

UNITED STATES HOUSE OF REPRESENTATIVES
CALENDAR YEAR 2012 FINANCIAL DISCLOSURE STATEMENT

Form A
 For use by Members, officers, and employees

Page 1 of —
HAND DELIVERED

LEGISLATIVE RESOURCE CENTER

2013 MAY 15 PM 12: 22

U.S. HOUSE OF REPRESENTATIVES

Name: Robert L. Kelly Daytime Telephone: _____

Filer Status	<input checked="" type="checkbox"/> Member of the U.S. House of Representatives	State: <u>Illinois</u>	Officer or Employee	<input type="checkbox"/> Officer or Employee	Employing Office:
Report Type	<input checked="" type="checkbox"/> Annual (May 15, 2013)	<input type="checkbox"/> Amendment	<input type="checkbox"/> Termination	Termination Date:	

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

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"/>	VI. Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than \$350 and not otherwise exempt)? If yes, complete and attach Schedule VI.	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
II. Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? If yes, complete and attach Schedule II.	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	VII. Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than \$350 from one source)? If yes, complete and attach Schedule VII.	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
III. 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 III.	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	VIII. Did you hold any reportable positions on or before the date of filing in the current calendar year? If yes, complete and attach Schedule VIII.	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
IV. Did you, your spouse, or a dependent child purchase, sell, or exchange any reportable asset in a transaction exceeding \$1,000 during the reporting period? If yes, complete and attach Schedule IV.	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	IX. Did you have any reportable agreement or arrangement with an outside entity? If yes, complete and attach Schedule IX.	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
V. 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 V.	Yes <input checked="" type="checkbox"/> No <input 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

IPO—Did you purchase any shares that were allocated as a part of an Initial Public Offering?	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
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 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"/>

SCHEDULE I — EARNED INCOME

Name

Robin Kelly

Page ___ of ___

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) totalling \$200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria; list only the source for other spouse earned income exceeding \$1,000. See examples below.

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

Source

Type

Amount

Examples: Keene State
State of Maryland
Civil War Roundtable (Oct. 2nd)
Ontario County Board of Education

Approved Teaching Fee
Legislative Pension
Spouse Speech
Spouse Salary

\$6,000
\$9,000
\$1,000
NA

Cook County

Chief Admin Officer

172,000

Boston Medical

M.D.

150,000

Robert Kelly

hope for transmitting the list is included in each Member's filing package.

[illegible]

Name <u>Carol Kelly</u>	Page <u> </u> of <u> </u>
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BLOCK E
Transaction

If only a portion of an asset is sold, please indicate as follows:

(S) (partial)
See below for example.

P,
S,
E

* This column is for income generated by assets held solely by your spouse or dependent child.

[illegible]

Continuation Sheet (if needed)

Robert L. Kelly

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SCHEDULE V— LIABILITIES

Name

Page 1 of 1

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 year. **Members:** Members are required to report all liabilities secured by real property including mortgages on their personal residence. **Exclude:** Any mortgage on your personal residence (unless it is rented out or you are a Member); 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 preceding calendar year exceeded \$10,000. *This column is for liabilities held solely by your spouse or dependent child.

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	K
				\$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	Spouse/DC Liability Over \$1,000,000*
Example:	First Bank of Wilmington, DE	May 1998	Mortgage on 123 Main St., Dover, DE				X							
	Dewen Mortgage	July 1998	Mortgage on 4203 Redwood				X							

SCHEDULE VI— GIFTS

Report the source, a brief description, and the value of all gifts totaling more than \$350 received by you, your spouse, or a dependent child from any source during the year. **Exclude:** Gifts from relatives, gifts of personal hospitality of an individual, local meals, and gifts to a spouse or dependent child that are totally independent of his or her relationship to you. Gifts with a value of \$140 or less need not be added towards the \$350 disclosure threshold.

Note: The gift rule (House Rule 25, clause 5) prohibits acceptance of gifts except as specifically provided in the rule.

Source	Description	Value
Example: Mr. Joseph H. Smith, Anytown, Anystate	Silver Platter (determination on personal friendship received from Committee on Ethics)	\$375
	N/A	

Data of

Exclude: Travel-related expenses provided by federal, state, and local governments, or by a foreign government required to be separately reported under the Foreign Gifts and Decorations Act (5 U.S.C. § 7342); political travel that is required to be reported under the Federal Election Campaign Act; travel provided to a spouse or dependent child that is totally independent of his or her relationship to you.

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SCHEDULE VIII—POSITIONS

Name

Page ____ of ____

Report all positions, compensated or uncompensated, held during the current calendar year 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 political parties and campaign organizations); and positions solely of an honorary nature.

Position	Name of Organization
Board of Trustees	Bradley University
Advisory Board	Northern IL University
Alumni Bd.	Northern IL University
Board Member	Center for Tax & Budget Accountability

SCHEDULE IX—AGREEMENTS

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
N/A		



Quarterly Financial Report for Your 457 Deferred Compensation Plan ROBIN L KELLY

004-1516

New RealizeRetirement Online Educational Resource
Check out ICMARC's new RealizeRetirement resource at www.icmarc.org/realize, an educational website designed to help you save and plan for retirement. RealizeRetirement features videos, calculators, webinars, and brochures to help you realize your saving, investing, and retirement goals.

If You Need Assistance

Call Investor Services 800-669-7400
Automated Access 24 hours/7 days
Customer Service 8:30 AM - 9:00 PM ET M-F
En Español 800-669-8216
Email us at InvestorServices@icmarc.org
Web site www.icmarc.org

Participant & Plan Data

Reference Code RDVHTCBG
Employment Date 12/01/1992
Email Address Not on File
Plan Name VILLAGE OF MATTESON IL
Plan Number 302569

If any of your data is incorrect, please contact Investor Services so that we can update your records.

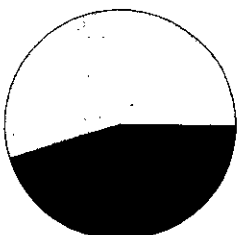
January 1, 2013 - March 31, 2013

Account Summary

	This Period	Year-To-Date
Beginning Balance	\$29,651.34	\$29,651.34
Gain/Loss	\$1,356.53	\$1,356.53
Ending Balance	\$31,007.87	\$31,007.87

Asset Allocation

Asset Category	Percent of Assets	Balance
Stable Value/Cash Management	45%	\$13,962.34
U.S. Stock	55%	\$17,045.53
Total Assets	100%	\$31,007.87



Please review your statement carefully. If you believe there is an error, please notify ICMARC at 800-669-7400 (en Español 800-669-8216) within 90 days of quarter end.

777 North Capitol Street NE, Washington, DC 20002-4240



January 1, 2013 - March 31, 2013

Quarterly Retirement Report

ROBIN L KELLY

Please review your statement carefully. Corrections may not be accepted more than 45 days after the closing date of the statement.



Confidence is having a Plan

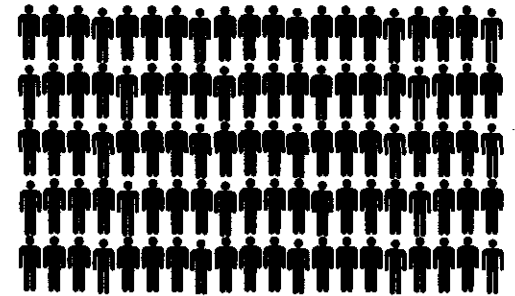
Year after year, we hear stories about how Americans aren't sure they'll be able to afford living in retirement. But you have a plan. And every payday, you're building confidence with contributions to your Cook County Deferred Compensation Plan account.

Still, it's natural to wonder whether you'll have enough for the retirement income you may need. Let us help you be confident in your plan. To discuss your options and opportunities through Plan participation, contact a Retirement Specialist in our Chicago office at: 855-457-COOK (855-457-2665).

After all, it's easier to be confident when you have a Plan. Information provided by Nationwide Retirement Specialists is for educational purposes only and is not intended as investment advice.

NRQ-0671IL-CK (04/2013)

Are you saving enough?



Roughly **3 out of 4** Americans are **not confident** about having enough to pay basic expenses in retirement.

Source: 2012 Retirement Confidence Survey, conducted by the Retirement Confidence Project, a collaboration of the Center for Retirement Research at Boston College and the Center for Retirement Studies at the University of Michigan.

Quarterly Activity at a Glance

	457(b) Plan
Balance as of 01-01-13	\$9,790.77
Contributions/Transfers In*	\$0.00
Interest/Dividend/Cap Gain/Reimb	\$10.57
Gain/Loss	
Withdrawals/Transfers Out**	\$0.00
Charges/Fees	\$0.00
Balance as of 03-31-13	\$9,929.28

*Including, but not limited to, Employee and Employer Contributions, Rollovers and Transfers In.

**Including, but not limited to, Rollovers and Transfers Out, Partial and Lump Sum Payments.

Historical Activity at a Glance

Plan Type	Contributions Since Joining	Total Gain/Loss Since Joining
457(b) Plan	\$9,400.00	\$409.68

If applicable, "Total Gain/Loss Since Joining" includes investment performance, asset fees charged against core accounts and is reflective of fees and transfers associated with Self Directed Option (SDO). "Since Joining" refers to the period of time your account has been administered by Nationwide Retirement Solutions (NRS). For information about asset fees, contact your retirement savings center.

Inside Your Statement

Achieving Your Goals.....	2
About Your Money.....	3
Statement Details and Performance Results.....	4
Plan Updates.....	8

00380000746017

State Employees' Retirement System of Illinois

2101 South Veterans Parkway, P. O. Box 19255, Springfield, Illinois 62794-9255

Inactive Member's Statement of Account as of December 31, 2012

Total Service and Contributions thru December 31, 2012		
Service prior to 1/1/1944	0.00	months
Free military service	0.00	months
Contributing service	47.25	months
(Includes purchased military service after 1/1/1944)		
Total service	47.25	months
Contributions	\$18,553.49	
		Social Security No.

ROBIN L. KELLY

Your Current Beneficiaries

Benefits will be paid on a survivor basis in the numerical order shown. Two or more people with the same order number will receive equal shares.

YOUR ESTATE IS YOUR BENEFICIARY.

Our records indicate that you do not meet the minimum service requirements to qualify for a retirement annuity with SERS. Furthermore, our records indicate that you have approximately 157.00 month(s) of service in the ILLINOIS MUNICIPAL RETIREMENT FUND, approximately 21.00 months of service in the COUNTY EMPLOYEES ANNUITY FUND OF COOK COUNTY, approximately 49.00 months of service in the GENERAL ASSEMBLY RETIREMENT SYSTEM and approximately 12.00 months of service in the STATE UNIVERSITIES RETIREMENT SYSTEM. Under the Reciprocal Act, you may use service of one year or more in a reciprocal retirement system in computing retirement and survivor benefits. Your reciprocal service has not been used in the calculation of benefits in this statement.