

## Periodic Transaction Report

**OFFICE TELEPHONE: (202) 225-1621**

Missouri 02  
State: District:

**Officer or Employee**  
**Employing Office: \_\_\_\_\_**  
**File an or**

**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.**

2021 MAR 10 AM 10:19

OFFICE OF THE CLERK  
U.S. HOUSE OF REPRESENTATIVES  
(For Official Use Only)

**(For Official Use Only)**

[illegible]

NAME: \_\_\_\_\_

Page 1 of 1

Page 1 of 1

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| NOTE NUMBER | FILER NOTES (optional) |
|-------------|------------------------|
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|             |                        |
|             |                        |