

UNITED STATES HOUSE OF REPRESENTATIVES

Periodic Transaction Report

LEONARD J. COHEN

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NAME: GEORGE J. (MIKE) KELLY, JR

OFFICE TELEPHONE: (202) 225-5406

2015 AUG 20 AM 9:50

U.S. HOUSE OF REPRESENTATIVES

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Member of the U.S. House of Representatives
PA
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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? ☐ No ☒ Yes

☐ Yes ☒ No

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
<input checked="" type="checkbox"/>		

Date of Report Being Amended

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

[illegible]

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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													
SP DC JT Provide full name, not ticker symbol.				(MM/DD/YY)	(MM/DD/YY)	A	B	C	D	E	F	G	H	I	J	K
						\$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 O'REILLY AUTOMOTIVE, INC	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	7-27-15	8-12-15	<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 SENECA BLACK-DECKER	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	7-20-15	8-12-15	<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 ALP SEMICONDUCTOR	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	7-13-15	8-12-15	<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 AETNA INC AETN	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	7-10-15	8-12-15	<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 SENA CORP	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	7-10-15	8-12-15	<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 ACARIS MOUS INC	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	7-27-15	8-12-15	<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 STYMARKS SOLUTIONS INC	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	8-4-15	8-12-15	<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)

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	Purchase	Sale	Exchange													
SP DC JT	Provide full name, not ticker symbol.			(MM/DD/YY)	(MM/DD/YY)	A	B	C	D	E	F	G	H	I	J	K
						\$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	3-H Company	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	7-20-15	8-12-15	<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"/>
SP	NIKE INC	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	8-5-15	8-12-15	<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"/>
SP	NIKE INC	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	8-4-15	8-12-15	<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"/>
SP	WAGS BROS INC	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	8-5-15	8-12-15	<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"/>
SP	WAGS BROS INC	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	8-4-15	8-12-15	<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"/>
SP	GOOGLE INC CL A	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	8-4-15	8-12-15	<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)