

## Periodic Transaction Report

**OFFICE TELEPHONE: (202) 225-2265**

State: CT District: 01

**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 |
|-------------------------------------|----------------|-----------|
| <input checked="" type="checkbox"/> |                |           |

Date of Report Being Amended:

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

DELIVERED

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LEGISLATIVE RESOURCE CENTER

17 SEP 27 PM 4:35

OFFICE OF THE CLERK  
U.S. HOUSE OF REPRESENTATIVES

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