

### **Periodic Transaction Report**

**OFFICE TELEPHONE:** (202) 225-2265

State: CT District: 01

**File an original and 2 copies**

☐ Yes ☒ No

If you answered "yes" to this question, please contact the Committee on Ethics for further guidance.

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

**File an original and 1 copy**

☒ Initial Report ☐ Amendment

Date of Report Being Amended

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

**HAND  
DELIVERED**

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