

Periodic Transaction Report

OFFICE TELEPHONE: (202) 225-4601

State: KY District: 05

Officer or Employee
Employing Office: _____
File an original and 1 copy

OFFICE OF THE CLERK
U.S. HOUSE OF REPRESENTATIVES

(For Official Use Only)

☐ 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.

<input checked="" type="checkbox"/>	Initial Report	<input type="checkbox"/>	Amendment
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Date of Report Being Amended: _____

Date of Report Being Amended: _____

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

[illegible]