

Periodic Transaction Report

OFFICE TELEPHONE: (202) 225-2536

State: FLORIDA **District:** 19

☐ Officer or Employee

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

Date of Report Being Amended:

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

**HAND
DELIVERED** Page 1 of ____

RECEIVED JULY 1961

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(For Official Use Only)

[illegible]

NAME: _____ **Page** _____ **of** _____

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| FULL ASSET NAME | | TYPE OF TRANS-ACTION | | | DATE OF TRANS-ACTION | DATE NOTIFIED OF TRANS-ACTION | AMOUNT OF TRANSACTION | | | | | | | | | | | |
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| SP DC JT | Provide full name, not ticker symbol. | Purchase | Sale | Exchange | (MM/DD/YY) | (MM/DD/YY) | A | B | C | D | E | F | G | H | I | J | K | |
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| NOTE NUMBER | FILER NOTES (optional) |
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