

**UNITED STATES HOUSE OF REPRESENTATIVES
2022 FINANCIAL DISCLOSURE STATEMENT**

Form A
For Use by Members, Officers, and Employees

Name: GEORGE J (MIKE) KELLY JR Daytime Telephone (202) 225-5766

| | | | | | |
|--------------|---|---|--|--|---|
| FILER STATUS | <input checked="" type="checkbox"/> Member of the U.S. House of Representatives | State: <u>PA</u> District: <u>16</u> | <input type="checkbox"/> Officer or Employer | <input type="checkbox"/> Employing Office: | Staff Filer Type: (If Applicable) Shared <input type="checkbox"/> Principal Assistant <input type="checkbox"/> |
| | <input type="checkbox"/> 2022 Annual (Due: May 15, 2023) | <input type="checkbox"/> Arrondissement | <input type="checkbox"/> Termination | Date of Termination: _____ | |

PRELIMINARY INFORMATION - ANSWER EACH OF THESE QUESTIONS

| | | | |
|---|---|---|---|
| A. Did you, your spouse, or your dependent child: a. Own any reportable asset that was worth more than \$1,000 at the end of the reporting period? or b. Receive more than \$200 in unearned income from any reportable asset during the reporting period? | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | F. Did you have any reportable agreement or arrangement with outside entity during the reporting period or in the current calendar year up through the date of filing? | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> |
| B. Did you, your spouse, or your dependent child purchase, sell, or exchange any securities or reportable real estate in a transaction exceeding \$1,000 during the reporting period? | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | G. Did you, your spouse, or your dependent child receive any reportable gift(s) (valuing more than \$415 in value from a single source) during the reporting period? | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> |
| C. Did you or your spouse have "earned" income (e.g., salaries, honoraria, or pension/IRA distributions) of \$200 or more during the reporting period? | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | H. Did you, your spouse, or your dependent child receive any reportable travel or reimbursements for travel totaling more than \$415 in value from a single source during the reporting period? | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> |
| D. Did you, your spouse, or your dependent child have any reportable liability (more than \$10,000) at any point during the reporting period? | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | I. Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article during the reporting period? | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> |
| E. Did you hold any reportable positions during the reporting period (or in the current calendar year up through the date of filing)? | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | ATTACH THE CORRESPONDING SCHEDULE IF YOU ANSWER "YES" | |

IPO AND EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION - ANSWER EACH OF THESE QUESTIONS

IPO - Did you purchase any shares that were allocated as a part of an Initial Public Offering during the reporting period? (If you answered "yes" to this question, please contact the Committee on Ethics for further guidance.)
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 that benefits 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 your dependent child because they meet all three tests for exemption? Do not answer "yes" unless you have first consulted with the Committee on Ethics.
Yes No

SCHEDULE A - ASSETS & "UNEARNED INCOME"

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| BLOCK A | | BLOCK B | | | | | | | | | | | | | BLOCK C | BLOCK D | | | | | | | | | | | | | BLOCK E | | | | | | | |
|--|----------------|---|---|---|---|---|---|---|---|---|---|---|---|---|--|--|------|----------|---------------|----------------------|--------------|--|---|----|-----|----|---|----|---|------|----|---|----|-----|------------|--|
| Assets and/or Income Sources | | Value of Asset | | | | | | | | | | | | | Type of Income | Amount of Income | | | | | | | | | | | | | Transaction | | | | | | | |
| Identify (a) each asset held for investment or production of income and with a tax matter value exceeding \$1,000 at the end of the reporting period and (b) any other reportable asset or source of income that generates more than \$200 in "unearned" income during the year. | | Indicate value of asset at date of the reporting period. If you use a valuation method other than fair market value, please specify the method used. If an asset was sold during the reporting period and is included only because it generated income, the value should be \$0.00. *Column M is for assets held by your spouse or dependent child in which you have no interest. | | | | | | | | | | | | | Check all columns that apply. For accounts that generate investment income (such as 401(k), IRA, or 529 accounts), you may check the "Investment" column. Dividends, interest, and capital gains, even if reinvested, cause the dividend or interest for assets held in taxable accounts. Check "None" if the asset generated no income during the reporting period. | For assets for which you checked "Tax-Deferred" in Block C, you may check the "None" column. For all other assets indicate the category of income by checking the appropriate box below. Dividends, interest, and capital gains, even if reinvested, must be disclosed as income for assets held in taxable accounts. Check "None" if no income was earned or generated. *Column M is for assets held by your spouse or dependent child in which you have no interest. | | | | | | | | | | | | | Indicate if the asset had a purchase (P), sale (S), or exchange (E) during the reporting period. If the asset was sold, indicate the date of sale. If the asset was exchanged, indicate the date of exchange. If the asset was sold, indicate the date of sale. If the asset was exchanged, indicate the date of exchange. If the asset was sold, indicate the date of sale. If the asset was exchanged, indicate the date of exchange. | | | | | | | |
| SP, DC, JT | Asset | A | B | C | D | E | F | G | H | I | J | K | L | M | None | Dividends | Rent | Interest | Capital Gains | Excepted-Child Trust | Tax-Deferred | Other Type of Income (Specify: e.g., Private Trust or FICA Income) | I | II | III | IV | V | VI | VII | VIII | IX | X | XI | XII | SP, DC, JT | |
| | Emergen | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | ABC Hedge Fund | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | SP, DC, JT | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

Use additional sheets if more space is required.

SCHEDULE D - LIABILITIES

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Report liabilities of over \$10,000 owed to any one creditor at any time during the reporting period by you, your spouse, or your dependent child. Mark the highest amount owed during the reporting period. Members: Members are required to report all liabilities secured by real property including mortgages on their personal residence. Excludes: Any mortgages on your personal residence (unless you rent it out or are a Member); loans secured by automobiles, household furniture, or appliances; liabilities of a business in which you own an interest (unless you are personally liable); and liabilities owed to you by a spouse or the child, parent, or sibling of you or your spouse. Report a revolving charge account (i.e. credit card) only if the balance at the close of the reporting period exceeded \$10,000. Column K is for liabilities held solely by your spouse or dependent child.

| SP, RL, JT | Creditor | Date Liability Incurred MONTH | Type of Liability | Amount of Liability | | | | | | | | | | | |
|------------|-------------------------------|-------------------------------|---------------------------------------|------------------------|------------------------|-------------------------|--------------------------|--------------------------|----------------------------|------------------------------|-------------------------------|--------------------------------|------------------------|---|--|
| | | | | A \$10,001-\$19,000 | B \$19,001-\$50,000 | C \$50,001-\$100,000 | D \$100,001-\$250,000 | E \$250,001-\$500,000 | F \$500,001-\$1,000,000 | G \$1,000,001-\$5,000,000 | H \$5,000,001-\$25,000,000 | I \$25,000,001-\$50,000,000 | J Over \$50,000,000 | K Over \$1,000,000 (Spouse-DC Liability) | |
| Example | First State of Wilmington, DE | 6/20 | Mortgage on Rural Property, Dover, DE | | | | 1 | | | | | | | | |
| SP | PNC BANK | 8-12 | COMMERCIAL LOAN | | | | | | | | | | | X | |
| | | | | | | | | | | | | | | | |
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SCHEDULE E - POSITIONS

Report all positions, compensated or uncompensated, held during the current or prior calendar year as an officer, director, trustee or an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm, partnership, or other business enterprise, nonprofit organization, labor organization, or educational or other institution other than the United States. Exclude: Positions held in any religious, social, fraternal, or political entities (such as political parties and campaign organizations); and positions solely of an honorary nature.

| Position | Name of Organization |
|--------------|-------------------------------|
| PRESIDENT | RELY CARE/ROBERT CARROLL, INC |
| PRESIDENT | WIFE KELLY HYUNDRON, INC |
| PRESIDENT | WIFE KELLY HYUNDRON |
| BOARD MEMBER | THE HYUNDRON WILSON |
| BOARD MEMBER | HYUNDRON HOPE CHILDREN'S |

Use additional sheets if more space is required.