

Periodic Transaction Report

LEGISLATIVE RESOURCE CENTER

**HAND
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Page 1 of 1

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SEP 12 PM 2:36

Member of the U.S. House of Representatives
State: **PA** District: **03**

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

<input type="checkbox"/>	Yes	<input checked="" type="checkbox"/>	No
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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]

UNITED STATES HOUSE OF REPRESENTATIVES

Periodic Transaction Report

NAME: George J. (Mike) Kelly, Jr. 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
SP ROYAL DUTCH SHELL PLC	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	8-27-18	9-2-18	<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"/>
SP ARCHER DANIELS MIDLAND	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	8-16-18	9-2-18	<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"/>
SP ARCHER DANIELS MIDLAND	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	8-17-18	9-2-18	<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"/>
SP ARCHER DANIELS MIDLAND	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	8-20-18	9-2-18	<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"/>
SP FIRST DATA CORP	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	8-17-18	9-2-18	<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"/>
SP FIRST DATA CORP	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	8-20-18	9-2-18	<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"/>
SP FIRST DATA CORP	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	8-21-18	9-2-18	<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"/>

NOTE NUMBER	FILER NOTES (optional)

UNITED STATES HOUSE OF REPRESENTATIVES

NAME: George J. (Mike) Kelly, Jr. Page 3 of 2

Periodic Transaction Report

FULL ASSET NAME	TYPE OF TRANS-ACTION			DATE OF TRANS-ACTION	DATE NOTIFIED OF TRANS-ACTION	AMOUNT OF TRANSACTION													
	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.																		
SP SUNCOR ENERGY INC	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	8-23-18	9-7-18	<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"/>
SP SUNCOR ENERGY INC	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	8-24-18	9-7-18	<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"/>
SP SUNCOR ENERGY INC	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	8-27-18	9-7-18	<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"/>
SP WELLCARE HEALTH PLAN	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	8-6-18	9-7-18	<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"/>
SP WELLCARE HEALTH PLAN	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	8-17-18	9-7-18	<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"/>
SP WELLCARE HEALTH PLAN	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	8-20-18	9-7-18	<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"/>

NOTE NUMBER

FILER NOTES (optional)