

Periodic Transaction Report

**HAND
DELIVERED**
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OFFICE OF THE CLERK
U.S. HOUSE OF REPRESENTATIVES

NAME: GORGE J. (MIKE) KELLY, JR.

OFFICE TELEPHONE: (202) 225-5406

X Member of the U.S. House of Representatives
BA 02

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

File an original and 2 copies

Officer or Employee

File an original and 1 copy

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.

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

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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)														
SP TOTAL S A STOCK	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	12/09/16	01/06/17	<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 type="checkbox"/>
SP VALERO ENERGY CORP STOCK	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	12/09/16	01/06/17	<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 type="checkbox"/>
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	<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)