

UNITED STATES HOUSE OF REPRESENTATIVES

LEGISLATIVE RESOURCE Page 1 of 5

OFFICE OF THE CLERK  
U.S. HOUSE OF REPRESENTATIVES

NAME: JUDY CHU

**OFFICE TELEPHONE:** (202) 225-5464

**X**  
**Member of the U.S. House of Representatives**

Officer or Employee

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

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

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

☐ Initial Report      ☐ Amendment

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: **JUDY CHU**Page **2** of **5**

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)	\$1,001-\$15,000	\$15,001-\$50,000	\$50,001-\$100,000	\$100,001-\$250,000	\$250,001-\$500,000	\$500,001-\$1,000,000	\$1,000,001-\$5,000,000	\$5,000,001-\$25,000,000	\$25,000,001-\$50,000,000	Over \$50,000,000	Transaction in a Spouse or Dependent Child Asset over \$1,000,000
4 UVXY SEP 18 42 PUT	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	09/17/15	09/17/15	<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"/>
4 UVXY DEC 18 110 CALL	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	09/04/15	09/04/15	<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"/>
4 UVXY DEC 18 48 PUT	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	09/09/15	09/09/15	<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"/>
1 UVXY DEC 18 130 CALL	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	09/08/15	09/08/15	<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"/>
1 UVXY DEC 18 130 CALL	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	09/09/15	09/09/15	<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"/>
100 SH FXE	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	09/11/15	09/11/15	<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"/>
100 SH FXE	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	09/14/15	09/14/15	<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"/>

NOTE NUMBER

FILER NOTES (optional)

## NAME: JUDY CHU Page 3 of 5

## Periodic Transaction Report

[illegible]

NOTE NUMBER	FILER NOTES (optional)

## Periodic Transaction Report

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NAME: <u>JUDY CHU</u>		OFFICE TELEPHONE: <u>(202) 225-5464</u>	
<div style="border: 1px solid black; padding: 5px; display: inline-block;"> X </div> Member of the U.S. House of Representatives State: <u>CA</u> District: <u>27</u> File an original and 2 copies		<div style="border: 1px solid black; padding: 5px; display: inline-block;"> </div> Officer or Employee Employing Office: _____ File an original and 1 copy	
Did you purchase any shares that were allocated as a part of an Initial Public Offering? <div style="border: 1px solid black; padding: 2px 10px; display: inline-block;"> </div> Yes <div style="border: 1px solid black; padding: 2px 10px; display: inline-block;"> X </div> 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. <div style="border: 1px solid black; padding: 2px 10px; display: inline-block;"> </div> Initial Report <div style="border: 1px solid black; padding: 2px 10px; display: inline-block;"> </div> Amendment Date of Report Being Amended: _____	
		(For Official Use Only)	
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: **JUDY CHU**

Page **5** of **5**

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.																		
1 SPX OCT 30 2075 CALL	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	10/30/15	10/30/15	<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"/>
2 SPX DEC 31 1925 PUT	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	10/30/15	10/31/15	<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"/>
1 SPX DEC 31 1925 PUT	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	10/30/15	10/30/15	<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"/>	<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"/>	<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"/>	<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"/>	<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"/>	<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"/>

NOTE NUMBER	FILER NOTES (optional)