

HAND Page 1 of 1
DELIVER

OFFICE TELEPHONE:
202-225-4601

☐ Officer or Employee

Employing Office: _____

File an original and 1 copy.

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

<input checked="checked" type="checkbox"/>	Initial Report	<input type="checkbox"/>	Amendment
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Date of Report being Amended: _____

(For Official Use Only)

2016 NOV 10 PM 12:01

U.S. HOUSE OF REPRESENTATIVES

[illegible]

(This page will be publicly disclosed.)