

Periodic Transaction Report

OFFICE TELEPHONE: (202) 225-2265

State: **CT** District: **01**

Officer or Employee
Employing Office: _____
File an original with _____

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:	<input checked="" type="checkbox"/>	<input type="checkbox"/>

Date of Report Being Amended:

Amendment

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

18 JAN 31 AM 10:44

Page 1 of 1
LEGISLATIVE RESOURCE CENTER

**HAND
DELIVERED**

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

[illegible]