UNITED STATES HOUSE OF REPRESENTATIVES Periodic Transaction Report



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My Nuch A.	×	×	×	PURCHASE SALE EXCHANGE		TYPE OF TRANS		Date of Rep	Please indicate whether this is an initial report or an amended report amendments, please provide the date of the report you are amending		Employing Office:	☐ Cffær	OFFICE IE
+ 1		321-14	814/12	MMIDDYYY		DATE OF TRANS ACTION		Initial Report Date of Report being Amended	whether this is a	Fileano) e	Officer or Employee	OFFICE TELEPHONE
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