

UNITED STATES HOUSE OF REPRESENTATIVES
Periodic Transaction Report

<p>NAME: <u>Upston</u></p> <p><input checked="" type="checkbox"/> Member of the U.S. House of Representatives State: <u>MA</u> District: <u>6</u> File an original and 2 copies</p>		<p>OFFICE TELEPHONE: <u>225-3761</u></p> <p><input type="checkbox"/> Officer or Employee Employing Office: _____ File an original and 1 copy</p>		<p>17 JUN 30 AM 11:21</p> <p>U.S. HOUSE OF REPRESENTATIVES</p> <p><i>Mc</i></p>	
<p>Did you purchase any shares that were allocated as a part of an Initial Public Offering? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>If you answered "yes" to this question, please contact the Committee on Ethics for further guidance.</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> <p><input checked="" type="checkbox"/> Initial Report <input type="checkbox"/> Amendment</p> <p>Date of Report Being Amended: _____</p>		<p>(For Official Use Only)</p> <p>A \$200 penalty shall be assessed against anyone who files more than 30 days late.</p>	

[illegible]

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NAME:

Capote

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FULL ASSET NAME	TYPE OF TRANS-ACTION			DATE OF TRANS-ACTION	DATE NOTIFIED OF TRANS-ACTION	AMOUNT OF TRANSACTION													
	Purchase	Sale	Exchange			A	B	C	D	E	F	G	H	I	J	K			
SP DC JT All these done in T.P. Maxson Trusts w/lo any control or direction by me.				(MM/DD/YY)	(MM/DD/YY)														
Walt Disney	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	6/7/17	6/29/17	<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"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Facebook	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	6/7/17	6/29/17	<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"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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NOTE NUMBER

FILER NOTES (optional)
