

UNITED STATES HOUSE OF REPRESENTATIVES

Periodic Transaction Report

LEGISLATIVE RESOURCE CENTER

2015 JUN -4 AM 9:04

OFFICE OF THE CLERK
U.S. HOUSE OF REPRESENTATIVES

NAME: Thomas Price

OFFICE TELEPHONE: (202) 225-4501

☒ Member of the U.S. House of Representatives
State: GA District: 06

File an original and 2 copies

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

(For Official Use Only)

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

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

Date of Report Being Amended: _____

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

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	K
SP DC JT Provide full name, not ticker symbol.				(MM/DD/YY)	(MM/DD/YY)	\$1,001-\$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	Transaction in a Spouse or Dependent Child Asset over \$1,000,000
JT Example: Mega Corp. Common Stock		X		02/05/015	03/07/15		X									
IShares Short Maturity Bond	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	05/13/15	6/2/15	<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"/>
Powershares DB Base Metals Funds	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	05/13/15	06/02/15	<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"/>
SP Stadion Managed Risk 100 Class A	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	5/28/15	06/02/15	<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"/>
SP Wells Fargo Absolute Return Admin CL	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	05/28/15	06/02/15	<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"/>

HAND
DELIVERED
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NAME: Thomas Price Page 2 of 2

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	Purchase	Sale	Exchange													
SP DC JT	Provide full name, not ticker symbol.			(MM/DD/YY)	(MM/DD/YY)	A	B	C	D	E	F	G	H	I	J	K
						\$1,001-\$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	Transaction in a Spouse or Dependent Child Asset over \$1,000,000
Stadion Managed Risk 100 Class A	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	05/28/15	06/02/15	<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"/>	<input type="checkbox"/>
Wells Fargo Absolute Return Admin CL	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	05/28/15	06/02/15	<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"/>	<input type="checkbox"/>
SP Stadion Managed Risk 100 Class A	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	05/28/15	06/02/15	<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"/>	<input type="checkbox"/>
SP Wells Fargo Absolute Return Admin CL	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	05/28/15	06/02/15	<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"/>	<input type="checkbox"/>
SP Stadion Managed Risk 100 Class A	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	05/28/15	06/02/15	<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"/>
SP Wells Fargo Absolute Return Admin CL	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	05/28/15	06/02/15	<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"/>

NOTE NUMBER	FILER NOTES (optional)