

**HAND
DELIVERED**

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UNITED STATES HOUSE OF REPRESENTATIVES

Periodic Transaction Report

NAME: Ann Wagner

OFFICE TELEPHONE: (202) 225-1621



Member of the U.S. House of Representatives

Missouri 02
State: District:

File an original and 2 copies



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?

Yes

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.

Initial Report

Amendment

Date of Report Being Amended:

(For Official Use Only)

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

[illegible]

UNITED STATES HOUSE OF REPRESENTATIVES

NAME: _____ Page 1 of 1

Periodic Transaction Report

FULL ASSET NAME	TYPE OF TRANS-ACTION			DATE OF TRANS-ACTION (MM/DD/YY)	DATE NOTIFIED OF TRANS-ACTION (MM/DD/YY)	AMOUNT OF TRANSACTION										
	Purchase	Sale	Exchange			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
SP DC JT Provide full name, not ticker symbol.	<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"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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NOTE NUMBER

FILER NOTES (optional)
