

Periodic Transaction Report

OFFICE TELEPHONE: (202) 225-1621

State: Missouri **District:** 02

☐ Officer or Employee

File an original and 1 copy

	Yes	No
1. I have a good understanding of the company's financial performance.	<input type="checkbox"/>	<input checked="" type="checkbox"/>
2. I have a good understanding of the company's strategic direction.	<input type="checkbox"/>	<input checked="" type="checkbox"/>
3. I have a good understanding of the company's competitive position.	<input type="checkbox"/>	<input checked="" type="checkbox"/>
4. I have a good understanding of the company's risk profile.	<input type="checkbox"/>	<input checked="" type="checkbox"/>
5. I have a good understanding of the company's environmental and social impact.	<input type="checkbox"/>	<input checked="" type="checkbox"/>
6. I have a good understanding of the company's governance structure.	<input type="checkbox"/>	<input checked="" type="checkbox"/>
7. I have a good understanding of the company's financial performance.	<input type="checkbox"/>	<input checked="" type="checkbox"/>
8. I have a good understanding of the company's strategic direction.	<input type="checkbox"/>	<input checked="" type="checkbox"/>
9. I have a good understanding of the company's competitive position.	<input type="checkbox"/>	<input checked="" type="checkbox"/>
10. I have a good understanding of the company's risk profile.	<input type="checkbox"/>	<input checked="" type="checkbox"/>
11. I have a good understanding of the company's environmental and social impact.	<input type="checkbox"/>	<input checked="" type="checkbox"/>
12. I have a good understanding of the company's governance structure.	<input type="checkbox"/>	<input checked="" type="checkbox"/>

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.

(For Official Use Only)

U.S. HOUSE OF REPRESENTATIVES
OFFICE OF THE CLERK

1
HAND DELIVERED
LEGISLATIVE RESOURCE CENTER
2025 JAN 13

[illegible]

NAME: _____ Page 1 of 1

Periodic Transaction Report

FULL ASSET NAME		TYPE OF TRANS-ACTION			DATE OF TRANS-ACTION	DATE NOTIFIED OF TRANS-ACTION	AMOUNT OF TRANSACTION										
	Provide full name, not ticker symbol.	Purchase	Sale	Exchange	(MM/DD/YY)	(MM/DD/YY)	A	B	C	D	E	F	G	H	I	J	K
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NOTE NUMBER	FILER NOTES (optional)