

UNITED STATES HOUSE OF REPRESENTATIVES
Periodic Transaction Report

Periodic Transaction Report

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2015 SEP 24 PM 12:15

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<p>NAME: <u>GEORGE J. (MIKE) KELLY JR.</u></p>		<p>OFFICE TELEPHONE: <u>202-225-5706</u></p>	
<p><input checked="" type="checkbox"/> Member of the U.S. House of Representatives</p> <p>State: <u>PA</u> District: <u>D3</u></p> <p>File an original and 2 copies</p>		<p><input type="checkbox"/> Officer or Employee</p> <p>Employing Office: _____</p> <p>File an original and 1 copy</p>	
<p>Did you purchase any shares that were allocated as a part of an Initial Public Offering? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>If you answered "yes" to this question, please contact the Committee on Ethics for further guidance.</p>		<p>Please indicate whether this is an initial report or an amended report. For amendments, please provide the date of the report you are amending.</p> <p><input checked="" type="checkbox"/> Initial Report <input type="checkbox"/> Amendment</p> <p>Date of Report Being Amended: _____</p>	
		<p>2015 SEP 24 PM 12:15</p> <p>U.S. HOUSE OF REPRESENTATIVES</p> <p>CLERK OF THE HOUSE</p> <p><i>ML</i></p> <p>(For Official Use Only)</p>	

[illegible]

UNITED STATES HOUSE OF REPRESENTATIVES

Periodic Transaction Report

NAME: George J. Whiteley Jr. 2 of 5

FULL ASSET NAME		TYPE OF TRANS-ACTION			DATE OF TRANS-ACTION	DATE NOTIFIED OF TRANS-ACTION	AMOUNT OF TRANSACTION										
Provide full name, not ticker symbol.		Purchase	Sale	Exchange	(MM/DD/YY)	(MM/DD/YY)	A	B	C	D	E	F	G	H	I	J	K
SP	VAN & DAND MID-CAP		<input checked="" type="checkbox"/>	<input type="checkbox"/>	9/2/15	9/14/15	<input type="checkbox"/>	<input type="checkbox"/>	<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"/>
DC	VALUE INDEX ETP		<input checked="" type="checkbox"/>	<input type="checkbox"/>	9/2/15	9/14/15	<input type="checkbox"/>	<input type="checkbox"/>	<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"/>
JT	WON & DAND MID-CAP		<input checked="" type="checkbox"/>	<input type="checkbox"/>	9/2/15	9/14/15	<input type="checkbox"/>	<input type="checkbox"/>	<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"/>
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	SPOR NUTRITIONAL SUPPLIES	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	9/2/15	9/14/15	<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"/>	<input type="checkbox"/>
	SPOR NUTRITIONAL SUPPLIES	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	9/2/15	9/14/15	<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"/>	<input type="checkbox"/>
	SPOR NUTRITIONAL SUPPLIES	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	9/2/15	9/14/15	<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"/>	<input type="checkbox"/>
	SPOR NUTRITIONAL																

UNITED STATES HOUSE OF REPRESENTATIVES

Periodic Transaction Report

NAME: George J. Burke Kelly, Jr. of NY

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 PAULCAPAL FIN'L GR SR	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	9/13/15	9/14/15	<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 THE TRAVELERS CO INC	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	9/13/15	9/14/15	<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 THEERINGS FISHER SCIENTIFIC	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	9/30/15	9/24/15	<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 TOTAL SA Boat	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	9/17/15	9/14/15	<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 UNIVERSAL HEALTH SYS	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	9/21/15	9/14/15	<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 ALLSTATE GRP INC	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	9/23/15	9/24/15	<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 ALLSTATE GRP INC	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	9/14/15	9/14/15	<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)

UNITED STATES HOUSE OF REPRESENTATIVES

Periodic Transaction Report

NAME: George J. (Lance) Terry, Jr. Y of 5

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 Cavaco Phillips HS	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	8/1/15	9/14/15	<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 Hawes Brown Inc. STX	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	8/4/15	9/14/15	<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 Hawes Brown Inc. STX	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	8/4/15	9/14/15	<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 McKesson Corp. STX	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	8/14/15	9/14/15	<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 Stewart Solutions Inc. STX	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	8/14/15	9/14/15	<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 Public Service REITs	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	9/3/15	9/14/15	<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 Public Service REITs	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	9/4/15	9/14/15	<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)

UNITED STATES HOUSE OF REPRESENTATIVES

Periodic Transaction Report

NAME: George J. Mike 5 of 5

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 BECKTON DICKINSON & CO	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	8/20/15	9/14/15	<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 BECKSHIRE HANNUITY INC CL B	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	9/3/15	9/14/15	<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 BECKSHIRE HANNUITY INC CL B	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	9/14/15	9/14/15	<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 CIENA CORP STK	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	8/21/15	9/14/15	<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"/>
	<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)