

HAND DELIVERED

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U.S. HOUSE OF REPRESENTATIVES

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**UNITED STATES HOUSE OF REPRESENTATIVES
FINANCIAL DISCLOSURE STATEMENT**

FORM B

For use by candidates and new employees

Period covered: January 1, 2010 - December 31, 2011

Name: MARY JO KILROY

Daytime Telephone: _____

Filer Status	<input checked="" type="checkbox"/> Candidate for the House of Representatives	State: <u>OH</u> District: <u>02</u>	Date of Election: _____	Check if Amendment <input type="checkbox"/>	A \$200 penalty shall be assessed against any individual who files more than 30 days late.
	<input type="checkbox"/> New officer or employee	Employing Office: _____			

In all sections, please type or print clearly in blue or black ink.

PRELIMINARY INFORMATION — ANSWER EACH OF THESE QUESTIONS

I. Did you or your spouse have "earned" income (e.g., salaries or fees) of \$200 or more from any source in the reporting period? If yes, complete and attach Schedule I.	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	IV. Did you hold any reportable positions on or before the date of filing in the current calendar year or in the prior two years? If yes, complete and attach Schedule IV.	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
II. Did you, your spouse, or a dependent child receive "unearned" income of more than \$200 in the reporting period or hold any reportable asset worth more than \$1,000 at the end of the period? If yes, complete and attach Schedule II.	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	V. Did you have any reportable agreement or arrangement with an outside entity? If yes, complete and attach Schedule V.	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
III. Did you, your spouse, or a dependent child have any reportable liability (more than \$10,000) during the reporting period? If yes, complete and attach Schedule III.	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	VI. Did you receive compensation of more than \$5,000 from a single source in the two prior years? If yes, complete and attach Schedule VI.	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.

EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION — ANSWER EACH OF THESE QUESTIONS

TRUSTS—Details regarding "Qualified Blind Trusts" approved by the Committee on Ethics and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or a dependent child?	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
EXEMPTION—Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption? Do not answer "yes" unless you have first consulted with the Committee on Ethics.	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

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Exclude: Military pay (such as National Guard or Reserve pay), federal retirement programs, and benefits received under the Social Security Act.

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For additional assets and unearned income, use next page.

Continuation Sheet (if needed)

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NOTE--IT IS REQUESTED THAT THE FOLLOWING INFORMATION BE FURNISHED TO THE BUREAU OF THE U.S. DEPARTMENT OF AGRICULTURE, WASHINGTON, D.C. 20250.

Continuation Sheet (if needed)

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SCHEDULE II - ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Name MARY JO KELLEY

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BLOCK A		BLOCK B													BLOCK C						BLOCK D																							
Asset and/or Income Source		Value of Asset													Type of Income						Current Year												Preceding Year											
SP, JT, DC		A	B	C	D	E	F	G	H	I	J	K	L	NONE	DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED/BLIND TRUST	Other Type of Income (Specify: e.g., Partnership Income or Farm Income)	I	II	III	IV	V	VI	VII	VIII	IX	X	XI	I	II	III	IV	V	VI	VII	VIII	IX	X	XI		
		None	\$1 - \$1,000	\$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								None	\$1 - \$200	\$201 - \$1,000	\$1,001 - \$2,500	\$2,501 - \$5,000	\$5,001 - \$15,000	\$15,001 - \$50,000	\$50,001 - \$100,000	\$100,001 - \$1,000,000	\$1,000,001 - \$5,000,000	Over \$5,000,000	None	\$1 - \$200	\$201 - \$1,000	\$1,001 - \$2,500	\$2,501 - \$5,000	\$5,001 - \$15,000	\$15,001 - \$50,000	\$50,001 - \$100,000	\$100,001 - \$1,000,000	\$1,000,001 - \$5,000,000	Over \$5,000,000		
SP	HARBOR BOND INT'L	X												X								X												X										
SP	AMERICAN FUNDS	X												X								X												X										
SP	THE FAIRFAX FUND	X												X								X												X										
SP	IVY FUND - FIRST	X												X								X												X										
SP	MUTUAL BENEFIT	X												X								X												X										
SP	CAVELEY SPONSOR	X												X								X												X										
SP	WILSON INC F.O.A	X												X								X												X										
SP	MARTIN SOUTHERN INT'L FUND	X												X								X												X										
SP	GEORGE MARGO FUND CLASS A	X												X								X												X										
SP	COUNTY COMMERCIAL ACFT of OHIO DEFERRED																																											
SP	COMPENSATION PLAN (NOT SELF-DIRECTED)																																											
SP	OHIO PUBLIC EMPLOYEES RETIREMENT SYSTEM (NOT SELF-DIRECTED)																																											
SP	ALLENBERGER MUN INC	X												X								X												X										
SP	WELLS FARGO FUND TR	X												X								X												X										
SP	FOR. HIGH BOND FUND	X												X								X												X										

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② FORMERLY 1984 SAN AMERICA, CURRENTLY CFS INVESTMENT PLC FINANCIAL

Continuation Sheet (if needed)

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Continuation Sheet (if needed)

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SCHEDULE II - ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Name

MARY JO KELLEY

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BLOCK A Asset and/or Income Source	BLOCK B Value of Asset													BLOCK C Type of Income							BLOCK D Amount of Income																				
																					Current Year							Preceding Year													
	A	B	C	D	E	F	G	H	I	J	K	L	NONE	DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED/BLIND TRUST	I	II	III	IV	V	VI	VII	VIII	IX	X	XI	I	II	III	IV	V	VI	VII	VIII	IX	X	XI	
FIRST AETNA																																									
BANKER/CA STOCK																																									
HUSON CITY BANK																																									
IMPERIAL CAPITAL																																									
BANKCAP STOCK																																									
INTERCAP STOCK																																									
STANLEY + JORDAN																																									
STOCK																																									
WEDTRANK INC																																									
STOCK																																									
PERSCO INC																																									
STOCK																																									
PROCTER + GAMBLE																																									
STOCK																																									
SILVER STAR																																									
BANKCAP																																									
ABBOTT LABS																																									
STOCK																																									
CASECEAT FINANCIAL																																									
CARD STOCK																																									
EXXAMOBIL STOCK																																									
NOVARTIS AG																																									
STOCK																																									
TEMEQUILA VALLEY																																									
BANKCAP STOCK																																									

Continuation Sheet (if needed)

MARY JO KILROY

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SCHEDULE III - LIABILITIES

Name MARY JO KIRBY

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Report liabilities of over \$10,000 owed to any one creditor at any time during the reporting period by you, your spouse, or dependent child. Mark the highest amount owed during the reporting period. **Exclude:** Any mortgage on your personal residence (unless there is rental income); loans secured by automobiles, household furniture, or appliances; liabilities of a business in which you own an interest (unless you are personally liable); and liabilities owed to a spouse, or the child, parent, or sibling of you or your spouse. Report revolving charge accounts (i.e., credit cards) only if the balance at the close of the previous calendar year exceeded \$10,000.

SP, DC, JT	Creditor	Date Liability Incurred mo/year	Type of Liability	Amount of Liability										
				A	B	C	D	E	F	G	H	I	J	
	Example: First Bank of Wilmington, DE	May 1998	Mortgage on 123 Main Street, Dover, DE	\$10,001 - \$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	
SP	FIFTH THIRD BANK	2/2006*	BUSINESS LINE OF CREDIT					X						
SP	PNC BANK	2/2011	BUSINESS LINE of CREDIT					X						

SCHEDULE IV - POSITIONS

Report all positions, compensated or uncompensated, held on or before the date of filing during the current calendar year and in the two prior years as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm, partnership, or other business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States.

Exclude: Positions listed on Schedule I; positions held in any religious, social, fraternal, or political entities (such as a political party or campaign organization); and positions solely of an honorary nature.

Position	Name of Organization
BOARD MEMBER	RIVER NETWORK

SCHEDULE V -- AGREEMENTS

Name

MARY JO KICKER

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Identify the date, parties to, and general terms of any agreement or arrangement with respect to: future employment; a leave of absence during the period of government service; continuation or deferral of payments by a former or current employer other than the U.S. Government; or continuing participation in an employee welfare or benefit plan maintained by a former employer.

Date	Parties To	Terms of Agreement
12/2004	OHIO PUBLIC EMPLOYEES RETIREMENT SYSTEM	PENSION AGREEMENT
12/2008	OHIO STATE EMPLOYEES RETIREMENT SYSTEM	PENSION AGREEMENT

SCHEDULE VI -- COMPENSATION IN EXCESS OF \$5,000 PAID BY ONE SOURCE

Report sources of such compensation received by you or your business affiliation for services provided directly by you during the two prior years. This includes the names of clients and customers of any corporation, firm, partnership, or other business enterprise, or any nonprofit organization if you directly provided the services generating a fee or payment of more than \$5,000. Exclude: Payments by the U.S. Government and any information considered confidential as a result of a privileged relationship recognized by law. Do not repeat information listed on Schedule I.

Source (Name and Address)	Brief Description of Duties
Example: Doe Jones & Smith, Hometown, Homestate	Accounting services
N/A	