AO-10T
Rev. 03/2023

FINANCIAL DISCLOSURE
PERIODIC TRANSACTION REPORT

Report Required by the Ethics in Government Act of 1978 (5 U.S.C. §§ 13101-13111)

* indicates required fields

*1. First Name	*2. Middle Initial	*3. Last Name	4. Suffix
Beryl	A.	Howell	
***5. Title**	***6. District/Court/Unit**		***7. Circuit**
Judge	DISTRICT OF COLUMBIA		DC
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	02/11/2024	
***12. Date of First Transaction on this Report**		***13. Date of Last Transaction on this Report**	
01/25/2024		01/25/2024	

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. SPDR Health	Sold (Part)	01/25/2024	02/07/2024	$15,001 - $50,000
2.				
3.				
4.				
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15.				

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 Beryl	Middle Initial A.	Last Name Howell	Suffix

A. Description of Assets	B. Transaction Type	C. Date of Transaction	D. Date Notified of Transaction	E. Amount of Transaction
16.				
17.				
18.				
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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
Beryl	A.	Howell	

	A. Description of Assets	B. Transaction Type	C. Date of Transaction	D. Date Notified of Transaction	E. Amount of Transaction
41.					
42.					
43.					
44.					
45.					
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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 Beryl	Middle Initial A.	Last Name Howell	Suffix

A. Description of Assets	B. Transaction Type	C. Date of Transaction	D. Date Notified of Transaction	E. Amount of Transaction
66.				
67.				
68.				
69.				
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First Name Beryl	Middle Initial A.	Last name Howell	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. § 13106)

**SIGNATURE:*

Beryl A. Howell

☐ Bypass form audit. Please review highlighted items to assure no changes are required. If changes are not required, you MUST provide an explanation above in the Additional Information or Explanations section.

[redacted]

Committee on Financial Disclosure
Administrative Office of the United States Courts
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