

Periodic Transaction Report

OFFICE TELEPHONE: (202) 225-6536

State: MO District: 7

File an original and 2 copies

Employing Office: _____

File an original and 1 copy

☐ Yes ☒ No

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
	<input checked="" type="checkbox"/>	<input type="checkbox"/>

Date of Report Being Amended: _____

Date of Report Being Amended:

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

HAND

DELIVERED

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LEGISLATIVE RESOURCE CENTER

2019FEB-6 PM12:09

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