

## Periodic Transaction Report

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2019 JUL 12 PM 12:10

**OFFICE TELEPHONE:**

**FLORIDA**  
**State:** **District:** **19**

☐ Officer or Employee

**File an original and 1 copy**

☐ Yes ☒ No

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

Date of Report Being Amended:

**A \$200 penalty shall be assessed against anyone who files more than 30 days late.**

[illegible]

