

Periodic Transaction Report

**HAND
DELIVERED**

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<p>NAME: <u>James Austin Scott</u></p>		<p>LEGISLATIVE RESOURCE CENTER</p>	
<p>OFFICE TELEPHONE: <u>202-225-6531</u></p>		<p>2017 MAR 10 PM 12:42</p>	
<p><input checked="" type="checkbox"/> Member of the U.S. House of Representatives State: <u>LA</u> District: <u>8</u> File an original and 2 copies</p>		<p><input type="checkbox"/> Officer or Employee Employing Office: _____ File an original and 1 copy</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>		<p>U.S. HOUSE OF REPRESENTATIVES</p>	
<p>If you answered "yes" to this question, please contact the Committee on Ethics for further guidance.</p>		<p>OFFICE OF THE CLERK</p>	
<p>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</p>		<p>DATE OF REPORT BEING AMENDED: _____</p>	
<p>A \$200 penalty shall be assessed against anyone who files more than 30 days late.</p>		<p>(For Official Use Only)</p>	

[illegible]

UNITED STATES HOUSE OF REPRESENTATIVES

NAME: *James Austin Scott*

Periodic Transaction Report

SP DC JT	FULL ASSET NAME Provide full name, not ticker symbol.	TYPE OF TRANS-ACTION			DATE OF TRANS-ACTION (MM/DD/YY)	DATE NOTIFIED OF TRANS-ACTION (MM/DD/YY)	AMOUNT OF TRANSACTION											
		Purchase	Sale	Exchange			A \$1,001-\$15,000	B \$15,001-\$50,000	C \$50,001-\$100,000	D \$100,001-\$250,000	E \$250,001-\$500,000	F \$500,001-\$1,000,000	G \$1,000,001-\$5,000,000	H \$5,000,001-\$25,000,00	I \$25,000,001-\$50,000,000	J Over \$50,000,000	K Transaction in a Spouse or Dependent Child Asset over \$1,000,000	
	<i>Clean Energy Fuels</i>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<i>2/28/17</i>	<i>2/28/17</i>	<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"/>	<input type="checkbox"/>
	<i>ArvinTech</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<i>1/6/17</i>	<i>1/6/17</i>	<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"/>	<input type="checkbox"/>
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NOTE NUMBER	FILER NOTES (optional)