AO-10T
Rev. 01/2023

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
Susan	J.	Dlott	
*5. Title	*6. District/Court/Unit		*7. Circuit
U.S. District Court Judge	OHIO SOUTHERN		06
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	2024	03/05/2024	
*12. Date of First Transaction on this Report		*13. Date of Last Transaction on this Report	
02/20/2024		02/20/2024	

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. * Univ. Ks Hosp Auth/University Kans Hosp. Rev.	Buy	02/20/2024	03/04/2024	$50,001 - $100,000
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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	Middle Initial	Last Name	Suffix
Susan	J.	Dlott	

	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 Susan	Middle Initial J.	Last Name Dlott	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 Susan	Middle Initial J.	Last Name Dlott	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 Susan	Middle Initial J.	Last name Dlott	Suffix

ADDITIONAL INFORMATION OR EXPLANATIONS

*#1 UNIVERSITY OF KANSAS HOSPITAL AUTHORITY HEALTH FACILITIES REFUNDING AND IMPROVEMENT REVENUE BONDS (KU HEALTH SYSTEM)

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/ Susan J. Dlott

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