



Filing ID #10021946

# FINANCIAL DISCLOSURE REPORT

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## FILER INFORMATION

**Name:** Hon. Robin Kelly  
**Status:** Member  
**State/District:** IL02

## FILING INFORMATION

**Filing Type:** Annual Report  
**Filing Year:** 2017  
**Filing Date:** 05/14/2018

## SCHEDULE A: ASSETS AND "UNEARNED" INCOME

Asset	Owner	Value of Asset	Income Type(s)	Income	Tx. > \$1,000?
J. P. Morgan Chase Securities ⇒ Cash Equivalents ⇒ JPMorgan LLC IRA [IH]		\$50,001 - \$100,000	None		<input type="checkbox"/>

\* Asset class details available at the bottom of this form. For the complete list of asset type abbreviations, please visit <https://fd.house.gov/reference/asset-type-codes.aspx>.

## SCHEDULE B: TRANSACTIONS

None disclosed.

## SCHEDULE C: EARNED INCOME

Source	Type	Amount
Physician Procure	Spouse Salary	\$137,000.00

## SCHEDULE D: LIABILITIES

Owner	Creditor	Date Incurred	Type	Amount of Liability
	Owen Mortgage	July 1998	Mortgage on Home	\$100,001 - \$250,000

## SCHEDULE E: POSITIONS

None disclosed.

## SCHEDULE F: AGREEMENTS

Date	Parties To	Terms of Agreement
September 2013	Illinois General Assembly Retirement and JP Morgan Chase	Pension with former employer.
September 2013	State of Illinois University Retirement Systems and JP Morgan Chase	Pension with former employer.

## SCHEDULE G: GIFTS

None disclosed.

## SCHEDULE H: TRAVEL PAYMENTS AND REIMBURSEMENTS

None disclosed.

## SCHEDULE I: PAYMENTS MADE TO CHARITY IN LIEU OF HONORARIA

None disclosed.

## SCHEDULE A AND B ASSET CLASS DETAILS

- J. P. Morgan Chase Securities
- J. P. Morgan Chase Securities ⇒ Cash Equivalents

## EXCLUSIONS OF SPOUSE, DEPENDENT, OR TRUST INFORMATION

**IPO:** Did you purchase any shares that were allocated as a part of an Initial Public Offering?

☐ Yes ☒ No

**Trusts:** Details regarding "Qualified Blind Trusts" approved by the Committee on Ethics and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child?

☐ Yes ☒ No

**Exemption:** Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption?

☐ Yes ☒ No

## CERTIFICATION AND SIGNATURE

☒ I CERTIFY that the statements I have made on the attached Financial Disclosure Report are true, complete, and correct to the best of my knowledge and belief.

**Digitally Signed:** Hon. Robin Kelly , 05/14/2018