

HAND  
DELIVERED

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Periodic Transaction Report

LEGISLATIVE RESOURCE CENTER

2011 OCT 22 AM 9:45

<b>NAME:</b> Rep. Diane L. Black	<b>OFFICE TELEPHONE:</b> 202-225-4231	<p>Please indicate whether this is an initial report or an amended report. For amendments, please provide the date of the report.</p> <p><input checked="" type="checkbox"/> Initial Report <input type="checkbox"/> Amendment</p> <p>Date of Report being Amended: _____</p> <p>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</p>
<input checked="" type="checkbox"/> Member of the U.S. House of Representatives State: Tennessee District: 6th File an original and 2 copies.	<input type="checkbox"/> Officer or Employee Employing Office: _____ File an original and 1 copy.	

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	
JT	Provide full name, not ticker symbol.															
JT	Example: Mega Corp. Common Stock		X		8/14/12		X									
SP	Oracle Corp	X			10/7/14				X							
SP	Pepsico		X		10/15/14			X								
SP	EOG Resources	X			10/15/14			X								
SP	Occidental Petroleum	X			10/15/14			X								
SP	Schlumberger LTD	X			10/15/14			X								

<b>NAME:</b>  Rep. Diane L. Black	<b>OFFICE TELEPHONE:</b>  202-225-4231	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  Date of Report being Amended: _____
<input checked="" type="checkbox"/> Member of the U.S. House of Representatives State: <u>Tennessee</u> District: <u>8th</u>  File an original and 2 copies.	<input type="checkbox"/> Officer or Employee Employing Office: _____  File an original and 1 copy.	
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		

[illegible]