

## Periodic Transaction Report

**OFFICE TELEPHONE: (202) 225-8203**

State: IL District: 04

Officer or Employee

**File an original and 1 copy**

☐ 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: 08/12/15

✓  
OFFICE OF THE CLERK  
U.S. HOUSE OF REPRESENTATIVES  
ME  
(For Official Use Only)

2015 AUG 12 PM 4:51

LEGISLATIVE RESOURCE CENTER

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