

**HAND
DELIVERED**

UNITED STATES HOUSE OF REPRESENTATIVES

Periodic Transaction Report

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LEGISLATIVE RESOURCE CENTER

18 FEB -8 AM 10:25

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U.S. HOUSE OF REPRESENTATIVES



Member of the U.S. House of Representatives

State: CO District: 5

File an original and 2 copies



Officer or Employee

Employing Office: _____

File an original and 1 copy

(For Official Use Only)

Did you purchase any shares that were allocated as a part of an Initial Public Offering? ☐ Yes ☒ No



Yes ☒ No

If you answered "Yes" to this question, please contact the Committee on Ethics for further guidance.

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

Initial Report



Amendment

Date of Report Being Amended: _____

A \$200 penalty shall be assessed against anyone who files more than 30 days late.

FULL ASSET NAME	TYPE OF TRANS-ACTION			DATE OF TRANS-ACTION	DATE NOTIFIED OF TRANS-ACTION	AMOUNT OF TRANSACTION										
	Purchase	Sale	Exchange	(MM/DD/YY)	(MM/DD/YY)	A	B	C	D	E	F	G	H	I	J	K
SP DC JT	Provide full name, not ticker symbol.															
JT	Example: Mega Corp. Common Stock		X	02/05/15	03/07/15		X									
SP	Net App, Inc. shares	<input checked="" type="checkbox"/>	<input type="checkbox"/>	2/6/18	2/6/18	<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"/>
DC	Net App, Inc. shares	<input checked="" type="checkbox"/>	<input type="checkbox"/>	2/6/18	2/6/18	<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"/>
JT		<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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