AO-10T
Rev. 07/2022

FINANCIAL DISCLOSURE
PERIODIC TRANSACTION REPORT

Report Required by the Ethics in Government Act of 1978 (5 U.S.C. app. §§ 101-111)

*1. First Name	*2. Middle Initial	*3. Last Name	4. Suffix
Henry	E	Autrey	
***5. Title**	***6. District/Court/Unit**		***7. Circuit**
U.S. District Judge	MISSOURI EASTERN		08
8. Report Type	**9. Calendar Year**	***10. Date Filed**	**11. Check box if amending prior report and enter date of prior submission.**
Periodic Transaction Report	2022	12/06/2022	
***12. Date of First Transaction on this Report**		***13. Date of Last Transaction on this Report**	
11/09/2022		11/09/2022	

TRANSACTIONS

Any purchase, sale, or exchange that exceeds $1,000 in stocks, bonds, commodities futures, and other securities (Includes those of spouse and dependent children)

A. Description of Assets	B. Transaction Type	C. Date of Transaction	D. Date Notified of Transaction	E. Amount of Transaction
1. Cox Health - MO ST Health -EDL FACS FACS Auth Health FACS REV FAC	Buy	11/09/2022	11/09/2022	$15,001 - $50,000
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TRANSACTIONS

Any purchase, sale, or exchange that exceeds $1,000 in stocks, bonds, commodities futures, and other securities (Includes those of spouse and dependent children)

First Name Henry	Middle Initial E	Last Name Autrey	Suffix

A. Description of Assets	B. Transaction Type	C. Date of Transaction	D. Date Notified of Transaction	E. Amount of Transaction
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TRANSACTIONS *Any purchase, sale, or exchange that exceeds $1,000 in stocks, bonds, commodities futures, and other securities (Includes those of spouse and dependent children).*

First Name Henry	Middle Initial E	Last Name Autrey	Suffix

	A. Description of Assets	B. Transaction Type	C. Date of Transaction	D. Date Notified of Transaction	E. Amount of Transaction
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TRANSACTIONS *Any purchase, sale, or exchange that exceeds $1,000 in stocks, bonds, commodities futures, and other securities (Includes those of spouse and dependent children).*

First Name Henry	Middle Initial E	Last Name Autrey	Suffix

A. Description of Assets	B. Transaction Type	C. Date of Transaction	D. Date Notified of Transaction	E. Amount of Transaction
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First Name Henry	Middle Initial E	Last name Autrey	Suffix

ADDITIONAL INFORMATION OR EXPLANATIONS

CERTIFICATION.
I certify that all information given above (including information pertaining to my spouse and minor or dependent children, if any) is accurate, true, and complete to the best of my knowledge and belief, and that any information not reported was withheld because it met applicable statutory provisions permitting non-disclosure.

NOTE: ANY INDIVIDUAL WHO KNOWINGLY AND WILLFULLY FALSIFIES OR FAILS TO FILE THIS REPORT MAY BE SUBJECT TO CIVIL AND CRIMINAL SANCTIONS (5 U.S.C. app. § 104)

**SIGNATURE:*

s/ Henry E Autrey

Committee on Financial Disclosure
Administrative Office of the United States Courts
Suite G-330
One Columbus Circle, N.E.
Washington, D.C. 20544