

### Periodic Transaction Report

**OFFICE TELEPHONE:** (202) 225-5464

2015 OCT -1 AM 11:18

**HAND  
DELIVERED**  
Page 1 of 2

District: 27

**File an original and 2 copies**

**File an original and 1 copy**

U.S. HOUSE OF REPRESENTATIVES

**(For Official Use Only)**

☐ Yes

If you answered "yes" to this question, please contact the Committee on Ethics for further guidance.

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

Initial Report

**Amendment**

Date of Report Being Amended:

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

[illegible]

# UNITED STATES HOUSE OF REPRESENTATIVES

Periodic Transaction Report

NAME: **JUDY CHU**

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FULL ASSET NAME	TYPE OF TRANS-ACTION			DATE OF TRANS-ACTION	DATE NOTIFIED OF TRANS-ACTION	AMOUNT OF TRANSACTION												
	Purchase	Sale	Exchange			(M/M/DD/YY)	(M/M/DD/YY)	A	B	C	D	E	F	G	H	I	J	K
SP DC JT  Provide full name, not ticker symbol.																		
3 SPX AUG 28 1975 PUT	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	08/26/15	08/26/15	<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"/>
3 SPX AUG 28 1950 PUT	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	08/26/15	08/26/15	<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"/>
1 SPX AUG 28 1975 CALL	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	08/27/15	08/27/15	<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"/>
2 SVXY SEP 04 72 PUT	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	08/28/15	08/28/15	<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"/>
2 SVXY SEP 11 71 PUT	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	08/28/15	08/28/15	<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"/>

NOTE NUMBER	FILER NOTES (optional)