

Periodic Transaction Report

OFFICE TELEPHONE: (202) 225-5406

State: **PA** District: **03**

☐ **Officer or Employee**
Employing Office: _____
File an or

File an original and 1 copy

(For Official Use Only)

Yes	No
<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.

Amendment ☐ **Initial Report** ☒

Date of Report Being Amended:

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

APR 29 2020

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