

Periodic Transaction Report

OFFICE TELEPHONE: (202) 225-2265

State: **CT** District: **01**

Officer or Employee
Employing Office: _____
File an original and 1 copy

U.S. HOUSE OF REPRESENTATIVES
ME
(For Official Use Only)

(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.

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

Date of Report Being Amended:

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

[illegible]