

**HAND  
DELIVERED**

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LEGISLATIVE RESOURCE CENTER

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U.S. HOUSE OF REPRESENTATIVES

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**UNITED STATES HOUSE OF REPRESENTATIVES**

### Periodic Transaction Report

<b>NAME:</b> <u>LAURENCE FRANCIS ROONEY</u>		<b>OFFICE TELEPHONE:</b> <u>(918) 583-6900</u>	
<div><input checked="checked" type="checkbox"/> Member of the U.S. House of Representatives State: <u>FLORIDA</u> District: <u>19</u> File an original and 2 copies</div>		<div><input type="checkbox"/> Officer or Employee Employing Office: _____ File an original and 1 copy</div>	
Did you purchase any shares that were allocated as a part of an Initial Public Offering? <div><input type="checkbox"/> Yes <input checked="checked" type="checkbox"/> No</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. <div><input checked="checked" type="checkbox"/> Initial Report <input type="checkbox"/> Amendment</div>	
If you answered "yes" to this question, please contact the Committee on Ethics for further guidance.		Date of Report Being Amended: _____	
		<div>18 SEP 13 AM 9:19 OFFICE OF THE CLERK U.S. HOUSE OF REPRESENTATIVES <i>MC</i> (For Official Use Only)</div>	
A \$200 penalty shall be assessed against anyone who files more than 30 days late.			

NAME: LAURENCE FRANCES ROONEY

JT SP DC		FULL ASSET NAME	Type of transaction				Date of Transaction	Amount of Transaction																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																													
			PURCHASE	SALE	PARTIAL SALE	EXCHANGE		Check Box if Capital Gain Exceeded \$200	(MM/DD/YY)	A	B	C	D	E	F	G	H	I	J	K																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																	
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