

Periodic Transaction Report

OFFICE TELEPHONE: (202) 225-4115

State: VT District: 00

File an original and 2 copies

Employing Office: _____

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:	<input checked="checked" type="checkbox"/>	<input type="checkbox"/>

Date of Report Being Amended:

(For Official Use Only)

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**HAND
DELIVERED**

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