

Periodic Transaction Report

HAND DELIVERED
EDUCATIVE RESOURCE CENTER

17 SEP -6 AM 9:52

OFFICE OF THE CLERK
U.S. HOUSE OF REPRESENTATIVES

MC
(For Official Use Only)

NAME: Kovl Schrader

OFFICE TELEPHONE: 202-225-5711



Member of the U.S. House of Representatives

State: **OK** District: **5**

District:

File an original and 2 copies



Officer or Employee

Employing Office: _____

File an original and 1 copy

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

☐ Yes☒ $\frac{Z}{O}$

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



Ammendment

Date of Report Being Amended:

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

UNITED STATES HOUSE OF REPRESENTATIVES

Periodic Transaction Report

NAME: Kurt Schneider Page 2 of 3

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
Inkt Corp	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	8/1/17	8/31/17	<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"/>
Infil Business Machines Corp	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	8/1/17	8/31/17	<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"/>
Infil Business Machines Corp	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	8/30/17	8/31/17	<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"/>
Verizon Communications	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	8/30/17	8/31/17	<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"/>
Sealed Air Corp	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	8/30/17	8/31/17	<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"/>
Marathon Oil Corp	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	8/30/17	8/31/17	<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"/>
CMS Corp Inc	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	8/31/17	8/31/17	<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"/>

NOTE NUMBER

FILER NOTES (optional)

NAME: Kurt Schneider

Page 3 of 3

Periodic Transaction Report

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 \$1,001-\$15,000	B \$15,001-\$50,000	C \$50,001-\$100,000	D \$100,001-\$250,000	E \$250,001-\$500,000	F \$500,001-\$1,000,000	G \$1,000,001-\$5,000,000	H \$5,000,001-\$25,000,000	I \$25,000,001-\$50,000,000	J Over \$50,000,000	K Transaction in a Spouse or Dependent Child Asset over \$1,000,000
	Morgan Stanley Oil Corp	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	8/12/17	8/31/17	<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"/>
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