

Periodic Transaction Report

OFFICE TELEPHONE: (202) 225-4115

File an original and 2 copies

Officer or Employee

Employing Office: _____

File an original and 1 copy

(For Official Use Only)

Yes ☐

7

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

Periodic Transaction Report

NAME: _____ Page _____ of _____

| 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 |
| NVIDIA Corporation | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | 05/14/15 | 05/17/15 | <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"/> |
| VASCO Data Security International | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | 05/01/15 | 05/14/15 | <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"/> |
| | <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"/> | <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"/> | <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"/> | <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"/> | <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"/> | <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"/> | <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"/> |

| NOTE NUMBER | FILER NOTES (optional) |
|-------------|------------------------|
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