

## Periodic Transaction Report

**OFFICE TELEPHONE:** (202) 225-5265

State: \_\_\_\_\_ District: \_\_\_\_\_

**File an original and 2 copies**

☐ 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:		

Initial Report ☐ Amendment ☐

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

LEGISLATIVE RESOURCES UNIT

2017 APR -4 PM 3:32

OFFICE OF THE CLERK  
U.S. HOUSE OF REPRESENTATIVES

ME  
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