

Periodic Transaction Report

HAND DELIVERED

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LEGISLATIVE RESOURCE CENTER

17 OCT 27 PM 4:12

OFFICE OF THE CLERK
U.S. HOUSE OF REPRESENTATIVES

(For Official Use Only)

OFFICE TELEPHONE: (202) 225-2265

State: CT District: 01

File an original and 2 copies

☐ Officer or Employee

File an original and 1 copy

Did you purchase any shares that were allocated as a part of an Initial Public Offering? ☐ Yes ☐ No

Yes ☐ No ☒

If you answered "yes" to this question, please contact the Committee on Ethics for further guidance.

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.

[illegible]

UNITED STATES HOUSE OF REPRESENTATIVES

NAME: John B. Larson Page 2 of 2

Periodic Transaction Report

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 Provide full name, not ticker symbol.				(MM/DD/YY)	(MM/DD/YY)	\$1,001-\$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	Transaction in a Spouse or Dependent Child Asset over \$1,000,000
Citigroup Inc	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	10/05/17	10/24/17	<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"/>
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	<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"/>	<input type="checkbox"/>

NOTE NUMBER	FILER NOTES (optional)