

Page ____ of ____
LEGISLATIVE RESOURCE CENTER
18 JUN -8 PM 3:24

**HAND
DELIVERED**

NAME: Rep. Diane L. Black	OFFICE TELEPHONE: 202-225-4231	<p>Please indicate whether this is an ^{US} initial report or an amended report. For amendments, please provide the date of the report you are amending.</p> <p><input checked="" type="checkbox"/> Initial Report <input type="checkbox"/> Amendment</p> <p>Date of Report being Amended: _____</p>
<p><input checked="" type="checkbox"/> Member of the U.S. House of Representatives</p> <p>State: <u>Tennessee</u> District: <u>6th</u></p> <p>File an original and 2 copies.</p>	<p><input type="checkbox"/> Officer or Employee</p> <p>Employing Office: _____</p> <p>File an original and 1 copy.</p>	

FOOTNOTE NUMBER	FILER NOTES (optional)