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## Periodic Transaction Report

**OFFICE TELEPHONE:** (202) 225-5406

2015 NOV 12 PM 2:10

(For Official Use Only)

PA District: 03  
State: \_\_\_\_\_

**Officer or Employee**

**Employing Office:** \_\_\_\_\_

**File an original and 1 copy**

**Officer or Employee**

**File an original and 1 copy**

☐ 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**

## Amdtment

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

Periodic Transaction Report

NAME: GEORGE J. (MIKE) KELLY, JR. Page 2 of 2

FULL ASSET NAME	TYPE OF TRANS-ACTION	DATE OF TRANS-ACTION	DATE NOTIFIED OF TRANS-ACTION	AMOUNT OF TRANSACTION										
				A	B	C	D	E	F	G	H	I	J	K
SP DC JT	Purchase			\$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 DC JT	Provide full name, not ticker symbol.													
SP	BEARSHIRE HATHAWAY B	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	9/13/15	10/18/15	<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"/>
SP	BEARSHIRE HATHAWAY B	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	9/14/15	10/18/15	<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"/>
SP	CONSTITUTION BRANDS, INC	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	9/15/15	10/18/15	<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"/>
SP	LEOCHER Co	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	9/15/15	10/18/15	<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"/>
SP	McKESSON CORP	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	9/15/15	10/18/15	<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"/>

NOTE NUMBER

FILER NOTES (optional)
