# PERIODIC TRANSACTION REPORT

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## FILER INFORMATION

Name: Hon. David E. Price

Status: Member State/District: NC04

## **TRANSACTIONS**

ID	Owner	Asset	Transaction Type	Date	Notification Date	Amount	Cap. Gains > \$200?
		North Carolina Health Care Facilities Bonds - Novant [GS] FILING STATUS: New DESCRIPTION: Purchase of 5,000 units	P	03/14/2019	03/19/2019	\$1,001 - \$15,000	
		North Carolina Hospital Bonds - Baptist Hospital [GS] FILING STATUS: New DESCRIPTION: Purchase of 10,000 units	P	03/20/2019	03/25/2019	\$1,001 - \$15,000	П

<sup>\*</sup> For the complete list of asset type abbreviations, please visit <a href="https://fd.house.gov/reference/asset-type-codes.aspx">https://fd.house.gov/reference/asset-type-codes.aspx</a>.

## INITIAL PUBLIC OFFERINGS

C Yes No

## **CERTIFICATION AND SIGNATURE**

I CERTIFY that the statements I have made on the attached Periodic Transaction Report are true, complete, and correct to the best of my knowledge and belief.

Digitally Signed: Hon. David E. Price, 04/02/2019