

UNITED STATES HOUSE OF REPRESENTATIVES

18 OCT -9 PM 2:29

OFFICE TELEPHONE: (918) 583-6900

FLORIDA
State: _____
District: **19**

Officer or Employee

(For Official Use Only)

☐ 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. ☐ ☐

Date of Report Being Amended:

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

[illegible]

NAME: LAURENCE FRANCIS ROONEY

FULL ASSET NAME		Type of transaction				Check Box if Capital Gain Exceeded \$200	Date of Transaction	Amount of Transaction										
Provide full name, not ticker symbol		PURCHASE	SALE	PARTIAL SALE	EXCHANGE		(MM/DD/YY)	A	B	C	D	E	F	G	H	I	J	K
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