

MEMBER/OFFICER/EMPLOYEE FINANCIAL DISCLOSURE EXTENSION REQUEST FORM

Name of Requestor: REP. EUSSA SLOTKIN	Date:	MAY 13,	2019
Employing Member/Committee/Office: OFFICE OF	: Pepre (en	JTATIVE	SLOTKIN
Financial Disclosure Statement Type (check one): Annual (CY 2018) Amendment New	w Employee	Termina	ation
The length of time for which extension is requested (che 30 days 60 days Other	eck one): Specify number of di	no or energia do	2019 MAY 16
For Ethics Committee Use Only	Specify number of the	ays or specific out	1 3
Days granted: 90		·	
(If days granted differ from days requested) Reason:		•	
Your request for an extension of time in which to file referenced above is hereby granted. Your FD must be Ethics Committee may grant additional requests, which from the original due date. Please note that if the date lie you intend to file using the paper form, your FD must later than close of business on the last business day be that date. Date: S/15/19	e filed on or be may not, in the sted in this para be received by	fore 8/13 aggregate, on the Clerk o	The exceed 90 days a weekend and f the House no
Theodore E, Deutch, Chairman	Senny Marcha	M.L.	At .

Copy to: Legislative Resource Center, B-81 CHOB

(This page will be publicly disclosed)

Last Updated 1/2019