

Periodic Transaction Report

OFFICE TELEPHONE: 202-225-5711

File an original and 2 copies

File an original and 1 copy

No

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.

HAN'S
DELIVERER

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CE CENTER

18 MAR-6 AM 9:13

U.S. HOUSE OF REPRESENTATIVES

(For Official Use Only)

[illegible]

UNITED STATES HOUSE OF REPRESENTATIVES

Periodic Transaction Report

NAME: Kurt Schneider 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
DW Strategic Opphy's Fund	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	2/20/18	2/28/18	<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"/>
DW Small & Midcap Short Fund	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	2/20/18	2/28/18	<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 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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NOTE NUMBER	FILER NOTES (optional)