

LEGISLATIVE RESOURCE CENTER
DELIVERED *PH*
HAND

[illegible]

NAME: Rep. Diane L. Black	OFFICE TELEPHONE: 202-225-4231	Please indicate whether this is an initial report or an amended report. For amendments, please provide the date of the report you are amending. <input checked="" type="checkbox"/> Initial Report <input type="checkbox"/> Amendment Date of Report Being Amended: _____
<input checked="" type="checkbox"/> Member of the U.S. House of Representatives State: Tennessee District: 6th File an original and 2 copies.	<input type="checkbox"/> 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? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		

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