

**OFFICE TELEPHONE: (202) 225-4114**

2015 NOV -5 PM 2:22

State: VT District: 00

**Officer or Employee**  
**Employing Office:** \_\_\_\_\_  
**File an original and 1 copy**

**OFFICE OF THE ATTORNEY GENERAL**  
**Department of Public Safety**

☐ Yes ☒ No

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

	Initial Report	Amendment
	<input checked="" type="checkbox"/>	<input type="checkbox"/>

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)														
Intel Corp.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	10/13/15	10/16/15	<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"/>
Call XLU 10/30 \$44/share	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	10/08/15	10/13/15	<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"/>
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NOTE NUMBER	FILER NOTES (optional)