

## Periodic Transaction Report

**HAND DELIVERED** 2  
LEGISLATIVE RESOURCE CENTER

17 OCT-5 PM 2:12

OFFICE OF THE CLERK  
U.S. HOUSE OF REPRESENTATIVES

**(For Official Use Only)**

**OFFICE TELEPHONE: (202) 225-3032**

**Officer or Employee**

**Employing Office:** \_\_\_\_\_

**File an original and 1 copy**

Please indicate whether this is an initial report or an amended report. For amendments, please provide the date of the report you are amending.

**File**

**Answer:**

Date of Report Being Amended:

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

[illegible]

UNITED STATES HOUSE OF REPRESENTATIVES

NAME: George E.B. Holding Page 2 of 2

Periodic Transaction Report

FULL ASSET NAME	TYPE OF TRANS-ACTION			DATE OF TRANS-ACTION	DATE NOTIFIED OF TRANS-ACTION	AMOUNT OF TRANSACTION										
	Purchase	Sale	Exchange			A	B	C	D	E	F	G	H	I	J	K
SP DC JT  Provide full name, not ticker symbol.				(MM/DD/YY)	(MM/DD/YY)	\$1,001-\$15,000	\$15,001-\$50,000	\$50,001-\$100,000	\$100,001-\$250,000	\$250,001-\$500,000	\$500,001-\$1,000,000	\$1,000,001-\$5,000,000	\$5,000,001-\$25,000,00	\$25,000,001-\$50,000,000	Over \$50,000,000	Transaction in a Spouse or Dependent Child Asset over \$1,000,000
Travelers Companies Inc COM	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	09/12/17	10/02/17	<input checked="" 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)