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18 NOV 14 AM 10:41

OFFICE TELEPHONE: 202-225-5711

(For Official Use Only)

(For Official Use Only)

**Officer or Employer**

**Employing Office:** \_\_\_\_\_

**File an original and 1 copy**

Member of the U.S. House of Representatives  
State: OR District: 5  
File an original and 2 copies

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.

<input checked="checked" type="checkbox"/>	Initial Report	<input type="checkbox"/>	Amendment
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Date of Report Being Amended: \_\_\_\_\_

**A \$200 penalty shall be assessed against anyone who files more than 30 days late.**

[illegible]

# UNITED STATES HOUSE OF REPRESENTATIVES

Periodic Transaction Report

NAME: Kurt Schrader Page 2 of 2

FULL ASSET NAME	TYPE OF TRANS-ACTION			DATE OF TRANS-ACTION	DATE NOTIFIED OF TRANS-ACTION	AMOUNT OF TRANSACTION										
	Purchase	Sale	Exchange			A	B	C	D	E	F	G	H	I	J	K
SP DC JT Provide full name, not ticker symbol.				(MM/DD/YY)	(MM/DD/YY)	\$1,001-\$15,000	\$15,001-\$50,000	\$50,001-\$100,000	\$100,001-\$250,000	\$250,001-\$500,000	\$500,001-\$1,000,000	\$1,000,001-\$5,000,000	\$5,000,001-\$25,000,000	\$25,000,001-\$50,000,000	Over \$50,000,000	Transaction in a Spouse or Dependent Child Asset over \$1,000,000
<i>Flexion Therapeutic</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	10/26/18	10/21/18	<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"/>
<i>Dow Dupont Inc</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	10/30/18	10/31/18	<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"/>
<i>CMG Group Inc</i>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	10/9/18	10/31/18	<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"/>
<i>Visnux Holding Co</i>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	10/18/18	10/21/18	<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"/>
<i>United Healthcare group</i>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	10/26/18	10/31/18	<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"/>

NOTE NUMBER

FILER NOTES (optional)