

**HAND
DELIVERED**

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Periodic Transaction Report

2016 DEC 9 PM 4:59

NAME:

REP. DIANE BLACK

OFFICE TELEPHONE:

202-225-4231



Member of the U.S. House of Representatives

State:

TN

District:

10th

File an original and 2 copies.



Officer or Employee

Employing Office:

File an original and 1 copy.

Use, House of Representatives, please provide the date of the report you are amending.



Initial Report



Amendment

Date of Report being Amended:

12/9/16

Did you purchase any shares that were allocated as a part of an Initial Public Offering?



YES



NO

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
JT															
						\$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
JT	Example: Mega Corp. Common Stock			8/14/12	8/14/12		X								
SP	BBH Wealth Strategies- Bares			4/10/15	4/10/15						X				
SP	BBH International Equity			4/14/15	4/14/15								X		
SP	T Rowe Price New Asia			4/14/15	4/14/15					X					
SP	Enterprise Products Partners LP			4/16/15	4/16/15				X						
SP	Baxter International			4/16/15	4/16/15				X						

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Periodic Transaction Report

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NAME: <u>REP. DIANE BLACK</u>	OFFICE TELEPHONE: <u>202-225-4281</u>	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="" type="checkbox"/> Initial Report <input type="checkbox"/> Amendment Date of Report being Amended: _____
<input checked="" type="checkbox"/> Member of the U.S. House of Representatives State: <u>TX</u> District: <u>16th</u> File an original and 2 copies.	<input type="checkbox"/> Officer or Employee Employing Office: _____ File an original and 1 copy.	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

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
JT	Example: Mega Corp. Common Stock		X		8/14/12	8/14/12		X								
SP	Oracle Corp	<input type="checkbox"/>	<input checked="" type="checkbox"/>		4/16/15	4/16/15	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
SP	Praxair Inc	<input type="checkbox"/>	<input checked="" type="checkbox"/>		4/16/15	4/16/15	<input type="checkbox"/>	<input type="checkbox"/>	<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"/>
SP	Progressive Corp	<input type="checkbox"/>	<input checked="" type="checkbox"/>		4/16/15	4/16/15	<input type="checkbox"/>	<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"/>
SP	QualComm Inc	<input type="checkbox"/>	<input checked="" type="checkbox"/>		4/16/15	4/16/15	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
SP	Schlumberger LTD	<input type="checkbox"/>	<input checked="" type="checkbox"/>		4/16/15	4/16/15	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
							\$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

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NAME: <u>Rep. DANE BLACK</u>					
OFFICE TELEPHONE: <u>202-225-4231</u>					
<input checked="" type="checkbox"/> Member of the U.S. House of Representatives State: <u>TX</u> District: <u>16th</u> File an original and 2 copies.	<input type="checkbox"/> Officer or Employee Employing Office: _____ File an original and 1 copy.				
<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> <table><tr><td><input checked="" type="checkbox"/> Initial Report</td><td><input type="checkbox"/> Amendment</td></tr></table> <p>Date of Report being Amended: _____</p> <p>Did you purchase any shares that were allocated as a part of an Initial Public Offering?</p> <table><tr><td><input type="checkbox"/> YES</td><td><input checked="" type="checkbox"/> NO</td></tr></table>		<input checked="" type="checkbox"/> Initial Report	<input type="checkbox"/> Amendment	<input type="checkbox"/> YES	<input checked="" type="checkbox"/> NO
<input checked="" type="checkbox"/> Initial Report	<input type="checkbox"/> Amendment				
<input type="checkbox"/> YES	<input checked="" type="checkbox"/> NO				

[illegible]

Periodic Transaction Report

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NAME: <u>Rep. Diane Black</u>	OFFICE TELEPHONE: <u>202-225-4231</u>	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="" type="checkbox"/> Initial Report <input type="checkbox"/> Amendment Date of Report being Amended: _____
<input checked="" type="checkbox"/> Member of the U.S. House of Representatives State: <u>TN</u> District: <u>6TH</u> File an original and 2 copies.	<input type="checkbox"/> Officer or Employee Employing Office: _____ File an original and 1 copy.	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

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
JT	Example: Mega Corp. Common Stock		X		8/14/12	8/14/12		X								
SP	Zoetis Inc		X		4/16/15	4/16/15					X					
SP	Unilever		X		4/16/15	4/16/15				X						
SP	Diageo		X		4/16/15	4/16/15				X						
SP	Unilever		X		4/16/15	4/16/15				X						