

Periodic Transaction Report

OFFICE TELEPHONE: (202) 225-5406

HAND DELIVERED Page 1 of 2
 CONFIDENTIAL RECORD OF COURT
 2016 APR 14 PM 4:57

2016 APR 14 PM 4:57

State: **PA** District: **03**

Officer or Employee
Employing Office: _____
File an or

File an original and 1 copy

(For Official Use Only)

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

Please indicate whether this is an initial report or an amended report. For amendments, please provide the date of the report you are amending.

ents, for

Initial Report



Amendment

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

[illegible]

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			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 APPLE, INC	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	3/2/16	1/6/16	<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 KROGER CO	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	3/11/16	1/6/16	<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 SQUARKS SOLUTIONS	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	3/2/16	1/6/16	<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 SWAP ON, INC	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	3/17/16	1/6/16	<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"/>	<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"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

NOTE NUMBER	FILER NOTES (optional)