

Periodic Transaction Report

**HAND
DELIVERED**

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LEGISLATIVE RESOURCE CENTER

2016 APR 13 AM 11:35

OFFICE TELEPHONE: 202-225-5711

File an original and 2 copies

Officer or Employee
Employing Office: _____

File an original and 1 copy

MC

U.S. HOUSE OF REPRESENTATIVES

(For Official Use Only)

Did you purchase any shares that were allocated as a part of an Initial Public Offering? ☐ ☒

Yes

No

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.

[illegible]

Periodic Transaction Report

NAME: Kurt Schrader

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[illegible]

NOTE NUMBER

FILER NOTES (optional)

UNITED STATES HOUSE OF REPRESENTATIVES

Periodic Transaction Report

NAME: Kurt Schrader Page 3 of 4

FULL ASSET NAME		TYPE OF TRANS-ACTION			DATE OF TRANS-ACTION	DATE NOTIFIED OF TRANS-ACTION	AMOUNT OF TRANSACTION											
SP DC JT	Provide full name, not ticker symbol.	Purchase	Sale	Exchange	(MM/DD/YY)	(MM/DD/YY)	A	B	C	D	E	F	G	H	I	J	K	
								<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"/>	
								<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"/>	<input checked="" 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"/>
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NAME: Kurt Schrader Page 4 of 4

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	Purchase	Sale	Exchange			(MM/DD/YY)	(MM/DD/YY)	A	B	C	D	E	F	G	H	I	J	K	
SP DC JT	Provide full name, not ticker symbol.																		
Wal Mart Stores Inc	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	3/7/16	4/1/16	<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"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
American Waterworks Co	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	3/25/16	4/1/16	<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"/>	<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"/>	<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"/>	<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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