


**HAND
DELIVERED** of 1

NAME:

OFFICE TELEPHONE:

 Member of the U.S. House of Representatives

Officer or Employee

File an original and 2 copies.

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.

| | YES | NO |
|---|--------------------------|-------------------------------------|
| 1. Do you have a current driver's license? | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 2. Do you have a current vehicle registration? | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 3. Do you have a current insurance policy? | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 4. Do you have a current title? | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 5. Do you have a current sales tax receipt? | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 6. Do you have a current license plate? | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 7. Do you have a current title transfer fee receipt? | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 8. Do you have a current title transfer fee receipt? | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
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| 16. Do you have a current title transfer fee receipt? | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
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| 18. Do you have a current title transfer fee receipt? | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 19. Do you have a current title transfer fee receipt? | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 20. Do you have a current title transfer fee receipt? | <input type="checkbox"/> | <input checked="" type="checkbox"/> |

Initial Report ☒ Amendment ☐

Date of Report being Amended: _____

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[illegible]

(This page will be publicly disclosed.)