MEMBER/OFFICER/EMPLOYEE FINANCIAL DISCLOSURE EXTENSION REQUEST FORM

Name of Requestor: Mark R. Meadows	Date: 4/9/19	
Please type or print to	gibly	•
Employing Member/Committee/Office: Mar	k R. Meadows NC-11	
Financial Disclosure Statement Type (check of Annual (CY 2018) Amendment	New Employee Termination	•
The length of time for which extension is req	uested (check one):	THE RESIDENCE
30 days ☐ 60 days ✓ 90 days	Other	圣
	Specify number of days or specific date	Š
For Ethics Committee Use Only		Š
Days granted: 90		i i
, , ,		
(If days granted differ from days requested)	1.00	
Reason: La Total days requested exce	eds 90.	
referenced above is hereby granted. Your F Ethics Committee may grant additional reque from the original due date. Please note that if you intend to file using the paper form, your	D must be filed on or before <u>\$/13/9</u> . The sts, which may not, in the aggregate, exceed 90 days the date listed in this paragraph is on a weekend and FD must be received by the Clerk of the House no ess day before this date or postmarked on or before	
Alexander Dental	75 Millet	
Theodore E. Deutch, Chairman	Kenny Marchant, Ranking Member	

Copy to: Legislative Resource Center, B-81 CHOB

(This page will be publicly disclosed)