

## Periodic Transaction Report

MC

## Periodic Transaction Report

2014 SEP 15 PM 4:28

Please indicate whether this is an initial report or an amended report. For amendments, please provide the date of the report you are amending.

NAME: \_\_\_\_\_

**DAVID PHILLIP ROE**

OFFICE TELEPHONE:

**423-929-7671**

☒ J.S. HOUSE OF REPRESENTATIVES  
Initial Report ☐ Amendment

Date of Report being Amended: \_\_\_\_\_

**Member of the U.S. House of Representatives**

State: **TN** District: **01**

**Officer or Employee**

**Employing Office:**

**File an original and 2 copies.**

**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**

[illegible]

FULL ASSET NAME		TYPE OF TRANS-ACTION			DATE OF TRANS-ACTION	DATE NOTIFIED OF TRANS-ACTION	AMOUNT OF TRANSACTION										
JT	Provide full name, not ticker symbol.	PURCHASE	SALE	EXCHANGE	(MO/DAY/YR)	(MO/DAY/YR)	A	B	C	D	E	F	G	H	I	J	
							\$1,000-\$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	
	GILEAD SCIENCES INC	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	8/18/14	9/5/14	<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"/>	
	BOEING COMPANY	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	8/6/14	9/5/14	<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"/>	
	DANAHER CORP DEL COM	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	8/6/14	9/5/14	<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"/>	<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"/>	<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"/>	

FOOTNOTE NUMBER	FILER NOTES (optional)