


## Periodic Transaction Report

2016 OCT 20 PM 1:19

Page 1 of 1

**HAND  
DELIVERED**

OFFICE OF THE CLERK  
U.S. HOUSE OF REPRESENTATIVES

<b>NAME:</b> <u>Steve Stivers</u>		<b>OFFICE TELEPHONE:</b> <u>(202) 225-2015</u>		<div>2016 OCT 20 PM 1:1</div> <div>OFFICE OF THE CLERK U.S. HOUSE OF REPRESENTATIVES</div> <div> (For Official Use Only)</div>
<div><input checked="" type="checkbox"/> Member of the U.S. House of Representatives</div> <div>State: <u>Ohio</u> District: <u>15</u></div> <div>File an original and 2 copies</div>	<div><input type="checkbox"/> Officer or Employee</div> <div>Employing Office: _____</div> <div>File an original and 1 copy</div>	<div>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</div> <div>If you answered "yes" to this question, please contact the Committee on Ethics for further guidance.</div> <div>Date of Report Being Amended: _____</div> <div>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</div> <div><b>A \$200 penalty shall be assessed against anyone who files more than 30 days late.</b></div>		

[illegible]

UNITED STATES HOUSE OF REPRESENTATIVES

Periodic Transaction Report

NAME: \_\_\_\_\_ Page 2 of 2

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
Zua Stivers Trust (con't)	<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"/>
- Ishares MSCI EAFE	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	09/14/16	10/12/16	<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"/>	<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)

## Page 1 of 2

NAME: Steve Stivers

**OFFICE TELEPHONE:** (202) 225-2015

X	Member of the U.S. House of Representatives
	Ohio
	15

Officer or Employee

**File an original and 2 copies**

**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.

ents. P

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.**

[illegible]

NAME: Steve Stivers Page 2 of 2

## Periodic Transaction Report

[illegible]