

Periodic Transaction Report

OFFICE TELEPHONE: (202) 225-4231

State: TN District: 6th

File an original and 2 copies

Did you purchase any shares that were allocated as a part of an Initial Public Offering? ☐ Yes ☒ No

<input type="checkbox"/>	Yes	<input checked="" type="checkbox"/>	No
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If you answered "yes" to this question, please contact the Committee on Ethics for further guidance.

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:

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

**HAND
DELIVERED**

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2016 DEC -9 PM

OFFICE OF THE
HOUSE OF REPRESENTATIVES
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HOUSE OF REPRESENTATIVES

(For Official Use Only)

[illegible]

UNITED STATES HOUSE OF REPRESENTATIVES

Periodic Transaction Report

NAME: Rep. Diane Black Page 2 of 2

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					<input checked="" type="checkbox"/>									
SP ishares Barclays 1-3 Yr Tsy Bond	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	03/12/15	03/12/15		<input type="checkbox"/>				<input checked="" type="checkbox"/>									
SP Pimco 0-5 Year H/Y Corp Bond	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	03/12/15	03/12/15		<input type="checkbox"/>				<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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	<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"/>									

NOTE NUMBER	FILER NOTES (optional)