

Periodic Transaction Report

OFFICE TELEPHONE: (202) 225-4115

2017 JUN -5 PM 2:12

HAND DELIVERED ² of

Executive Committee

1. The first step is to identify the problem or question being asked.
 2. Next, we need to gather relevant information and data.
 3. Then, we analyze the information to determine the cause of the problem.
 4. After analysis, we develop a plan or solution to address the issue.
 5. Finally, we implement the solution and monitor its effectiveness.

(For Official Use Only)

Officer or Employee

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.

	<input checked="" type="checkbox"/> Initial Report	<input type="checkbox"/> Amendment
Date of Report Being Amended:		

Date of Report Being Amended:

A \$200 penalty shall be assessed against anyone who files more than 30 days late.

[illegible]

UNITED STATES HOUSE OF REPRESENTATIVES

NAME: Peter Welch Page 2 of 2

Periodic Transaction Report

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
Bank of America Bond, 1.95%, due 5/12/18	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	05/26/17	06/01/17	<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"/>
Whole Foods Market	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	05/25/17	05/31/17	<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"/>
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NOTE NUMBER

FILER NOTES (optional)
