

Periodic Transaction Report

OFFICE TELEPHONE: (202) 225-5406

PA 03
State: District:

File an original and 2 copies

Did you purchase any shares that were allocated as a part of an Initial Public Offering? ☐ Yes ☒ No

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 ☐ Amendment

Date of Report Being Amended:

(For Official Use Only)

OFFICE OF THE CLERK
U.S. HOUSE OF REPRESENTATIVES

2017 FEB 16 PM 3:17

Page 1 of 2
LEGISLATIVE RESOURCE UNIT

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UNITED STATES HOUSE OF REPRESENTATIVES

Periodic Transaction Report

NAME: George J. (Mike) Kelly, Jr.

Page 2 of 2

SP DC JT	FULL ASSET NAME Provide full name, not ticker symbol.	TYPE OF TRANS-ACTION			DATE OF TRANS-ACTION	DATE NOTIFIED OF TRANS-ACTION	AMOUNT OF TRANSACTION												
		Purchase	Sale	Exchange			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		
<input checked="" type="checkbox"/>	SCHUMBERGER LTD	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	1/27/17	2/6/17	<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"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	SCHUMBERGER LTD	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	1/30/17	2/6/17	<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"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	BIOGEN, INC	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	1/27/17	2/6/17	<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"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	H D Supply Holdings	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	1/13/17	2/6/17	<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"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	HALLIBURTON CO	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	1/27/17	2/6/17	<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"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	HALLIBURTON CO	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	1/30/17	2/6/17	<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"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	UNITED HEALTH GROUP	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	1/27/17	2/6/17	<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"/>	<input type="checkbox"/>	<input type="checkbox"/>

NOTE NUMBER	FILER NOTES (optional)