



FINANCIAL DISCLOSURE REPORT

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FILER INFORMATION

Name: Hon. John Trent Kelly
Status: Member
State/District: MS01

FILING INFORMATION

Filing Type: Annual Report
Filing Year: 2025
Filing Date: 04/20/2026

SCHEDULE A: ASSETS AND "UNEARNED" INCOME

Asset	Owner	Value of Asset	Income Type(s)	Income	Tx. > \$1,000?
2769 Hwy 145 Rental House [RP] LOCATION: Saltillo / Lee, MS, US	JT	\$100,001 - \$250,000	Rent	\$5,001 - \$15,000	<input type="checkbox"/>
Liberty National (life insurance policy) [WU]		\$15,001 - \$50,000	None		<input type="checkbox"/>
Mississippi Public Employees Retirement System [PE]		\$100,001 - \$250,000	Tax-Deferred		<input type="checkbox"/>
Money Market Account and CD at Congressional Federal Union [BA] DESCRIPTION: 2 CD accounts totaling \$3,000 and 1 Money Market account totaling \$3,500		\$1,001 - \$15,000	Interest	None	<input type="checkbox"/>
PERS of Mississippi Defined Benefit Pension Plan (Spouse's plan) [PE] DESCRIPTION: PERS of Mississippi for Spouse	SP	Undetermined	Tax-Deferred		<input type="checkbox"/>
Wheeler Tree Farm [FA] LOCATION: Wheeler / Prentiss, MS, US DESCRIPTION: Property is a tree farm bought jointly by Candidate and spouse. No income is derived from the farm.	JT	\$50,001 - \$100,000	None		<input type="checkbox"/>

* 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
State of Mississippi- District Attorney's Office	Spouse Salary	N/A

SCHEDULE D: LIABILITIES

Owner	Creditor	Date Incurred	Type	Amount of Liability
JT	Bancorp South	Nov 1994	Mortgage on Rental Property (2769 Hwy 145, Saltillo/Lee, MS)	\$15,001 - \$50,000
JT	Community Bank	Jan 2007	Personal Loan secured by Personal Residence	\$15,001 - \$50,000

SCHEDULE E: POSITIONS

None disclosed.

SCHEDULE F: AGREEMENTS

None disclosed.

SCHEDULE G: GIFTS

Source	Description	Value
MLM Clothiers Christmas gift card from Congressional Staff (Tupelo, MS, US)	MLM Clothiers Christmas Gift Card	\$1,000.00

SCHEDULE H: TRAVEL PAYMENTS AND REIMBURSEMENTS

None disclosed.

SCHEDULE I: PAYMENTS MADE TO CHARITY IN LIEU OF HONORARIA

None disclosed.

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. John Trent Kelly , 04/20/2026