

Page ____ of ____

2010 DEC 18 AM 11:11
SOURCE CENTER

Periodic Transaction Report

NAME:

Rep. Diane L. Black

OFFICE TELEPHONE:

202-225-4231

For the purpose of this report, please indicate whether this is an initial report or an amended report. For amendments, please provide the date the report was amended. **18**

| Initial Report | Amendment |
|--|--------------------------|
| <input checked="checked" type="checkbox"/> | <input type="checkbox"/> |

Date of Report being Amended: _____

IN CASE OF REPRESENTATIVE:

Date of Report being Amended:

Initial Report

Amendment

☒ Member of the U.S. House of Representatives
State: Tennessee District: 6th

State: Tennessee District: 09

File an original and 2 copies.

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? ☐ YES ☐ NO

Initial Public Offering?

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 |
| SP | DENTSPLY SIRONA INC COM STK | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | 11/28/18 | 11/28/18 | <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"/> |
| SP | DENTSPLY SIRONA INC COM STK | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | 11/29/18 | 11/29/18 | <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"/> |
| SP | KROGER CO COM STK | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | 12/10/18 | 12/10/18 | <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"/> |
| | | <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"/> |
| | | <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) |
|-----------------|------------------------|
| | |
| | |
| | |
| | |