

**HAND  
DELIVERED**

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~~18 AUG 9 AM 10:56~~

<b>NAME:</b>  Rep. Diane L. Black	<b>OFFICE TELEPHONE:</b>  202-225-4231	<p>Please indicate whether this is an initial report or an amended report. For amendments, please provide the date of the report you are amending.</p> <p><input checked="" type="checkbox"/> Initial Report    <input type="checkbox"/> Amendment</p> <p>Date of Report being Amended: _____</p>
<p><input checked="" type="checkbox"/> Member of the U.S. House of Representatives State: <u>Tennessee</u> District: <u>6th</u></p> <p>File an original and 2 copies.</p>	<p><input type="checkbox"/> Officer or Employee Employing Office: _____</p> <p>File an original and 1 copy.</p>	

FULL ASSET NAME		TYPE OF TRANS-ACTION			DATE OF TRANS-ACTION	DATE NOTIFIED OF TRANS-ACTION	AMOUNT OF TRANSACTION										
JT Provide full name, not ticker symbol.		PURCHASE	SALE	EXCHANGE	(MO/DAY/YR)	(MO/DAY/YR)	A \$1,000-\$15,000	B \$15,001-\$50,000	C \$50,001-\$100,000	D \$100,001-\$250,000	E \$250,001-\$500,000	F \$500,001-\$1,000,000	G \$1,000,001-\$5,000,000	H \$5,000,001-\$25,000,000	I \$25,000,001-\$50,000,000	J Over \$50,000,000	
SP	U S BANCORP	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	7/30/18	7/30/18	<input type="checkbox"/>	<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"/>	
SP	NOVARTIS AG - ADR	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	7/30/18	7/30/18	<input type="checkbox"/>	<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"/>	
SP	NIELSEN HOLDINGS PLC FOREIGN STK	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	7/30/18	7/30/18	<input type="checkbox"/>	<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"/>	
SP	ORACLE CORP	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	7/30/18	7/30/18	<input type="checkbox"/>	<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"/>	
SP	DIAGEO PLC- SPONSORED ADR	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	7/30/18	7/30/18	<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"/>	
SP	ORAQUALCOMM INC	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	7/30/18	7/30/18	<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"/>	
SP	CELANESE CORP SERIES A	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	7/30/18	7/30/18	<input type="checkbox"/>	<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"/>	

FOOTNOTE NUMBER	FILER NOTES (optional)

<p><b>NAME:</b></p> <p>Rep. Diane L. Black</p>	<p><b>OFFICE TELEPHONE:</b></p> <p>202-225-4231</p>	<p>Please indicate whether this is an initial report or an amended report. For amendments, please provide the date of the report you are amending.</p> <table><tr><td><input checked="checked" type="checkbox"/></td><td>Initial Report</td><td><input type="checkbox"/></td><td>Amendment</td></tr></table> <p>Date of Report being Amended: _____</p>	<input checked="checked" type="checkbox"/>	Initial Report	<input type="checkbox"/>	Amendment
<input checked="checked" type="checkbox"/>	Initial Report	<input type="checkbox"/>	Amendment			
<p><input checked="checked" type="checkbox"/> Member of the U.S. House of Representatives</p> <p>State: <u>Tennessee</u> District: <u>6th</u></p> <p>File an original and 2 copies.</p>	<p><input type="checkbox"/> Officer or Employee</p> <p>Employing Office: _____</p> <p>File an original and 1 copy.</p>	<p>Did you purchase any shares that were allocated as a part of an Initial Public Offering?</p> <table><tr><td><input type="checkbox"/></td><td>YES</td><td><input type="checkbox"/></td><td>NO</td></tr></table>	<input type="checkbox"/>	YES	<input type="checkbox"/>	NO
<input type="checkbox"/>	YES	<input type="checkbox"/>	NO			

[illegible]

FULL ASSET NAME		TYPE OF TRANS-ACTION			DATE OF TRANS-ACTION	DATE NOTIFIED OF TRANS-ACTION	AMOUNT OF TRANSACTION										
JT	Provide full name, not ticker symbol.	PURCHASE	SALE	EXCHANGE	(MO/DAY/YR)	(MO/DAY/YR)	A	B	C	D	E	F	G	H	I	J	
							\$1,000-\$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	
SP	UNILEVER N V-NY SHARES	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	8/3/18	8/3/18	<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"/>	
SP	QUALCOMM INC	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	8/3/18	8/3/18	<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"/>	
SP	KROGER CO COM STK	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	8/3/18	8/3/18	<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"/>	
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