	<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"/>
Alexion Pharma -01	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	3/10/19	4/2/19	<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"/>

NOTE NUMBER

FILER NOTES (optional)

# UNITED STATES HOUSE OF REPRESENTATIVES

NAME: Caplan Page 3 of 3

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	Purchase	Sale	Exchange			A	B	C	D	E	F	G	H	I	J	K
SP DC JT  These SP Margin Trust has transactions are managed w/o can be / by me. I have no ownership in this holdings/w/ve.				(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
Disney - 01	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	3/18/19	4/2/19	<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"/>
Andy Davis - 01	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	3/21/19	4/2/19	<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"/>
Celgene - 01	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	3/28/19	4/2/19	<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"/>
Univ'ed - 05	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	4/1/19	4/2/19	<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"/>
Univ'ed - 03	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	4/1/19	4/2/19	<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"/>
Paycom - 01	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	4/23/19	4/2/19	<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"/>

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