

# SEEC FORM 20

Itemized Campaign Finance Disclosure Statement  
 CONNECTICUT STATE ELECTIONS ENFORCEMENT COMMISSION  
 Revised January 2015



Page 1 of 17

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TOWN AND CITY CLERK  
BRISTOL, CT

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## COVER PAGE

**1. NAME OF COMMITTEE**

KELLEY FOR COUNCIL 2017

**2. TREASURER NAME**

First SANDRA	MI C	Last STAFFORD	Suffix
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**3. TREASURER ADDRESS**

Street Address 441 CLARK AVENUE	City BRISTOL	State CT	Zip Code 06010
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4. ELECTION/REFERENDUM DATE (mm/dd/yyyy) 11/07/2017	5. OFFICE SOUGHT (Complete only if Candidate Committee) CITY COUNCILOR	6. DISTRICT NUMBER (if applicable)
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**7. CANDIDATE NAME (Complete only if Candidate or Exploratory Committee)**

First PETER	MI B	Last KELLEY	Suffix
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**8. TYPE OF REPORT (Check One Box)**

- |   |   |  |  |
|---|---|--|--|
| <input type="radio"/> January 10 filing   | <input type="radio"/> 7th day preceding primary                                   | <input type="radio"/> 7th day preceding referendum | <input type="radio"/> Initial Contribution or Disbursement (PACs ONLY) |
| <input type="radio"/> April 10 filing   | <input type="radio"/> 30 days following primary                                   | <input type="radio"/> 45 days following referendum | <input type="radio"/> Amendment to                                     |
| <input type="radio"/> July 10 filing  | <input type="radio"/> 7th day preceding election                                  | <input type="radio"/> Deficit                      | Type of Report:<br>_____   |
| <input checked="" type="radio"/> October 10 filing  | <input type="radio"/> 12th day preceding election (State Central Committees Only) | <input type="radio"/> Termination                  |  |
| <input type="radio"/> 24 Hour Independent Expenditure<br><input type="radio"/> Primary <input type="radio"/> Election | <input type="radio"/> 45 days following election not held in November             |  |  |

**9. PERIOD COVERED**

Beginning Date	thru	Ending Date
7/01/2017		9/30/2017

**10. CERTIFICATION**

I hereby certify and state, under penalties of false statement, that all of the information set forth on this **Itemized Campaign Finance Disclosure Statement** for the period covered is true, accurate and complete.

 _____ TREASURER OR DEPUTY TREASURER (SIGNATURE)	SANDRA C. STAFFORD _____ PRINT NAME OF SIGNER	10/02/2017 _____ DATE (mm/dd/yyyy)
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A person who is found to have knowingly and willfully violated any provisions of the campaign finance statutes faces a civil penalty or imprisonment or both.

**SEEC FORM 20**

**Itemized Campaign Finance Disclosure Statement  
CONNECTICUT STATE ELECTIONS ENFORCEMENT COMMISSION  
Revised January 2015**

**SUMMARY PAGE TOTALS**

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)	TYPE OF REPORT	
KELLEY FOR COUNCIL 2017	OCT 10 FILING	
	COLUMN A This Period	COLUMN B Aggregate
11. Balance on hand January 1 of current year for ongoing and party committees OR Balance on hand from day committee was formed for all other committees		0
12. Balance on hand at the beginning of Reporting Period	125.00	
13. Contributions Received from Individuals (Sections A and B)	5350.00	5475.00
14. Receipts from Other Committees (Sections C1 and C2)	150.00	150.00
15. Other Monetary Receipts (Sections D through K)	0	0
16a. Total Proceeds from Small Purchases (Section L1 Subpart 1 + Subpart 3)	0	0
16b. <i>Per Public Act 11-48, effective January 1, 2012 Section L2, removed</i>		
16c. Total Purchases of Advertising—Program Book or Sign (Section L3)	0	0
17. Total Monetary Receipts (add totals for Lines 13 through 16c)	5500.00	5625.00
18. Subtotals (add totals in Line 12 + 17 in Column A; and in Line 11 + 17 in Column B)	5625.00	5625.00
19. Expenses Paid by Committee (Section P)	2092.42	2092.42
20. Balance on hand at close of Reporting Period (Subtract Line 19 from Line 18 in both Columns)	3532.58	3532.58
21. In-Kind Donations not Considered Contributions Received (Section L4)	200.00	200.00
22. In-Kind Donations not Considered Contributions — House Party (Section L5)	0	0
23. In-Kind Contributions Received (Section M)	0	0
24. Refundable Deposit to Telephone Company (Section N)	0	0
25. Loan Balance	0	
25a. + Loans Received (Section D)	0	0
25b. + Interest and Penalties on Loan	0	0
25c. - Payments on Loan	0	0
25d. Total Outstanding Loan Amount	0	
26. Campaign Expenses Paid by Candidate (Section Q)	53.12	53.12
27. Expenses Incurred on Committee Credit Card (Section R)	0	0
28. Expenses Incurred by Committee During this Period but Not Paid (Section S)	0	
28a. Total Outstanding Expenses Incurred by Committee still Unpaid (Section S)	0	

# I. MONETARY RECEIPTS (Sections A—K)

TOTAL PAGE

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)		TYPE OF REPORT	
KELLEY FOR COUNCIL		OCT 10 FILING	
<b>A. Total Contributions from Small Contributors-Received this Period ONLY</b> <i>(See instructions for definition of Small Contributor)</i>		SUBTOTAL SECTION A	
		\$0	
<b>B. Itemized Contributions from Individuals</b>			
Last Name		First	MI
Residential Street Address		City	State Zip Code
Principal Occupation		Name of Employer	
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	<input type="radio"/> Yes <input checked="" type="radio"/> No	If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000?	<input type="radio"/> Yes <input checked="" type="radio"/> No
Is this contribution associated with an event reported in Section L1? <i>If yes, list Event #</i>	<input type="radio"/> Yes <input checked="" type="radio"/> No	Is contributor a principal of a state contractor or prospective state contractor? <i>If yes, indicate which branch or branches of government the contract is with:</i>	<input type="radio"/> Yes <input checked="" type="radio"/> No <input type="radio"/> Executive <input type="radio"/> Legislative
Method of Contribution:		Date Received	Aggregate Contributions
<input checked="" type="radio"/> Cash <input type="radio"/> Personal Check <input type="radio"/> Credit/Debit Card <input type="radio"/> Payroll Deduction <input type="radio"/> Money Order			
Last Name		First	MI
Residential Street Address		City	State Zip Code
Principal Occupation		Name of Employer	
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	<input type="radio"/> Yes <input checked="" type="radio"/> No	If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000?	<input type="radio"/> Yes <input checked="" type="radio"/> No
Is this contribution associated with an event reported in Section L1? <i>If yes, list Event #</i>	<input type="radio"/> Yes <input checked="" type="radio"/> No	Is contributor a principal of a state contractor or prospective state contractor? <i>If yes, indicate which branch or branches of government the contract is with:</i>	<input type="radio"/> Yes <input checked="" type="radio"/> No <input type="radio"/> Executive <input type="radio"/> Legislative
Method of Contribution:		Date Received	Aggregate Contributions
<input checked="" type="radio"/> Cash <input type="radio"/> Personal Check <input type="radio"/> Credit/Debit Card <input type="radio"/> Payroll Deduction <input type="radio"/> Money Order			
Last Name		First	MI
Residential Street Address		City	State Zip Code
Principal Occupation		Name of Employer	
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	<input type="radio"/> Yes <input checked="" type="radio"/> No	If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000?	<input type="radio"/> Yes <input checked="" type="radio"/> No
Is this contribution associated with an event reported in Section L1? <i>If yes, list Event #</i>	<input type="radio"/> Yes <input checked="" type="radio"/> No	Is contributor a principal of a state contractor or prospective state contractor? <i>If yes, indicate which branch or branches of government the contract is with:</i>	<input type="radio"/> Yes <input checked="" type="radio"/> No <input type="radio"/> Executive <input type="radio"/> Legislative
Method of Contribution:		Date Received	Aggregate Contributions
<input checked="" type="radio"/> Cash <input type="radio"/> Personal Check <input type="radio"/> Credit/Debit Card <input type="radio"/> Payroll Deduction <input type="radio"/> Money Order			
Last Name		First	MI
Residential Street Address		City	State Zip Code
Principal Occupation		Name of Employer	
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	<input type="radio"/> Yes <input checked="" type="radio"/> No	If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000?	<input type="radio"/> Yes <input checked="" type="radio"/> No
Is this contribution associated with an event reported in Section L1? <i>If yes, list Event #</i>	<input type="radio"/> Yes <input checked="" type="radio"/> No	Is contributor a principal of a state contractor or prospective state contractor? <i>If yes, indicate which branch or branches of government the contract is with:</i>	<input type="radio"/> Yes <input checked="" type="radio"/> No <input type="radio"/> Executive <input type="radio"/> Legislative
Method of Contribution:		Date Received	Aggregate Contributions
<input checked="" type="radio"/> Cash <input type="radio"/> Personal Check <input type="radio"/> Credit/Debit Card <input type="radio"/> Payroll Deduction <input type="radio"/> Money Order			
<b>SUBTOTAL Section B — This Page</b>		0	
<b>TOTAL of additional Section B Pages</b>		5350.00	
<b>TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B)</b> <i>(Enter total on Line 13, Column A of Summary Page Totals)</i>		5350.00	

I. MONETARY RECEIPTS (Sections A—K)

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)		TYPE OF REPORT	
Kelley for Council 2017		Oct 10 Filing	
<b>A. Total Contributions from Small Contributors-Received this Period ONLY</b> (See instructions for definition of Small Contributor)		<b>SUBTOTAL SECTION A</b>	
		\$	
<b>B. Itemized Contributions from Individuals</b>			
Last Name Belanger		First Gerard	MI
Residential Street Address 184 Hollyberry Rd		City Bristol	State CT
		Zip Code 06010	
Principal Occupation		Name of Employer Self	
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input checked="" type="radio"/> Yes <input checked="" type="radio"/> No	If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input checked="" type="radio"/> Yes <input type="radio"/> No		Amount of Contribution
Is this contribution associated with an event reported in Section L1? If yes, list Event # 07282017	<input checked="" type="radio"/> Yes <input checked="" type="radio"/> No	Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="radio"/> Executive <input type="radio"/> Legislative	<input checked="" type="radio"/> Yes <input checked="" type="radio"/> No
Method of Contribution: 2713	Date Received 7/28/2017	Aggregate Contributions \$25	\$25
<input type="radio"/> Cash <input checked="" type="radio"/> Personal Check <input type="radio"/> Credit/Debit Card <input type="radio"/> Payroll Deduction <input checked="" type="radio"/> Money Order			
Last Name Beloin		First Raymond	MI
Residential Street Address 61 Brian Ln		City Avon	State CT
		Zip Code 06001	
Principal Occupation V.P.		Name of Employer Webster Bank NA	
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input checked="" type="radio"/> Yes <input checked="" type="radio"/> No	If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="radio"/> Yes <input type="radio"/> No		Amount of Contribution
Is this contribution associated with an event reported in Section L1? If yes, list Event # 07282017	<input checked="" type="radio"/> Yes <input checked="" type="radio"/> No	Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="radio"/> Executive <input type="radio"/> Legislative	<input checked="" type="radio"/> Yes <input checked="" type="radio"/> No
Method of Contribution: 1751015	Date Received 7/28/2017	Aggregate Contributions \$250	\$250
<input type="radio"/> Cash <input checked="" type="radio"/> Personal Check <input type="radio"/> Credit/Debit Card <input type="radio"/> Payroll Deduction <input checked="" type="radio"/> Money Order			
Last Name Brown		First Calven	MI
Residential Street Address 122 George St		City Bristol	State CT
		Zip Code 06010	
Principal Occupation Education & Workforce Development		Name of Employer CT Center for Advanced Technology Inc	
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input checked="" type="radio"/> Yes <input checked="" type="radio"/> No	If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="radio"/> Yes <input type="radio"/> No		Amount of Contribution
Is this contribution associated with an event reported in Section L1? If yes, list Event # 07282017	<input checked="" type="radio"/> Yes <input checked="" type="radio"/> No	Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="radio"/> Executive <input type="radio"/> Legislative	<input checked="" type="radio"/> Yes <input checked="" type="radio"/> No
Method of Contribution: 249	Date Received 7/28/2017	Aggregate Contributions \$30	\$30
<input type="radio"/> Cash <input checked="" type="radio"/> Personal Check <input type="radio"/> Credit/Debit Card <input type="radio"/> Payroll Deduction <input type="radio"/> Money Order			
<b>SUBTOTAL Section B — This Page</b>		\$ 305	
<b>TOTAL of additional Section B Pages</b>		5045	
<b>TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B)</b> (Enter total on Line 13, Column A of Summary Page Totals)		\$ 5350	

**I. MONETARY RECEIPTS (Sections A—K)**

2 of 30

7/28

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)		TYPE OF REPORT	
Kelley for Council 2017		Oct 10 filing	
<b>A. Total Contributions from Small Contributors-Received this Period ONLY</b> <small>(See instructions for definition of Small Contributor)</small>		SUBTOTAL SECTION A	
		\$	
<b>B. Itemized Contributions from Individuals</b>			
Last Name		First	MI
Clift		Weyland Dale	
Residential Street Address		City	State Zip Code
1175 South Main St #9		Plantsville	CT 06479
Principal Occupation		Name of Employer	
Attorney		Steeg & Clift LLC	
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	<input checked="" type="radio"/> Yes <input checked="" type="radio"/> No	If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000?	<input type="radio"/> Yes <input checked="" type="radio"/> No
Is this contribution associated with an event reported in Section L1?	<input checked="" type="radio"/> Yes <input checked="" type="radio"/> No	If yes, list Event #	07282017
Is contributor a principal of a state contractor or prospective state contractor?	<input checked="" type="radio"/> Yes <input checked="" type="radio"/> No	If yes, indicate which branch or branches of government the contract is with:	<input type="radio"/> Executive <input checked="" type="radio"/> Legislative
Method of Contribution:		Date Received	Aggregate Contributions
<input checked="" type="radio"/> Cash <input type="radio"/> Personal Check <input type="radio"/> Credit/Debit Card <input type="radio"/> Payroll Deduction <input type="radio"/> Money Order		7/28/17	\$50
Amount of Contribution		\$50	
Last Name		First	MI
Demora		Chris	
Residential Street Address		City	State Zip Code
100 Alexander St		Bristol	CT 06010
Principal Occupation		Name of Employer	
Car Sales		Jay Pahl's	
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	<input checked="" type="radio"/> Yes <input checked="" type="radio"/> No	If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000?	<input type="radio"/> Yes <input checked="" type="radio"/> No
Is this contribution associated with an event reported in Section L1?	<input checked="" type="radio"/> Yes <input checked="" type="radio"/> No	If yes, list Event #	07282017
Is contributor a principal of a state contractor or prospective state contractor?	<input checked="" type="radio"/> Yes <input checked="" type="radio"/> No	If yes, indicate which branch or branches of government the contract is with:	<input type="radio"/> Executive <input checked="" type="radio"/> Legislative
Method of Contribution:		Date Received	Aggregate Contributions
<input checked="" type="radio"/> Cash <input type="radio"/> Personal Check <input type="radio"/> Credit/Debit Card <input type="radio"/> Payroll Deduction <input type="radio"/> Money Order		7/28/2017	\$100
Amount of Contribution		\$100	
Last Name		First	MI
Demora		Shelly	
Residential Street Address		City	State Zip Code
9 Garden St		Bristol	CT 06010
Principal Occupation		Name of Employer	
Correctional Counselor		St of CT Dept - Correction	
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	<input checked="" type="radio"/> Yes <input checked="" type="radio"/> No	If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000?	<input type="radio"/> Yes <input checked="" type="radio"/> No
Is this contribution associated with an event reported in Section L1?	<input checked="" type="radio"/> Yes <input checked="" type="radio"/> No	If yes, list Event #	07282017
Is contributor a principal of a state contractor or prospective state contractor?	<input checked="" type="radio"/> Yes <input checked="" type="radio"/> No	If yes, indicate which branch or branches of government the contract is with:	<input type="radio"/> Executive <input checked="" type="radio"/> Legislative
Method of Contribution:		Date Received	Aggregate Contributions
<input checked="" type="radio"/> Cash <input type="radio"/> Personal Check <input type="radio"/> Credit/Debit Card <input type="radio"/> Payroll Deduction <input type="radio"/> Money Order		7/28/2017	\$100
Amount of Contribution		\$100	
<b>SUBTOTAL Section B — This Page</b>		\$250-	
<b>TOTAL of additional Section B Pages</b>		5100-	
<b>TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B)</b> <small>(Enter total on Line 13, Column A of Summary Page Totals)</small>		\$5350	

**I. MONETARY RECEIPTS (Sections A—K)**

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)				TYPE OF REPORT	
Kelley for Council 2017				Oct 10 filing	
<b>A. Total Contributions from Small Contributors-Received this Period ONLY</b> <small>(See instructions for definition of Small Contributor)</small>				<b>SUBTOTAL SECTION A</b>	
				\$	
<b>B. Itemized Contributions from Individuals</b>					
Last Name		First		MI	
Casey		Susan		E	
Residential Street Address		City		State	Zip Code
97 Peppermint Ln		Bristol		CT	06010
Principal Occupation		Name of Employer			
Asst Manager		Webster Bank			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?		If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000?		Amount of Contribution	
<input checked="" type="radio"/> Yes <input checked="" type="radio"/> No		<input type="radio"/> Yes <input checked="" type="radio"/> No		\$100	
Is this contribution associated with an event reported in Section L1?		Is contributor a principal of a state contractor or prospective state contractor?			
<input checked="" type="radio"/> Yes <input checked="" type="radio"/> No If yes, list Event # 07282017		<input type="radio"/> Yes <input checked="" type="radio"/> No If yes, indicate which branch or branches of government the contract is with: <input type="radio"/> Executive <input type="radio"/> Legislative			
Method of Contribution: 2272		Date Received	Aggregate Contributions		
<input type="radio"/> Cash <input checked="" type="radio"/> Personal Check <input type="radio"/> Credit/Debit Card <input type="radio"/> Payroll Deduction <input type="radio"/> Money Order		7/28/2017	\$100		
Last Name		First		MI	
Cormacchio		Mark		J	
Residential Street Address		City		State	Zip Code
25 Fairview Rd		Bristol		CT	06010
Principal Occupation		Name of Employer			
CEO		First Bristol FCU			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?		If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000?		Amount of Contribution	
<input checked="" type="radio"/> Yes <input checked="" type="radio"/> No		<input type="radio"/> Yes <input checked="" type="radio"/> No		\$100	
Is this contribution associated with an event reported in Section L1?		Is contributor a principal of a state contractor or prospective state contractor?			
<input checked="" type="radio"/> Yes <input checked="" type="radio"/> No If yes, list Event # 07282017		<input type="radio"/> Yes <input checked="" type="radio"/> No If yes, indicate which branch or branches of government the contract is with: <input type="radio"/> Executive <input type="radio"/> Legislative			
Method of Contribution: 9593		Date Received	Aggregate Contributions		
<input type="radio"/> Cash <input checked="" type="radio"/> Personal Check <input type="radio"/> Credit/Debit Card <input type="radio"/> Payroll Deduction <input type="radio"/> Money Order		7/28/2017	\$100		
Last Name		First		MI	
Dorner		Paul		V	
Residential Street Address		City		State	Zip Code
1325 Farmington Ave #9		Bristol		CT	06010
Principal Occupation		Name of Employer			
Retired		-			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?		If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000?		Amount of Contribution	
<input checked="" type="radio"/> Yes <input checked="" type="radio"/> No		<input type="radio"/> Yes <input checked="" type="radio"/> No		\$50	
Is this contribution associated with an event reported in Section L1?		Is contributor a principal of a state contractor or prospective state contractor?			
<input checked="" type="radio"/> Yes <input checked="" type="radio"/> No If yes, list Event # 07282017		<input type="radio"/> Yes <input checked="" type="radio"/> No If yes, indicate which branch or branches of government the contract is with: <input type="radio"/> Executive <input type="radio"/> Legislative			
Method of Contribution: 2377		Date Received	Aggregate Contributions		
<input type="radio"/> Cash <input checked="" type="radio"/> Personal Check <input type="radio"/> Credit/Debit Card <input type="radio"/> Payroll Deduction <input type="radio"/> Money Order		7/28/2017	\$50		
<b>SUBTOTAL Section B — This Page</b>				\$ 250-	
<b>TOTAL of additional Section B Pages</b>				\$ 5100-	
<b>TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B)</b> <small>(Enter total on Line 13, Column A of Summary Page Totals)</small>				\$ 5350-	

**I. MONETARY RECEIPTS (Sections A—K)**

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)		TYPE OF REPORT	
Kelley for Council 2017		Oct 10 filing	
<b>A. Total Contributions from Small Contributors-Received this Period ONLY</b> (See instructions for definition of Small Contributor)		SUBTOTAL SECTION A	
		\$	
<b>B. Itemized Contributions from Individuals</b>			
Last Name De Flippi		First Joseph	MI P
Residential Street Address 139 Treble Rd		City Bristol	State CT
		Zip Code 06010	
Principal Occupation PE Teacher		Name of Employer City - Bristol	
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input checked="" type="radio"/> Yes <input checked="" type="radio"/> No	If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="radio"/> Yes <input checked="" type="radio"/> No	<b>Amount of Contribution</b>  \$ 50	
Is this contribution associated with an event reported in Section L1? If yes, list Event # 07282017	Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="radio"/> Executive <input type="radio"/> Legislative		
Method of Contribution: <input checked="" type="radio"/> Cash <input type="radio"/> Personal Check <input type="radio"/> Credit/Debit Card <input type="radio"/> Payroll Deduction <input type="radio"/> Money Order		Date Received 7/28/17	Aggregate Contributions \$ 50
Last Name Fortier		First Mary	MI B
Residential Street Address 163 Goodwin St		City Bristol	State CT
		Zip Code 06010	
Principal Occupation attorney		Name of Employer St of CT Judicial Branch	
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="radio"/> Yes <input checked="" type="radio"/> No	If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="radio"/> Yes <input checked="" type="radio"/> No	<b>Amount of Contribution</b>  \$ 100	
Is this contribution associated with an event reported in Section L1? If yes, list Event # 07282017	Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="radio"/> Executive <input type="radio"/> Legislative		
Method of Contribution: <input checked="" type="radio"/> Cash <input type="radio"/> Personal Check <input type="radio"/> Credit/Debit Card <input type="radio"/> Payroll Deduction <input type="radio"/> Money Order		Date Received 7/28/17	Aggregate Contributions \$ 100
Last Name Garnache		First Timothy	MI P
Residential Street Address 1389 Stafford Ave # 311		City Bristol	State CT
		Zip Code 06010	
Principal Occupation Retired		Name of Employer	
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="radio"/> Yes <input checked="" type="radio"/> No	If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="radio"/> Yes <input checked="" type="radio"/> No	<b>Amount of Contribution</b>  \$ 50	
Is this contribution associated with an event reported in Section L1? If yes, list Event # 07282017	Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="radio"/> Executive <input type="radio"/> Legislative		
Method of Contribution: <input checked="" type="radio"/> Cash <input type="radio"/> Personal Check <input type="radio"/> Credit/Debit Card <input type="radio"/> Payroll Deduction <input type="radio"/> Money Order		Date Received 7/28/17	Aggregate Contributions \$ 50
<b>SUBTOTAL Section B — This Page</b>		\$ 200	
<b>TOTAL of additional Section B Pages</b>		5150	
<b>TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B)</b> (Enter total on Line 13, Column A of Summary Page Totals)		\$ 5350	

**I. MONETARY RECEIPTS (Sections A—K)**

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)				TYPE OF REPORT	
Kelley for Council 2017				Oct 10 Filing	
<b>A. Total Contributions from Small Contributors-Received this Period ONLY</b> (See instructions for definition of Small Contributor)				SUBTOTAL SECTION A	
				\$	
<b>B. Itemized Contributions from Individuals</b>					
Last Name <i>Guevara</i>		First <i>Raf</i>		MI	
Residential Street Address <i>23 Villa Ct</i>		City <i>Bristol</i>		State <i>CT</i>	Zip Code <i>06010</i>
Principal Occupation <i>Auto</i>		Name of Employer <i>K G Motorsports</i>			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input checked="" type="radio"/> Yes <input checked="" type="radio"/> No		If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input checked="" type="radio"/> Yes <input type="radio"/> No		Amount of Contribution  <b>\$ 100</b>	
Is this contribution associated with an event reported in Section L1? If yes, list Event # <i>07282017</i>		Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="radio"/> Executive <input type="radio"/> Legislative			
Method of Contribution: <input checked="" type="radio"/> Cash <input type="radio"/> Personal Check <input type="radio"/> Credit/Debit Card <input type="radio"/> Payroll Deduction <input type="radio"/> Money Order		Date Received <i>7/28/17</i>			
		Aggregate Contributions <i>\$ 100</i>			
Last Name <i>Harlow</i>		First <i>Richard</i>		MI <i>J</i>	
Residential Street Address <i>31 Peppermint Ln</i>		City <i>Bristol</i>		State <i>CT</i>	Zip Code <i>06010</i>
Principal Occupation <i>Project Engineer</i>		Name of Employer <i>Prett &amp; Whitney</i>			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input checked="" type="radio"/> Yes <input checked="" type="radio"/> No		If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input checked="" type="radio"/> Yes <input type="radio"/> No		Amount of Contribution  <b>\$ 20</b>	
Is this contribution associated with an event reported in Section L1? If yes, list Event # <i>07282017</i>		Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="radio"/> Executive <input type="radio"/> Legislative			
Method of Contribution: <input checked="" type="radio"/> Cash <input type="radio"/> Personal Check <input type="radio"/> Credit/Debit Card <input type="radio"/> Payroll Deduction <input type="radio"/> Money Order		Date Received <i>7/28/2017</i>			
		Aggregate Contributions <i>\$ 20</i>			
Last Name <i>Kelley</i>		First <i>Francis</i>		MI <i>J</i>	
Residential Street Address <i>216 Hollow Dr</i>		City <i>Rocky Hill</i>		State <i>CT</i>	Zip Code <i>06067</i>
Principal Occupation <i>Deputy Fire Marshal</i>		Name of Employer <i>Town of Rocky Hill</i>			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input checked="" type="radio"/> Yes <input checked="" type="radio"/> No		If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input checked="" type="radio"/> Yes <input type="radio"/> No		Amount of Contribution  <b>\$ 75</b>	
Is this contribution associated with an event reported in Section L1? If yes, list Event # <i>07282017</i>		Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="radio"/> Executive <input type="radio"/> Legislative			
Method of Contribution: <input checked="" type="radio"/> Cash <input type="radio"/> Personal Check <input type="radio"/> Credit/Debit Card <input type="radio"/> Payroll Deduction <input type="radio"/> Money Order		Date Received <i>7/28/2017</i>			
		Aggregate Contributions <i>\$ 75</i>			
SUBTOTAL Section B — This Page				<b>\$195-</b>	
TOTAL of additional Section B Pages				<b>5155</b>	
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B) <small>(Enter total on Line 13, Column A of Summary Page Totals)</small>				<b>\$ 5350</b>	

**I. MONETARY RECEIPTS (Sections A—K)**

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)				TYPE OF REPORT	
Kelley for Council 2017				OCT 10 filing	
<b>A. Total Contributions from Small Contributors-Received this Period ONLY</b> (See instructions for definition of Small Contributor) SUBTOTAL SECTION A				\$	
<b>B. Itemized Contributions from Individuals</b>					
Last Name		First		MI	
Doucette		Lruise		M	
Residential Street Address		City		State	Zip Code
16 Lawson Rd		Bristol		CT	06010
Principal Occupation		Name of Employer			
Retired		-			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?		If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000?		Amount of Contribution	
<input checked="" type="radio"/> No		<input checked="" type="radio"/> No		\$200	
Is this contribution associated with an event reported in Section L1? If yes, list Event # 07282017		Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="radio"/> Executive <input type="radio"/> Legislative			
Method of Contribution: 3920		Date Received		Aggregate Contributions	
<input type="radio"/> Cash <input checked="" type="radio"/> Personal Check <input type="radio"/> Credit/Debit Card <input type="radio"/> Payroll Deduction <input type="radio"/> Money Order		7/28/2017		\$200	
Last Name		First		MI	
Gionta		Cheryll		B	
Residential Street Address		City		State	Zip Code
37 Ferraro Ave		Bristol		CT	06010
Principal Occupation		Name of Employer			
Admin Asst		First Bristol FCU			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?		If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000?		Amount of Contribution	
<input checked="" type="radio"/> No		<input checked="" type="radio"/> No		\$50	
Is this contribution associated with an event reported in Section L1? If yes, list Event # 07282017		Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="radio"/> Executive <input checked="" type="radio"/> Legislative			
Method of Contribution: 4278		Date Received		Aggregate Contributions	
<input type="radio"/> Cash <input checked="" type="radio"/> Personal Check <input type="radio"/> Credit/Debit Card <input type="radio"/> Payroll Deduction <input type="radio"/> Money Order		7/28/2017		\$50	
Last Name		First		MI	
Kelley		Margaret		M	
Residential Street Address		City		State	Zip Code
168 Buckingham St		Waterbury		CT	06710
Principal Occupation		Name of Employer			
Property Mgmt		St of CT			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?		If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000?		Amount of Contribution	
<input checked="" type="radio"/> No		<input checked="" type="radio"/> No		\$50	
Is this contribution associated with an event reported in Section L1? If yes, list Event # 07282017		Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="radio"/> Executive <input checked="" type="radio"/> Legislative			
Method of Contribution: 3018		Date Received		Aggregate Contributions	
<input type="radio"/> Cash <input checked="" type="radio"/> Personal Check <input type="radio"/> Credit/Debit Card <input type="radio"/> Payroll Deduction <input type="radio"/> Money Order		7/28/2017		\$50	
SUBTOTAL Section B — This Page				\$300 -	
TOTAL of additional Section B Pages				5050	
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B) (Enter total on Line 13, Column A of Summary Page Totals)				\$5350	

**I. MONETARY RECEIPTS (Sections A—K)**

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)		TYPE OF REPORT	
Kelley for Council 2017		Oct 10 filing	
<b>A. Total Contributions from Small Contributors-Received this Period ONLY</b> <i>(See instructions for definition of Small Contributor)</i>		SUBTOTAL SECTION A	
		\$	
<b>B. Itemized Contributions from Individuals</b>			
Last Name Marchetti		First Julie	MI
Residential Street Address 501 Cedar Ln		City New Hartford	State CT
Principal Occupation Regulatory Compliance		Name of Employer First Bristol FCU	
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input checked="" type="radio"/> Yes <input checked="" type="radio"/> No	If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="radio"/> Yes <input checked="" type="radio"/> No		Amount of Contribution
Is this contribution associated with an event reported in Section L1? If yes, list Event # 07282017	Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="radio"/> Executive <input type="radio"/> Legislative	<input checked="" type="radio"/> Yes <input checked="" type="radio"/> No	\$50
Method of Contribution: 2993 <input type="radio"/> Cash <input checked="" type="radio"/> Personal Check <input type="radio"/> Credit/Debit Card <input type="radio"/> Payroll Deduction <input type="radio"/> Money Order		Date Received 7/28/2017	Aggregate Contributions \$50
Last Name Mc Cooley		First Annie	MI B
Residential Street Address 33 Lawson Dr		City Bristol	State CT
Principal Occupation Retired		Name of Employer	
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input checked="" type="radio"/> Yes <input checked="" type="radio"/> No	If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="radio"/> Yes <input checked="" type="radio"/> No		Amount of Contribution
Is this contribution associated with an event reported in Section L1? If yes, list Event # 07282017	Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="radio"/> Executive <input type="radio"/> Legislative	<input checked="" type="radio"/> Yes <input checked="" type="radio"/> No	\$25
Method of Contribution: 5289 <input type="radio"/> Cash <input checked="" type="radio"/> Personal Check <input type="radio"/> Credit/Debit Card <input type="radio"/> Payroll Deduction <input type="radio"/> Money Order		Date Received 7/28/2017	Aggregate Contributions \$25
Last Name Mc Cooley		First William	MI
Residential Street Address 453 Hope Valley Rd		City Amston	State CT
Principal Occupation Teacher		Name of Employer Town - Simsbury	
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input checked="" type="radio"/> Yes <input checked="" type="radio"/> No	If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="radio"/> Yes <input checked="" type="radio"/> No		Amount of Contribution
Is this contribution associated with an event reported in Section L1? If yes, list Event # 07282017	Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="radio"/> Executive <input type="radio"/> Legislative	<input checked="" type="radio"/> Yes <input checked="" type="radio"/> No	\$150
Method of Contribution: 162 <input type="radio"/> Cash <input checked="" type="radio"/> Personal Check <input type="radio"/> Credit/Debit Card <input type="radio"/> Payroll Deduction <input type="radio"/> Money Order		Date Received 7/28/2017	Aggregate Contributions \$150
SUBTOTAL Section B— This Page		\$225-	
TOTAL of additional Section B Pages		5/25	
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B) <i>(Enter total on Line 13, Column A of Summary Page Totals)</i>		\$5350	

**I. MONETARY RECEIPTS (Sections A—K)**

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)		TYPE OF REPORT	
Kelley for Council 2017		Oct 10 filing	
<b>A. Total Contributions from Small Contributors-Received this Period ONLY</b> <small>(See instructions for definition of Small Contributor)</small>		SUBTOTAL SECTION A	
		\$	
<b>B. Itemized Contributions from Individuals</b>			
Last Name Miller		First Sandra	MI M
Residential Street Address 48 Priscilla Ln		City Bristol	State CT
		Zip Code 06010	
Principal Occupation Asst Manager		Name of Employer Webster Bank NA	
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input checked="" type="radio"/> Yes <input checked="" type="radio"/> No	If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="radio"/> Yes <input checked="" type="radio"/> No		Amount of Contribution  \$25
Is this contribution associated with an event reported in Section L1? If yes, list Event # 07282017	Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="radio"/> Executive <input type="radio"/> Legislative	<input checked="" type="radio"/> Yes <input checked="" type="radio"/> No	
Method of Contribution: 1010 <input type="radio"/> Cash <input checked="" type="radio"/> Personal Check <input type="radio"/> Credit/Debit Card <input type="radio"/> Payroll Deduction <input type="radio"/> Money Order		Date Received 7/28/2017	Aggregate Contributions \$25
Last Name Morales		First Kendra	MI L
Residential Street Address 554 Fern Hill Rd		City Bristol	State CT
		Zip Code 06010	
Principal Occupation Headhunter		Name of Employer The Millard Group	
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input checked="" type="radio"/> Yes <input checked="" type="radio"/> No	If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="radio"/> Yes <input checked="" type="radio"/> No		Amount of Contribution  \$100
Is this contribution associated with an event reported in Section L1? If yes, list Event # 07282017	Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="radio"/> Executive <input type="radio"/> Legislative	<input checked="" type="radio"/> Yes <input checked="" type="radio"/> No	
Method of Contribution: 2776 <input type="radio"/> Cash <input checked="" type="radio"/> Personal Check <input type="radio"/> Credit/Debit Card <input type="radio"/> Payroll Deduction <input type="radio"/> Money Order		Date Received 7/28/2017	Aggregate Contributions \$100
Last Name Morocco-Saucier		First Donna	MI S
Residential Street Address 220 Lacoue Rd		City Bristol	State CT
		Zip Code 06010	
Principal Occupation Retired		Name of Employer ---	
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input checked="" type="radio"/> Yes <input checked="" type="radio"/> No	If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="radio"/> Yes <input checked="" type="radio"/> No		Amount of Contribution  \$50
Is this contribution associated with an event reported in Section L1? If yes, list Event # 07282017	Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="radio"/> Executive <input type="radio"/> Legislative	<input checked="" type="radio"/> Yes <input checked="" type="radio"/> No	
Method of Contribution: 9272 <input type="radio"/> Cash <input checked="" type="radio"/> Personal Check <input type="radio"/> Credit/Debit Card <input type="radio"/> Payroll Deduction <input type="radio"/> Money Order		Date Received 7/28/2017	Aggregate Contributions \$50
SUBTOTAL Section B — This Page		\$175-	
TOTAL of additional Section B Pages		5175	
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B) <small>(Enter total on Line 13, Column A of Summary Page Totals)</small>		\$5350	

I. MONETARY RECEIPTS (Sections A—K)

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repostory)		TYPE OF REPORT	
Kelley for Council 2017		Oct 10 filing	
A. Total Contributions from Small Contributors-Received this Period ONLY (See instructions for definition of Small Contributor)		SUBTOTAL SECTION A	
		\$	
B. Itemized Contributions from Individuals			
Last Name		First	MI
Marrero		Harvey	
Residential Street Address		City	State Zip Code
55 Beths Av		Bristol	CT 06010
Principal Occupation		Name of Employer	
Sales		Crowley Nissan	
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	<input checked="" type="radio"/> Yes <input checked="" type="radio"/> No	If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000?	Amount of Contribution
Is this contribution associated with an event reported in Section L1? If yes, list Event #	<input checked="" type="radio"/> Yes <input checked="" type="radio"/> No 07282017	Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with:	\$50
Method of Contribution:		Date Received	
<input checked="" type="radio"/> Cash <input type="radio"/> Personal Check <input type="radio"/> Credit/Debit Card <input type="radio"/> Payroll Deduction <input type="radio"/> Money Order		7/28/17	Aggregate Contributions \$50
Last Name		First	MI
Minor		Craig	M
Residential Street Address		City	State Zip Code
88 Anderson Av		Bristol	CT 06010
Principal Occupation		Name of Employer	
City Planner		Town of Newington	
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	<input checked="" type="radio"/> Yes <input checked="" type="radio"/> No	If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000?	Amount of Contribution
Is this contribution associated with an event reported in Section L1? If yes, list Event #	<input checked="" type="radio"/> Yes <input checked="" type="radio"/> No 07282017	Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with:	\$25
Method of Contribution:		Date Received	
<input checked="" type="radio"/> Cash <input type="radio"/> Personal Check <input type="radio"/> Credit/Debit Card <input type="radio"/> Payroll Deduction <input type="radio"/> Money Order		7/28/17	Aggregate Contributions \$25
Last Name		First	MI
Petosa		Michael	L
Residential Street Address		City	State Zip Code
30 Walnut St		Bristol	CT 06010
Principal Occupation		Name of Employer	
Supv. Ed. Safety & Health Serv		St-CT Workers Comp Comm	
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	<input checked="" type="radio"/> Yes <input checked="" type="radio"/> No	If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000?	Amount of Contribution
Is this contribution associated with an event reported in Section L1? If yes, list Event #	<input checked="" type="radio"/> Yes <input checked="" type="radio"/> No 07282017	Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with:	\$25
Method of Contribution:		Date Received	
<input checked="" type="radio"/> Cash <input type="radio"/> Personal Check <input type="radio"/> Credit/Debit Card <input type="radio"/> Payroll Deduction <input type="radio"/> Money Order		7/28/17	Aggregate Contributions \$25
SUBTOTAL Section B — This Page		\$ 100-	
TOTAL of additional Section B Pages		5250	
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B) (Enter total on Line 13, Column A of Summary Page Totals)		\$5350	

I. MONETARY RECEIPTS (Sections A—K)

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)		TYPE OF REPORT	
Kelley for Council 2017		Oct 10 filing	
<b>A. Total Contributions from Small Contributors-Received this Period ONLY</b> <i>(See instructions for definition of Small Contributor)</i>		SUBTOTAL SECTION A	
		\$	
<b>B. Itemized Contributions from Individuals</b>			
Last Name Patton		First Morris	MI F
Residential Street Address 49 Field St		City Bristol	State CT
		Zip Code 06010	
Principal Occupation Underwriter		Name of Employer The Hartford	
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input checked="" type="radio"/> Yes <input checked="" type="radio"/> No	If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="radio"/> Yes <input checked="" type="radio"/> No	Amount of Contribution  \$25	
Is this contribution associated with an event reported in Section L1? If yes, list Event # 07282017	Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="radio"/> Executive <input type="radio"/> Legislative		
Method of Contribution: # 724 <input type="radio"/> Cash <input checked="" type="radio"/> Personal Check <input type="radio"/> Credit/Debit Card <input type="radio"/> Payroll Deduction <input type="radio"/> Money Order		Date Received 7/28/2017	Aggregate Contributions \$25
Last Name Petit		First Richard	MI M
Residential Street Address 150 Broad St		City Plainville	State CT
		Zip Code 06062	
Principal Occupation Gen Mgr		Name of Employer CAPS L+P LLC	
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input checked="" type="radio"/> Yes <input checked="" type="radio"/> No	If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="radio"/> Yes <input checked="" type="radio"/> No	Amount of Contribution  \$50	
Is this contribution associated with an event reported in Section L1? If yes, list Event # 07282017	Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="radio"/> Executive <input type="radio"/> Legislative		
Method of Contribution: 1282 <input type="radio"/> Cash <input checked="" type="radio"/> Personal Check <input type="radio"/> Credit/Debit Card <input type="radio"/> Payroll Deduction <input type="radio"/> Money Order		Date Received 7/28/2017	Aggregate Contributions \$50
Last Name Sassu		First Peter	MI
Residential Street Address 58 Murrinan		City Bristol	State CT
		Zip Code 06010	
Principal Occupation Police Officer		Name of Employer City - Bristol	
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input checked="" type="radio"/> Yes <input checked="" type="radio"/> No	If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="radio"/> Yes <input checked="" type="radio"/> No	Amount of Contribution  \$50	
Is this contribution associated with an event reported in Section L1? If yes, list Event # 07282017	Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="radio"/> Executive <input type="radio"/> Legislative		
Method of Contribution: 809 <input type="radio"/> Cash <input checked="" type="radio"/> Personal Check <input type="radio"/> Credit/Debit Card <input type="radio"/> Payroll Deduction <input type="radio"/> Money Order		Date Received 7/28/2017	Aggregate Contributions \$50
SUBTOTAL Section B — This Page		\$ 125-	
TOTAL of additional Section B Pages		5225	
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B) <i>(Enter total on Line 13, Column A of Summary Page Totals)</i>		\$ 5350	

**I. MONETARY RECEIPTS (Sections A—K)**

<b>NAME OF COMMITTEE</b> <i>(Provide Complete Name as Registered with Filing Repository)</i> <i>Kelley for Council 2017</i>	<b>TYPE OF REPORT</b> <i>Oct 10 filing</i>
<b>A. Total Contributions from Small Contributors-Received this Period ONLY</b> <i>(See instructions for definition of Small Contributor)</i>	\$
<b>SUBTOTAL SECTION A</b>	

**B. Itemized Contributions from Individuals**

Last Name <i>Scher</i>	First <i>Debra</i>	MI <i>a</i>
Residential Street Address <i>6 Pilgrim Rd</i>	City <i>Bristol</i>	State <i>CT</i>
		Zip Code <i>06010</i>
Principal Occupation <i>office mgr</i>	Name of Employer <i>Brooks Oil Service</i>	
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input checked="" type="radio"/> Yes <input checked="" type="radio"/> No	If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="radio"/> Yes <input checked="" type="radio"/> No	<b>Amount of Contribution</b>  <i>\$20</i>
Is this contribution associated with an event reported in Section L1? <i>If yes, list Event # <u>07282017</u></i> <input checked="" type="radio"/> Yes <input checked="" type="radio"/> No	Is contributor a principal of a state contractor or prospective state contractor? <i>If yes, indicate which branch or branches of government the contract is with:</i> <input type="radio"/> Executive <input type="radio"/> Legislative <input checked="" type="radio"/> No	
Method of Contribution: <i>5633</i>	Date Received <i>7/28/2017</i>	
<input type="radio"/> Cash <input checked="" type="radio"/> Personal Check <input type="radio"/> Credit/Debit Card <input type="radio"/> Payroll Deduction <input type="radio"/> Money Order	Aggregate Contributions <i>\$20</i>	

Last Name <i>Shea</i>	First <i>Timothy</i>	MI
Residential Street Address <i>115 Orchard Hill Rd</i>	City <i>Harwington</i>	State <i>CT</i>
		Zip Code <i>06791</i>
Principal Occupation <i>Retired</i>	Name of Employer <i>—</i>	
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input checked="" type="radio"/> Yes <input checked="" type="radio"/> No	If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="radio"/> Yes <input checked="" type="radio"/> No	<b>Amount of Contribution</b>  <i>\$75</i>
Is this contribution associated with an event reported in Section L1? <i>If yes, list Event # <u>07282017</u></i> <input checked="" type="radio"/> Yes <input checked="" type="radio"/> No	Is contributor a principal of a state contractor or prospective state contractor? <i>If yes, indicate which branch or branches of government the contract is with:</i> <input type="radio"/> Executive <input type="radio"/> Legislative <input checked="" type="radio"/> No	
Method of Contribution: <i>7739</i>	Date Received <i>7/28/2017</i>	
<input type="radio"/> Cash <input checked="" type="radio"/> Personal Check <input type="radio"/> Credit/Debit Card <input type="radio"/> Payroll Deduction <input type="radio"/> Money Order	Aggregate Contributions <i>\$75</i>	

Last Name <i>Singer</i>	First <i>Brian</i>	MI <i>J</i>
Residential Street Address <i>19 Harold Rd</i>	City <i>Farmington</i>	State <i>CT</i>
		Zip Code <i>06032</i>
Principal Occupation <i>Sales mgr</i>	Name of Employer <i>Hoffman Honda</i>	
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input checked="" type="radio"/> Yes <input checked="" type="radio"/> No	If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="radio"/> Yes <input checked="" type="radio"/> No	<b>Amount of Contribution</b>  <i>\$100</i>
Is this contribution associated with an event reported in Section L1? <i>If yes, list Event # <u>07282017</u></i> <input checked="" type="radio"/> Yes <input checked="" type="radio"/> No	Is contributor a principal of a state contractor or prospective state contractor? <i>If yes, indicate which branch or branches of government the contract is with:</i> <input type="radio"/> Executive <input type="radio"/> Legislative <input checked="" type="radio"/> No	
Method of Contribution: <i>824</i>	Date Received <i>7/28/2017</i>	
<input type="radio"/> Cash <input checked="" type="radio"/> Personal Check <input type="radio"/> Credit/Debit Card <input type="radio"/> Payroll Deduction <input type="radio"/> Money Order	Aggregate Contributions <i>\$100</i>	

<b>SUBTOTAL Section B — This Page</b>	<i>\$195-</i>
<b>TOTAL of additional Section B Pages</b>	<i>5155</i>
<b>TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B)</b> <i>(Enter total on Line 13, Column A of Summary Page Totals)</i>	<i>\$5350</i>

**I. MONETARY RECEIPTS (Sections A—K)**

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)				TYPE OF REPORT	
Kelley for Council 2017				Oct 10 filing	
<b>A. Total Contributions from Small Contributors-Received this Period ONLY</b> <small>(See instructions for definition of Small Contributor)</small>				SUBTOTAL SECTION A	
				\$	
<b>B. Itemized Contributions from Individuals</b>					
Last Name <i>Preleski</i>		First <i>Michael</i>		MI	
Residential Street Address <i>25 Lawson Rd</i>		City <i>Bristol</i>		State <i>CT</i>	Zip Code <i>06010</i>
Principal Occupation <i>Sales Exec</i>		Name of Employer <i>Tracy Bristol</i>			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input checked="" type="radio"/> Yes <input checked="" type="radio"/> No		If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="radio"/> Yes <input checked="" type="radio"/> No		<b>Amount of Contribution</b>  <i>\$ 20</i>	
Is this contribution associated with an event reported in Section L1? <i>If yes, list Event # 07282017</i> <input checked="" type="radio"/> Yes <input type="radio"/> No		Is contributor a principal of a state contractor or prospective state contractor? <i>If yes, indicate which branch or branches of government the contract is with:</i> <input type="radio"/> Executive <input type="radio"/> Legislative <input checked="" type="radio"/> Yes <input type="radio"/> No			
Method of Contribution: <input checked="" type="radio"/> Cash <input type="radio"/> Personal Check <input type="radio"/> Credit/Debit Card <input type="radio"/> Payroll Deduction <input type="radio"/> Money Order		Date Received <i>7/28/2017</i>			
Last Name <i>Ragoini</i>		First <i>Thomas</i>		MI <i>8</i>	
Residential Street Address <i>651 Lake Av</i>		City <i>Bristol</i>		State <i>CT</i>	Zip Code <i>06010</i>
Principal Occupation <i>Retired</i>		Name of Employer —			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input checked="" type="radio"/> Yes <input checked="" type="radio"/> No		If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="radio"/> Yes <input checked="" type="radio"/> No		<b>Amount of Contribution</b>  <i>\$ 40</i>	
Is this contribution associated with an event reported in Section L1? <i>If yes, list Event # 07282017</i> <input checked="" type="radio"/> Yes <input type="radio"/> No		Is contributor a principal of a state contractor or prospective state contractor? <i>If yes, indicate which branch or branches of government the contract is with:</i> <input type="radio"/> Executive <input type="radio"/> Legislative <input checked="" type="radio"/> Yes <input type="radio"/> No			
Method of Contribution: <input checked="" type="radio"/> Cash <input type="radio"/> Personal Check <input type="radio"/> Credit/Debit Card <input type="radio"/> Payroll Deduction <input type="radio"/> Money Order		Date Received <i>7/28/17</i>			
Last Name <i>Rivers</i>		First <i>Lindsey</i>		MI	
Residential Street Address <i>120 Mercier Av</i>		City <i>Bristol</i>		State <i>CT</i>	Zip Code <i>06010</i>
Principal Occupation <i>Accounting Mgr</i>		Name of Employer <i>American Standard Co</i>			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input checked="" type="radio"/> Yes <input checked="" type="radio"/> No		If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="radio"/> Yes <input checked="" type="radio"/> No		<b>Amount of Contribution</b>  <i>\$ 20</i>	
Is this contribution associated with an event reported in Section L1? <i>If yes, list Event # 07282017</i> <input checked="" type="radio"/> Yes <input type="radio"/> No		Is contributor a principal of a state contractor or prospective state contractor? <i>If yes, indicate which branch or branches of government the contract is with:</i> <input type="radio"/> Executive <input type="radio"/> Legislative <input checked="" type="radio"/> Yes <input type="radio"/> No			
Method of Contribution: <input checked="" type="radio"/> Cash <input type="radio"/> Personal Check <input type="radio"/> Credit/Debit Card <input type="radio"/> Payroll Deduction <input type="radio"/> Money Order		Date Received <i>7/28/17</i>			
<b>SUBTOTAL Section B — This Page</b>				<i>\$ 80-</i>	
<b>TOTAL of additional Section B Pages</b>				<i>5270</i>	
<b>TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B)</b> <small>(Enter total on Line 13, Column A of Summary Page Totals)</small>				<i>\$ 5350</i>	

**I. MONETARY RECEIPTS (Sections A—K)**

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)				TYPE OF REPORT	
Kelley for Council				Oct 10 filing	
<b>A. Total Contributions from Small Contributors-Received this Period ONLY</b> <i>(See instructions for definition of Small Contributor)</i>				SUBTOTAL SECTION A	
				\$	
<b>B. Itemized Contributions from Individuals</b>					
Last Name		First		MI	
Rondeau		Candice		a	
Residential Street Address		City		State	Zip Code
44 Carolina Rd		Bristol		CT	06010
Principal Occupation		Name of Employer			
claims specialist		End Game Strategy			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?		If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000?		Amount of Contribution	
<input checked="" type="radio"/> Yes <input checked="" type="radio"/> No		<input type="radio"/> Yes <input checked="" type="radio"/> No		\$ 40	
Is this contribution associated with an event reported in Section L1? If yes, list Event # 07282017		Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="radio"/> Executive <input type="radio"/> Legislative			
Method of Contribution:		Date Received	Aggregate Contributions		
<input checked="" type="radio"/> Cash <input type="radio"/> Personal Check <input type="radio"/> Credit/Debit Card <input type="radio"/> Payroll Deduction <input type="radio"/> Money Order		7/28/17	\$ 40		
Last Name		First		MI	
Stebbins		Patricia		a	
Residential Street Address		City		State	Zip Code
37 Pleasant St		Bristol		CT	06010
Principal Occupation		Name of Employer			
Legal Secretary		ST-CT			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?		If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000?		Amount of Contribution	
<input checked="" type="radio"/> Yes <input checked="" type="radio"/> No		<input type="radio"/> Yes <input checked="" type="radio"/> No		\$ 20	
Is this contribution associated with an event reported in Section L1? If yes, list Event # 07282017		Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="radio"/> Executive <input type="radio"/> Legislative			
Method of Contribution:		Date Received	Aggregate Contributions		
<input checked="" type="radio"/> Cash <input type="radio"/> Personal Check <input type="radio"/> Credit/Debit Card <input type="radio"/> Payroll Deduction <input type="radio"/> Money Order		7/28/17	\$ 20		
Last Name		First		MI	
Lariero		Gregory			
Residential Street Address		City		State	Zip Code
71 Ipswitch Rd		Bristol		CT	06010
Principal Occupation		Name of Employer			
Construction		Martin Lariero Contractor			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?		If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000?		Amount of Contribution	
<input checked="" type="radio"/> Yes <input checked="" type="radio"/> No		<input type="radio"/> Yes <input checked="" type="radio"/> No		\$ 100	
Is this contribution associated with an event reported in Section L1? If yes, list Event # 07282017		Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="radio"/> Executive <input type="radio"/> Legislative			
Method of Contribution:		Date Received	Aggregate Contributions		
<input checked="" type="radio"/> Cash <input type="radio"/> Personal Check <input type="radio"/> Credit/Debit Card <input type="radio"/> Payroll Deduction <input type="radio"/> Money Order		7/28/17	\$ 100		
SUBTOTAL Section B — This Page				\$ 160-	
TOTAL of additional Section B Pages				5190	
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B) <i>(Enter total on Line 13, Column A of Summary Page Totals)</i>				\$ 5350	

**I. MONETARY RECEIPTS (Sections A—K)**

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)				TYPE OF REPORT	
Kelley for Council 2017				Oct 10 filing	
<b>A. Total Contributions from Small Contributors-Received this Period ONLY</b> <small>(See instructions for definition of Small Contributor)</small>				SUBTOTAL SECTION A	
				\$	
<b>B. Itemized Contributions from Individuals</b>					
Last Name Sorey		First Kathi		MI	
Residential Street Address 16 Nutmeg Rd		City Bristol		State CT	Zip Code 06010
Principal Occupation Kathi Sorey Asst.		Name of Employer Self			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input checked="" type="radio"/> Yes <input checked="" type="radio"/> No		If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input checked="" type="radio"/> Yes <input type="radio"/> No		Amount of Contribution	
Is this contribution associated with an event reported in Section L1? If yes, list Event # 07282017		Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="radio"/> Executive <input type="radio"/> Legislative		Yes <input checked="" type="radio"/> No <input checked="" type="radio"/>	
Method of Contribution: 852		Date Received 7/28/17		Aggregate Contributions \$100	
<input type="radio"/> Cash <input checked="" type="radio"/> Personal Check <input type="radio"/> Credit/Debit Card <input type="radio"/> Payroll Deduction <input type="radio"/> Money Order					
Last Name Stofford		First Sandra		MI C	
Residential Street Address 441 Clark Ave # 24		City Bristol		State CT	Zip Code 06010
Principal Occupation Retired		Name of Employer —			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input checked="" type="radio"/> Yes <input checked="" type="radio"/> No		If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="radio"/> Yes <input checked="" type="radio"/> No		Amount of Contribution	
Is this contribution associated with an event reported in Section L1? If yes, list Event # 07282017		Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="radio"/> Executive <input type="radio"/> Legislative		Yes <input checked="" type="radio"/> No <input checked="" type="radio"/>	
Method of Contribution: 1282		Date Received 7/28/17		Aggregate Contributions \$45	
<input type="radio"/> Cash <input checked="" type="radio"/> Personal Check <input type="radio"/> Credit/Debit Card <input type="radio"/> Payroll Deduction <input type="radio"/> Money Order					
Last Name Sullivan		First Sarah		MI	
Residential Street Address 155 Ashley Rd		City Bristol		State CT	Zip Code 06010
Principal Occupation Marketing		Name of Employer ESPN			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input checked="" type="radio"/> Yes <input checked="" type="radio"/> No		If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="radio"/> Yes <input checked="" type="radio"/> No		Amount of Contribution	
Is this contribution associated with an event reported in Section L1? If yes, list Event # 07282017		Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="radio"/> Executive <input type="radio"/> Legislative		Yes <input checked="" type="radio"/> No <input checked="" type="radio"/>	
Method of Contribution: 2429		Date Received 7/28/17		Aggregate Contributions \$25	
<input type="radio"/> Cash <input checked="" type="radio"/> Personal Check <input type="radio"/> Credit/Debit Card <input type="radio"/> Payroll Deduction <input type="radio"/> Money Order					
SUBTOTAL Section B — This Page				\$145-	
TOTAL of additional Section B Pages				5205	
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B) <small>(Enter total on Line 13, Column A of Summary Page Totals)</small>				\$5350	

I. MONETARY RECEIPTS (Sections A—K)

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)		TYPE OF REPORT	
Kelleys for Council 2017		Oct 10 filing	
A. Total Contributions from Small Contributors-Received this Period ONLY (See instructions for definition of Small Contributor)		SUBTOTAL SECTION A	
		\$	
<b>B. Itemized Contributions from Individuals</b>			
Last Name Swider		First Nancy	MI E
Residential Street Address 134 Halleyberry Rd		City Bristol	State CT
Principal Occupation Sr Universal Banker		Name of Employer Webster Bank	
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input checked="" type="radio"/> Yes <input checked="" type="radio"/> No	If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="radio"/> Yes <input checked="" type="radio"/> No		Amount of Contribution  \$25
Is this contribution associated with an event reported in Section L1? If yes, list Event # 07282017	Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="radio"/> Executive <input type="radio"/> Legislative	<input checked="" type="radio"/> Yes <input type="radio"/> No	
Method of Contribution: <input type="radio"/> Cash <input type="radio"/> Personal Check <input type="radio"/> Credit/Debit Card <input type="radio"/> Payroll Deduction <input type="radio"/> Money Order		Date Received	Aggregate Contributions \$25
Last Name Taylor		First Christopher	MI I
Residential Street Address 17 Carriage Dr		City Waterbury	State CT
Principal Occupation CFO		Name of Employer First Bristol FCU	
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input checked="" type="radio"/> Yes <input checked="" type="radio"/> No	If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="radio"/> Yes <input checked="" type="radio"/> No		Amount of Contribution  \$50
Is this contribution associated with an event reported in Section L1? If yes, list Event # 07282017	Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="radio"/> Executive <input type="radio"/> Legislative	<input checked="" type="radio"/> Yes <input type="radio"/> No	
Method of Contribution: 706 <input type="radio"/> Cash <input checked="" type="radio"/> Personal Check <input type="radio"/> Credit/Debit Card <input type="radio"/> Payroll Deduction <input type="radio"/> Money Order		Date Received 7/28/17	Aggregate Contributions \$50
Last Name Tintone		First Jose	MI B
Residential Street Address 48 Harper Ave		City Waterbury	State CT
Principal Occupation Banking		Name of Employer First Bristol FCU	
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input checked="" type="radio"/> Yes <input checked="" type="radio"/> No	If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="radio"/> Yes <input checked="" type="radio"/> No		Amount of Contribution  \$25
Is this contribution associated with an event reported in Section L1? If yes, list Event # 07282017	Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="radio"/> Executive <input type="radio"/> Legislative	<input checked="" type="radio"/> Yes <input type="radio"/> No	
Method of Contribution: 3321 <input type="radio"/> Cash <input checked="" type="radio"/> Personal Check <input type="radio"/> Credit/Debit Card <input type="radio"/> Payroll Deduction <input type="radio"/> Money Order		Date Received 7/28/17	Aggregate Contributions \$25
SUBTOTAL Section B — This Page		\$100-	
TOTAL OF additional Section B Pages		5250	
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B) (Enter total on Line 13, Column A of Summary Page Totals)		5350	

# I. MONETARY RECEIPTS (Sections A—K)

<b>NAME OF COMMITTEE</b> <small>(Provide Complete Name as Registered with Filing Repository)</small>	<b>TYPE OF REPORT</b>
Kelley for Council 2017	Oct 10 filing
<b>A. Total Contributions from Small Contributors-Received this Period ONLY</b> <small>(See instructions for definition of Small Contributor)</small>	\$
<b>SUBTOTAL SECTION A</b>	

**B. Itemized Contributions from Individuals**

<b>Last Name</b>		<b>First</b>		<b>MI</b>	
Vibert		Karen			
<b>Residential Street Address</b>			<b>City</b>	<b>State</b>	<b>Zip Code</b>
114 Brace Av			Bristol	CT	06010
<b>Principal Occupation</b>			<b>Name of Employer</b>		
Court Stenographer			Niziankiewicz & Miller		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?		If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000?		<b>Amount of Contribution</b>	
<input checked="" type="radio"/> Yes <input checked="" type="radio"/> No		<input type="radio"/> Yes <input checked="" type="radio"/> No		\$40	
Is this contribution associated with an event reported in Section L1? If yes, list Event #		Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with:			
07282017		<input type="radio"/> Executive <input type="radio"/> Legislative <input checked="" type="radio"/> No			
<b>Method of Contribution:</b>			<b>Date Received</b>	<b>Aggregate Contributions</b>	
<input type="radio"/> Cash <input checked="" type="radio"/> Personal Check <input type="radio"/> Credit/Debit Card <input type="radio"/> Payroll Deduction <input type="radio"/> Money Order			7/28/17	\$40	

<b>Last Name</b>		<b>First</b>		<b>MI</b>	
Wininger		Peter		L	
<b>Residential Street Address</b>			<b>City</b>	<b>State</b>	<b>Zip Code</b>
115 Larkspur La			Bristol	CT	06010
<b>Principal Occupation</b>			<b>Name of Employer</b>		
Principal			Bristol BOE		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?		If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000?		<b>Amount of Contribution</b>	
<input checked="" type="radio"/> Yes <input checked="" type="radio"/> No		<input type="radio"/> Yes <input checked="" type="radio"/> No		\$50	
Is this contribution associated with an event reported in Section L1? If yes, list Event #		Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with:			
07282017		<input type="radio"/> Executive <input type="radio"/> Legislative <input checked="" type="radio"/> No			
<b>Method of Contribution:</b>			<b>Date Received</b>	<b>Aggregate Contributions</b>	
<input type="radio"/> Cash <input checked="" type="radio"/> Personal Check <input type="radio"/> Credit/Debit Card <input type="radio"/> Payroll Deduction <input type="radio"/> Money Order			7/28/17	\$50	

<b>Last Name</b>		<b>First</b>		<b>MI</b>	
<b>Residential Street Address</b>			<b>City</b>	<b>State</b>	<b>Zip Code</b>
<b>Principal Occupation</b>			<b>Name of Employer</b>		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?		If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000?		<b>Amount of Contribution</b>	
<input type="radio"/> Yes <input checked="" type="radio"/> No		<input type="radio"/> Yes <input checked="" type="radio"/> No			
Is this contribution associated with an event reported in Section L1? If yes, list Event #		Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with:			
		<input type="radio"/> Executive <input type="radio"/> Legislative <input checked="" type="radio"/> No			
<b>Method of Contribution:</b>			<b>Date Received</b>	<b>Aggregate Contributions</b>	
<input type="radio"/> Cash <input type="radio"/> Personal Check <input type="radio"/> Credit/Debit Card <input type="radio"/> Payroll Deduction <input type="radio"/> Money Order					

<b>SUBTOTAL Section B — This Page</b>	\$90-
<b>TOTAL of additional Section B Pages</b>	5260
<b>TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B)</b> <small>(Enter total on Line 13, Column A of Summary Page Totals)</small>	\$5350

I. MONETARY RECEIPTS (Sections A—K)

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)				TYPE OF REPORT	
Kelley for Council 2017				Oct 10 Filing	
A. Total Contributions from Small Contributors-Received this Period ONLY (See instructions for definition of Small Contributor)				SUBTOTAL SECTION A	
				\$	
<b>B. Itemized Contributions from Individuals</b>					
Last Name		First		MI	
Wright		Christopher		A	
Residential Street Address		City		State	Zip Code
35 Ruth St # 49		Bristol		CT	06010
Principal Occupation		Name of Employer			
Patient Registrar		St Francis Hospital			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?		If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000?			Amount of Contribution
<input checked="" type="radio"/> Yes <input checked="" type="radio"/> No		<input checked="" type="radio"/> Yes <input type="radio"/> No			
Is this contribution associated with an event reported in Section L1? If yes, list Event #		Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with:		<input checked="" type="radio"/> Yes <input type="radio"/> No	
07282017		<input type="radio"/> Executive <input type="radio"/> Legislative		\$100	
Method of Contribution:		Date Received	Aggregate Contributions		
<input type="radio"/> Cash <input checked="" type="radio"/> Personal Check <input type="radio"/> Credit/Debit Card <input type="radio"/> Payroll Deduction <input type="radio"/> Money Order		7/28/17	\$100		
Last Name		First		MI	
Benvenuto		Anthony		M	
Residential Street Address		City		State	Zip Code
74 Maples Rd		Bristol		CT	06010
Principal Occupation		Name of Employer			
Paramedic		Bristol Hospital			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?		If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000?			Amount of Contribution
<input checked="" type="radio"/> Yes <input checked="" type="radio"/> No		<input type="radio"/> Yes <input type="radio"/> No			
Is this contribution associated with an event reported in Section L1? If yes, list Event #		Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with:		<input checked="" type="radio"/> Yes <input type="radio"/> No	
07282017		<input type="radio"/> Executive <input type="radio"/> Legislative		\$30	
Method of Contribution:		Date Received	Aggregate Contributions		
<input checked="" type="radio"/> Cash <input type="radio"/> Personal Check <input type="radio"/> Credit/Debit Card <input type="radio"/> Payroll Deduction <input type="radio"/> Money Order		7/28/17	\$30		
Last Name		First		MI	
Buzzell		Gary		T	
Residential Street Address		City		State	Zip Code
200 Blakeslee St # 249		Bristol		CT	06010
Principal Occupation		Name of Employer			
Firefighter		City-Bristol Fire Dept			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?		If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000?			Amount of Contribution
<input checked="" type="radio"/> Yes <input checked="" type="radio"/> No		<input type="radio"/> Yes <input type="radio"/> No			
Is this contribution associated with an event reported in Section L1? If yes, list Event #		Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with:		<input checked="" type="radio"/> Yes <input type="radio"/> No	
07282017		<input type="radio"/> Executive <input type="radio"/> Legislative		\$25	
Method of Contribution:		Date Received	Aggregate Contributions		
<input checked="" type="radio"/> Cash <input type="radio"/> Personal Check <input type="radio"/> Credit/Debit Card <input type="radio"/> Payroll Deduction <input type="radio"/> Money Order		7/28/17	\$25		
SUBTOTAL Section B— This Page				\$155-	
TOTAL of additional Section B Pages				5195	
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B) (Enter total on Line 13, Column A of Summary Page Totals)				5350	

# I. MONETARY RECEIPTS (Sections A—K)

18 of 30

Page 3 of 17

7/30-31

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)	TYPE OF REPORT
Kelley for Council 2017	Oct 10 filing
<b>A. Total Contributions from Small Contributors-Received this Period ONLY</b> (See instructions for definition of Small Contributor)	\$
<b>SUBTOTAL SECTION A</b>	

## B. Itemized Contributions from Individuals

Last Name		First	MI	
Buske		Kathryn		
Residential Street Address		City	State	Zip Code
894 Pine St		Bristol	CT	06010
Principal Occupation		Name of Employer		
Retired		-		

Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	<input checked="" type="radio"/> Yes <input checked="" type="radio"/> No	If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000?	<input type="radio"/> Yes <input checked="" type="radio"/> No	<b>Amount of Contribution</b>
Is this contribution associated with an event reported in Section L1?	<input checked="" type="radio"/> Yes <input type="radio"/> No	Is contributor a principal of a state contractor or prospective state contractor?	<input type="radio"/> Yes <input checked="" type="radio"/> No	\$100
If yes, list Event # 07282017		If yes, indicate which branch or branches of government the contract is with: <input type="radio"/> Executive <input type="radio"/> Legislative		
Method of Contribution: 1963		Date Received	Aggregate Contributions	
<input type="radio"/> Cash <input checked="" type="radio"/> Personal Check <input type="radio"/> Credit/Debit Card <input type="radio"/> Payroll Deduction <input type="radio"/> Money Order		7/30/2017	\$100	

Last Name		First	MI	
Magon		Mary Lynn		
Residential Street Address		City	State	Zip Code
92 Yarde Dr		Bristol	CT	06010
Principal Occupation		Name of Employer		
Foundation Director		Bristol Hospital		

Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	<input checked="" type="radio"/> Yes <input checked="" type="radio"/> No	If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000?	<input type="radio"/> Yes <input checked="" type="radio"/> No	<b>Amount of Contribution</b>
Is this contribution associated with an event reported in Section L1?	<input checked="" type="radio"/> Yes <input type="radio"/> No	Is contributor a principal of a state contractor or prospective state contractor?	<input type="radio"/> Yes <input checked="" type="radio"/> No	\$25
If yes, list Event # 07282017		If yes, indicate which branch or branches of government the contract is with: <input type="radio"/> Executive <input type="radio"/> Legislative		
Method of Contribution: 2415		Date Received	Aggregate Contributions	
<input type="radio"/> Cash <input checked="" type="radio"/> Personal Check <input type="radio"/> Credit/Debit Card <input type="radio"/> Payroll Deduction <input type="radio"/> Money Order		7/30/17	\$25	

Last Name		First	MI	
Mattioli		Anthony	M	
Residential Street Address		City	State	Zip Code
28 Larkspur		Bristol	CT	06010
Principal Occupation		Name of Employer		

Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	<input type="radio"/> Yes <input checked="" type="radio"/> No	If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000?	<input type="radio"/> Yes <input checked="" type="radio"/> No	<b>Amount of Contribution</b>
Is this contribution associated with an event reported in Section L1?	<input type="radio"/> Yes <input checked="" type="radio"/> No	Is contributor a principal of a state contractor or prospective state contractor?	<input type="radio"/> Yes <input checked="" type="radio"/> No	\$50
If yes, list Event # 07282017		If yes, indicate which branch or branches of government the contract is with: <input type="radio"/> Executive <input type="radio"/> Legislative		
Method of Contribution: 245		Date Received	Aggregate Contributions	
<input type="radio"/> Cash <input checked="" type="radio"/> Personal Check <input type="radio"/> Credit/Debit Card <input type="radio"/> Payroll Deduction <input type="radio"/> Money Order		7/30/17	\$50	

<b>SUBTOTAL Section B — This Page</b>	\$175
<b>TOTAL of additional Section B Pages</b>	5175
<b>TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B)</b> <small>(Enter total on Line 13, Column A of Summary Page Totals)</small>	<b>\$5350</b>

I. MONETARY RECEIPTS (Sections A—K)

19 of 30  
Page 3 of 17  
7/30-31

<b>NAME OF COMMITTEE</b> <i>(Provide Complete Name as Registered with Filing Repository)</i> <i>Kelley for Council 2017</i>	<b>TYPE OF REPORT</b> <i>Oct 10 filing</i>
<b>A. Total Contributions from Small Contributors-Received this Period ONLY</b> <i>(See instructions for definition of Small Contributor)</i>	\$
<b>SUBTOTAL SECTION A</b>	

**B. Itemized Contributions from Individuals**

Last Name <i>Ormalis</i>		First <i>Stacey</i>		MI <i>M</i>	
Residential Street Address <i>26 Garden Path</i>		City <i>Farmington</i>		State <i>CT</i>	Zip Code <i>06032</i>
Principal Occupation <i>Banker</i>		Name of Employer <i>Webster Bank</i>			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input checked="" type="radio"/> Yes <input checked="" type="radio"/> No		If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="radio"/> Yes <input checked="" type="radio"/> No		<b>Amount of Contribution</b>  <i>\$100</i>	
Is this contribution associated with an event reported in Section L1? <i>If yes, list Event # <u>07282017</u></i> <input checked="" type="radio"/> Yes <input type="radio"/> No		Is contributor a principal of a state contractor or prospective state contractor? <i>If yes, indicate which branch or branches of government the contract is with:</i> <input type="radio"/> Executive <input type="radio"/> Legislative <input checked="" type="radio"/> Yes <input type="radio"/> No			
Method of Contribution: <i>4664</i> <input type="radio"/> Cash <input checked="" type="radio"/> Personal Check <input type="radio"/> Credit/Debit Card <input type="radio"/> Payroll Deduction <input type="radio"/> Money Order		Date Received <i>7/31/2017</i>	Aggregate Contributions <i>\$100</i>		

Last Name <i>Sileo</i>		First <i>Jennie</i>		MI <i>V.B.</i>	
Residential Street Address <i>161 Judson Ave</i>		City <i>Bristol</i>		State <i>CT</i>	Zip Code <i>06010</i>
Principal Occupation <i>Retired</i>		Name of Employer <i>—</i>			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input checked="" type="radio"/> Yes <input type="radio"/> No		If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="radio"/> Yes <input checked="" type="radio"/> No		<b>Amount of Contribution</b>  <i>\$25</i>	
Is this contribution associated with an event reported in Section L1? <i>If yes, list Event # <u>07282017</u></i> <input checked="" type="radio"/> Yes <input type="radio"/> No		Is contributor a principal of a state contractor or prospective state contractor? <i>If yes, indicate which branch or branches of government the contract is with:</i> <input type="radio"/> Executive <input type="radio"/> Legislative <input checked="" type="radio"/> Yes <input type="radio"/> No			
Method of Contribution: <i>4210</i> <input type="radio"/> Cash <input checked="" type="radio"/> Personal Check <input type="radio"/> Credit/Debit Card <input type="radio"/> Payroll Deduction <input type="radio"/> Money Order		Date Received <i>7/30/2017</i>	Aggregate Contributions <i>\$25</i>		

Last Name		First		MI	
Residential Street Address		City		State	Zip Code
Principal Occupation		Name of Employer			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="radio"/> Yes <input checked="" type="radio"/> No		If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="radio"/> Yes <input checked="" type="radio"/> No		<b>Amount of Contribution</b>	
Is this contribution associated with an event reported in Section L1? <i>If yes, list Event #</i> <input type="radio"/> Yes <input checked="" type="radio"/> No		Is contributor a principal of a state contractor or prospective state contractor? <i>If yes, indicate which branch or branches of government the contract is with:</i> <input type="radio"/> Executive <input type="radio"/> Legislative <input type="radio"/> Yes <input checked="" type="radio"/> No			
Method of Contribution: <input type="radio"/> Cash <input type="radio"/> Personal Check <input type="radio"/> Credit/Debit Card <input type="radio"/> Payroll Deduction <input type="radio"/> Money Order		Date Received	Aggregate Contributions		

<b>SUBTOTAL Section B — This Page</b>	<i>\$125-</i>
<b>TOTAL of additional Section B Pages</b>	<i>5225</i>
<b>TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B)</b> <i>(Enter total on Line 13, Column A of Summary Page Totals)</i>	<i>\$5350</i>

I. MONETARY RECEIPTS (Sections A—K)

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)		TYPE OF REPORT	
Kelley for Council 2017		Oct 10 filing	
A. Total Contributions from Small Contributors-Received this Period ONLY (See instructions for definition of Small Contributor)		SUBTOTAL SECTION A	
		\$	
B. Itemized Contributions from Individuals			
Last Name		First	MI
Marin		Patricia	a
Residential Street Address		City	State Zip Code
17 Lewis Rd		Bristol	CT 06018
Principal Occupation		Name of Employer	
Operations Mgr		First Bristol F.C.U.	
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	<input checked="" type="radio"/> Yes <input checked="" type="radio"/> No	If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000?	Amount of Contribution
Is this contribution associated with an event reported in Section L1? If yes, list Event #	<input checked="" type="radio"/> Yes <input checked="" type="radio"/> No	Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="radio"/> Executive <input type="radio"/> Legislative	
Method of Contribution:	<input checked="" type="radio"/> Cash <input checked="" type="radio"/> Personal Check <input type="radio"/> Credit/Debit Card <input type="radio"/> Payroll Deduction <input type="radio"/> Money Order	Date Received	Aggregate Contributions
	6249	8/09/17	\$ 25
Last Name		First	MI
Di Matteo		Linda	
Residential Street Address		City	State Zip Code
131 Roberts Trace		Bristol	CT 06010
Principal Occupation		Name of Employer	
V. Pres.		Central Chambers of Commerce	
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	<input checked="" type="radio"/> Yes <input checked="" type="radio"/> No	If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000?	Amount of Contribution
Is this contribution associated with an event reported in Section L1? If yes, list Event #	<input checked="" type="radio"/> Yes <input checked="" type="radio"/> No	Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="radio"/> Executive <input type="radio"/> Legislative	
Method of Contribution:	<input type="radio"/> Cash <input checked="" type="radio"/> Personal Check <input type="radio"/> Credit/Debit Card <input type="radio"/> Payroll Deduction <input type="radio"/> Money Order	Date Received	Aggregate Contributions
	3247	8/12/2017	\$ 50
Last Name		First	MI
Moore		Sean	M
Residential Street Address		City	State Zip Code
223 Hollyberry Rd		Bristol	CT 06010
Principal Occupation		Name of Employer	
Insurance Executive		Jurich North America	
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	<input checked="" type="radio"/> Yes <input checked="" type="radio"/> No	If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000?	Amount of Contribution
Is this contribution associated with an event reported in Section L1? If yes, list Event #	<input checked="" type="radio"/> Yes <input checked="" type="radio"/> No	Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="radio"/> Executive <input type="radio"/> Legislative	
Method of Contribution:	<input type="radio"/> Cash <input checked="" type="radio"/> Personal Check <input type="radio"/> Credit/Debit Card <input type="radio"/> Payroll Deduction <input type="radio"/> Money Order	Date Received	Aggregate Contributions
	3777	8/16/17	\$ 100
SUBTOTAL Section B — This Page		\$ 175	
TOTAL of additional Section B Pages		5175	
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B) (Enter total on Line 13, Column A of Summary Page Totals)		\$ 5350	

**I. MONETARY RECEIPTS (Sections A—K)**

8/26 & 9/14

<b>NAME OF COMMITTEE</b> <i>(Provide Complete Name as Registered with Filing Repository)</i>	<b>TYPE OF REPORT</b>
Kelley for Council 2017	October 10 filing
<b>A. Total Contributions from Small Contributors-Received this Period ONLY</b> <i>(See instructions for definition of Small Contributor)</i>	\$
<b>SUBTOTAL SECTION A</b>	

**B. Itemized Contributions from Individuals**

Last Name <i>Papazian</i>	First <i>Donna</i>	MI <i>S</i>
Residential Street Address <i>53 Elaine Drive</i>	City <i>Bristol</i>	State Zip Code <i>CT 06010</i>

Principal Occupation <i>Retired</i>	Name of Employer
--	------------------

Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input checked="" type="radio"/> Yes <input checked="" type="radio"/> No	If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="radio"/> Yes <input checked="" type="radio"/> No	<b>Amount of Contribution</b>
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Is this contribution associated with an event reported in Section L1? <i>If yes, list Event #</i>	Is contributor a principal of a state contractor or prospective state contractor? <i>If yes, indicate which branch or branches of government the contract is with:</i>	<b>Amount of Contribution</b>
<input checked="" type="radio"/> Yes <input checked="" type="radio"/> No	<input type="radio"/> Executive <input checked="" type="radio"/> Legislative	<b>\$ 25</b>

Method of Contribution: <i>9810</i>	Date Received <i>8/30/17</i>	Aggregate Contributions <i>\$ 25</i>
<input type="radio"/> Cash <input checked="" type="radio"/> Personal Check <input type="radio"/> Credit/Debit Card <input type="radio"/> Payroll Deduction <input type="radio"/> Money Order		

Last Name <i>Bailey</i>	First <i>Catherine</i>	MI <i>V</i>
Residential Street Address <i>45 Inwood Lane</i>	City <i>Bristol</i>	State Zip Code <i>CT 06010</i>

Principal Occupation <i>Manager</i>	Name of Employer <i>Webster Bank</i>
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Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input checked="" type="radio"/> Yes <input checked="" type="radio"/> No	If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="radio"/> Yes <input checked="" type="radio"/> No	<b>Amount of Contribution</b>
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Is this contribution associated with an event reported in Section L1? <i>If yes, list Event #</i>	Is contributor a principal of a state contractor or prospective state contractor? <i>If yes, indicate which branch or branches of government the contract is with:</i>	<b>Amount of Contribution</b>
<input checked="" type="radio"/> Yes <input checked="" type="radio"/> No	<input type="radio"/> Executive <input checked="" type="radio"/> Legislative	<b>\$ 100</b>

Method of Contribution: <i>1702</i>	Date Received <i>9/14/17</i>	Aggregate Contributions <i>\$ 100</i>
<input type="radio"/> Cash <input checked="" type="radio"/> Personal Check <input type="radio"/> Credit/Debit Card <input type="radio"/> Payroll Deduction <input type="radio"/> Money Order		

Last Name <i>Bernier</i>	First <i>Keith</i>	MI
Residential Street Address <i>54 Farmington Chase Cres.</i>	City <i>Farmington</i>	State Zip Code <i>CT 06032</i>

Principal Occupation <i>V.S</i>	Name of Employer <i>Webster Bank</i>
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Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input checked="" type="radio"/> Yes <input checked="" type="radio"/> No	If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="radio"/> Yes <input checked="" type="radio"/> No	<b>Amount of Contribution</b>
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Is this contribution associated with an event reported in Section L1? <i>If yes, list Event #</i>	Is contributor a principal of a state contractor or prospective state contractor? <i>If yes, indicate which branch or branches of government the contract is with:</i>	<b>Amount of Contribution</b>
<input checked="" type="radio"/> Yes <input checked="" type="radio"/> No	<input type="radio"/> Executive <input checked="" type="radio"/> Legislative	<b>\$ 25</b>

Method of Contribution:	Date Received <i>9/14/2017</i>	Aggregate Contributions <i>\$ 25</i>
<input checked="" type="radio"/> Cash <input type="radio"/> Personal Check <input type="radio"/> Credit/Debit Card <input type="radio"/> Payroll Deduction <input type="radio"/> Money Order		

<b>SUBTOTAL Section B — This Page</b>	<b>\$ 150-</b>
<b>TOTAL of additional Section B Pages</b>	<b>5200</b>
<b>TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B)</b> <i>(Enter total on Line 13, Column A of Summary Page Totals)</i>	<b>\$ 5350</b>

I. MONETARY RECEIPTS (Sections A—K)

22 of 30

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository) <i>Kelley for Council 2017</i>	TYPE OF REPORT <i>Oct 10 filing</i>
A. Total Contributions from Small Contributors-Received this Period ONLY <i>(See instructions for definition of Small Contributor)</i>	\$
<b>B. Itemized Contributions from Individuals</b>	

Last Name <i>Britt</i>		First <i>Daniel</i>		MI	
Residential Street Address <i>87 Treble Rd</i>		City <i>Bristol</i>		State <i>CT</i>	Zip Code <i>06010</i>
Principal Occupation <i>Retired</i>			Name of Employer		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input checked="" type="radio"/> Yes <input checked="" type="radio"/> No		If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="radio"/> Yes <input checked="" type="radio"/> No		Amount of Contribution  <i>\$25</i>	
Is this contribution associated with an event reported in Section L1? <i>If yes, list Event # 9/14/2017</i> <input checked="" type="radio"/> Yes <input type="radio"/> No		Is contributor a principal of a state contractor or prospective state contractor? <i>If yes, indicate which branch or branches of government the contract is with:</i> <input type="radio"/> Executive <input type="radio"/> Legislative <input checked="" type="radio"/> No			
Method of Contribution: <input checked="" type="radio"/> Cash <input type="radio"/> Personal Check <input type="radio"/> Credit/Debit Card <input type="radio"/> Payroll Deduction <input type="radio"/> Money Order		Date Received <i>9/14/17</i>			

Last Name <i>Caruso</i>		First <i>Richard</i>		MI	
Residential Street Address <i>70 Wake Robin Lane</i>		City <i>Harwington</i>		State <i>CT</i>	Zip Code <i>06791</i>
Principal Occupation <i>INS AGENT</i>			Name of Employer <i>Tracy Driscoll + Co Inc</i>		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input checked="" type="radio"/> Yes <input type="radio"/> No		If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="radio"/> Yes <input checked="" type="radio"/> No		Amount of Contribution  <i>\$100</i>	
Is this contribution associated with an event reported in Section L1? <i>If yes, list Event # 9/14/2017</i> <input checked="" type="radio"/> Yes <input type="radio"/> No		Is contributor a principal of a state contractor or prospective state contractor? <i>If yes, indicate which branch or branches of government the contract is with:</i> <input type="radio"/> Executive <input type="radio"/> Legislative <input checked="" type="radio"/> No			
Method of Contribution: <i>6/16</i> <input type="radio"/> Cash <input checked="" type="radio"/> Personal Check <input type="radio"/> Credit/Debit Card <input type="radio"/> Payroll Deduction <input type="radio"/> Money Order		Date Received <i>9/14/17</i>			

Last Name <i>Casey</i>		First <i>Susan</i>		MI	
Residential Street Address <i>97 Peppermint Lane</i>		City <i>Bristol</i>		State <i>CT</i>	Zip Code <i>06010</i>
Principal Occupation <i>Asst. Mgr</i>			Name of Employer <i>Webster Bank</i>		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input checked="" type="radio"/> Yes <input type="radio"/> No		If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="radio"/> Yes <input checked="" type="radio"/> No		Amount of Contribution  <i>\$100</i>	
Is this contribution associated with an event reported in Section L1? <i>If yes, list Event # 9/14/2017</i> <input checked="" type="radio"/> Yes <input type="radio"/> No		Is contributor a principal of a state contractor or prospective state contractor? <i>If yes, indicate which branch or branches of government the contract is with:</i> <input type="radio"/> Executive <input type="radio"/> Legislative <input checked="" type="radio"/> No			
Method of Contribution: <i>2283</i> <input type="radio"/> Cash <input checked="" type="radio"/> Personal Check <input type="radio"/> Credit/Debit Card <input type="radio"/> Payroll Deduction <input type="radio"/> Money Order		Date Received <i>9/14/17</i>			

SUBTOTAL Section B — This Page	<i>\$225</i>
TOTAL of additional Section B Pages	<i>5125</i>
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B) <i>(Enter total on Line 13, Column A of Summary Page Totals)</i>	<i>\$5350</i>

I. MONETARY RECEIPTS (Sections A—K)

238 30

9/14

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)		TYPE OF REPORT	
Kelley for Council 2017		Oct 10 filing	
A. Total Contributions from Small Contributors-Received this Period ONLY (See instructions for definition of Small Contributor)		SUBTOTAL SECTION A	
		\$	
B. Itemized Contributions from Individuals			
Last Name		First	MI
Cleft		Wyland	D
Residential Street Address		City	State Zip Code
1175 S Main St #9		Plantsville	CT 06479
Principal Occupation		Name of Employer	
Attorney		Steg & Cleft LLP	
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	<input checked="" type="radio"/> Yes <input checked="" type="radio"/> No	If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000?	Amount of Contribution
		<input type="radio"/> Yes <input checked="" type="radio"/> No	
Is this contribution associated with an event reported in Section L1?	<input checked="" type="radio"/> Yes <input checked="" type="radio"/> No	If yes, indicate which branch or branches of government the contract is with:	
If yes, list Event #	9/14/2017	<input type="radio"/> Executive <input checked="" type="radio"/> Legislative	\$100
Method of Contribution: 546		Date Received	Aggregate Contributions
<input type="radio"/> Cash <input checked="" type="radio"/> Personal Check <input type="radio"/> Credit/Debit Card <input type="radio"/> Payroll Deduction <input type="radio"/> Money Order		9/14/17	\$150
Last Name		First	MI
Dorval		Andre	
Residential Street Address		City	State Zip Code
80 Lakewood Circle		Bristol	CT 06010
Principal Occupation		Name of Employer	
Probate Judge - Attorney		Regional 19 Probate Ct - Self.	
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	<input checked="" type="radio"/> Yes <input checked="" type="radio"/> No	If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000?	Amount of Contribution
		<input type="radio"/> Yes <input checked="" type="radio"/> No	
Is this contribution associated with an event reported in Section L1?	<input checked="" type="radio"/> Yes <input checked="" type="radio"/> No	If yes, indicate which branch or branches of government the contract is with:	
If yes, list Event #	9/14/2017	<input type="radio"/> Executive <input checked="" type="radio"/> Legislative	\$35
Method of Contribution: 2946		Date Received	Aggregate Contributions
<input type="radio"/> Cash <input checked="" type="radio"/> Personal Check <input type="radio"/> Credit/Debit Card <input type="radio"/> Payroll Deduction <input type="radio"/> Money Order		9/14/2017	\$35
Last Name		First	MI
Furey		Jim	
Residential Street Address		City	State Zip Code
19 Southdown		Bristol	CT 06010
Principal Occupation		Name of Employer	
Attorney		Self	
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	<input checked="" type="radio"/> Yes <input checked="" type="radio"/> No	If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000?	Amount of Contribution
		<input type="radio"/> Yes <input checked="" type="radio"/> No	
Is this contribution associated with an event reported in Section L1?	<input checked="" type="radio"/> Yes <input checked="" type="radio"/> No	If yes, indicate which branch or branches of government the contract is with:	
If yes, list Event #	9/14/2017	<input type="radio"/> Executive <input checked="" type="radio"/> Legislative	\$100
Method of Contribution: 2445		Date Received	Aggregate Contributions
<input type="radio"/> Cash <input checked="" type="radio"/> Personal Check <input type="radio"/> Credit/Debit Card <input type="radio"/> Payroll Deduction <input type="radio"/> Money Order		9/14/17	\$100
SUBTOTAL Section B — This Page		\$ 235	
TOTAL OF additional Section B Pages		515	
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B) (Enter total on Line 13, Column A of Summary Page Totals)		\$ 5350	

**I. MONETARY RECEIPTS (Sections A—K)**

24 of 30  
9/14

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)		TYPE OF REPORT	
Kelley for Council 2017		Oct 10 filing	
<b>A. Total Contributions from Small Contributors-Received this Period ONLY</b> (See instructions for definition of Small Contributor)		SUBTOTAL SECTION A	
		\$	
<b>B. Itemized Contributions from Individuals</b>			
Last Name Harlow		First Richard	MI D
Residential Street Address 31 Peppermint La		City Bristol	State Zip Code CT 06010
Principal Occupation Project Engineer		Name of Employer Pratt + Whitney	
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input checked="" type="radio"/> Yes <input checked="" type="radio"/> No	If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="radio"/> Yes <input checked="" type="radio"/> No		Amount of Contribution
Is this contribution associated with an event reported in Section L1? If yes, list Event # 9/42017	Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="radio"/> Executive <input checked="" type="radio"/> Legislative		\$20
Method of Contribution: 7259 <input type="radio"/> Cash <input checked="" type="radio"/> Personal Check <input type="radio"/> Credit/Debit Card <input type="radio"/> Payroll Deduction <input type="radio"/> Money Order		Date Received 9/14/17	Aggregate Contributions \$40
Last Name Harris		First Jonathan	MI A
Residential Street Address 17 Scarsdale Rd		City W. Hartford	State Zip Code CT 06107
Principal Occupation Attorney		Name of Employer Fern Wilton	
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input checked="" type="radio"/> Yes <input checked="" type="radio"/> No	If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="radio"/> Yes <input checked="" type="radio"/> No		Amount of Contribution
Is this contribution associated with an event reported in Section L1? If yes, list Event # 9/42017	Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="radio"/> Executive <input checked="" type="radio"/> Legislative		\$25
Method of Contribution: 5549 <input type="radio"/> Cash <input checked="" type="radio"/> Personal Check <input type="radio"/> Credit/Debit Card <input type="radio"/> Payroll Deduction <input type="radio"/> Money Order		Date Received 9/14/17	Aggregate Contributions \$25
Last Name Hines		First John	MI
Residential Street Address 25 Jeffrey Rd		City Bristol	State Zip Code CT 06010
Principal Occupation Retired		Name of Employer	
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input checked="" type="radio"/> Yes <input checked="" type="radio"/> No	If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="radio"/> Yes <input checked="" type="radio"/> No		Amount of Contribution
Is this contribution associated with an event reported in Section L1? If yes, list Event # 9/42017	Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="radio"/> Executive <input checked="" type="radio"/> Legislative		\$20
Method of Contribution: <input checked="" type="radio"/> Cash <input type="radio"/> Personal Check <input type="radio"/> Credit/Debit Card <input type="radio"/> Payroll Deduction <input type="radio"/> Money Order		Date Received 9/14/2017	Aggregate Contributions \$20
<b>SUBTOTAL Section B — This Page</b>		\$65	
<b>TOTAL of additional Section B Pages</b>		5285	
<b>TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B)</b> (Enter total on Line 13, Column A of Summary Page Totals)		\$5350	

**I. MONETARY RECEIPTS (Sections A—K)**

25 of 30  
9/14

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)		TYPE OF REPORT	
Kelley for Council 2017		Oct 10 filing	
<b>A. Total Contributions from Small Contributors-Received this Period ONLY</b> (See instructions for definition of Small Contributor)		SUBTOTAL SECTION A	
		\$	
<b>B. Itemized Contributions from Individuals</b>			
Last Name <i>Kavegne</i>		First <i>Thomas</i>	MI
Residential Street Address <i>106 Berkshire Dr</i>		City <i>Bristol</i>	State Zip Code <i>CT 06010</i>
Principal Occupation <i>Retired</i>		Name of Employer	
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input checked="" type="radio"/> Yes <input checked="" type="radio"/> No	If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="radio"/> Yes <input checked="" type="radio"/> No	Amount of Contribution	
Is this contribution associated with an event reported in Section L1? <input checked="" type="radio"/> Yes <input checked="" type="radio"/> No If yes, list Event # <i>9142017</i>	Is contributor a principal of a state contractor or prospective state contractor? <input checked="" type="radio"/> Yes <input checked="" type="radio"/> No If yes, indicate which branch or branches of government the contract is with: <input type="radio"/> Executive <input type="radio"/> Legislative	<i>\$75</i>	
Method of Contribution: <i>2843</i>	Date Received <i>9/14/17</i>		
Last Name <i>Leone</i>		First <i>John</i>	MI <i>J</i>
Residential Street Address <i>60 Maureen Dr</i>		City <i>Bristol</i>	State Zip Code <i>CT 06010</i>
Principal Occupation <i>Retired</i>		Name of Employer	
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input checked="" type="radio"/> Yes <input checked="" type="radio"/> No	If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="radio"/> Yes <input checked="" type="radio"/> No	Amount of Contribution	
Is this contribution associated with an event reported in Section L1? <input checked="" type="radio"/> Yes <input checked="" type="radio"/> No If yes, list Event # <i>9142017</i>	Is contributor a principal of a state contractor or prospective state contractor? <input checked="" type="radio"/> Yes <input checked="" type="radio"/> No If yes, indicate which branch or branches of government the contract is with: <input type="radio"/> Executive <input type="radio"/> Legislative	<i>\$50</i>	
Method of Contribution: <i>10733</i>	Date Received <i>9/14/2017</i>		
Last Name <i>O'Brien</i>		First <i>Thomas</i>	MI
Residential Street Address <i>272 Center St</i>		City <i>Bristol</i>	State Zip Code <i>CT 06010</i>
Principal Occupation <i>Owner</i>		Name of Employer <i>O'Briens Funeral Home</i>	
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input checked="" type="radio"/> Yes <input checked="" type="radio"/> No	If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="radio"/> Yes <input checked="" type="radio"/> No	Amount of Contribution	
Is this contribution associated with an event reported in Section L1? <input checked="" type="radio"/> Yes <input checked="" type="radio"/> No If yes, list Event # <i>9142017</i>	Is contributor a principal of a state contractor or prospective state contractor? <input checked="" type="radio"/> Yes <input checked="" type="radio"/> No If yes, indicate which branch or branches of government the contract is with: <input type="radio"/> Executive <input type="radio"/> Legislative	<i>\$ 100</i>	
Method of Contribution:	Date Received <i>9/14/17</i>		
<b>SUBTOTAL Section B — This Page</b>		<i>\$225-</i>	
<b>TOTAL of additional Section B Pages</b>		<i>5125</i>	
<b>TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B)</b> (Enter total on Line 13, Column A of Summary Page Totals)		<i>\$ 5350</i>	

**I. MONETARY RECEIPTS (Sections A—K)**

26 of 30  
9/14 & 9/16

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)		TYPE OF REPORT	
Kelley for Council 2017		Oct 10 filing	
<b>A. Total Contributions from Small Contributors-Received this Period ONLY</b> (See instructions for definition of Small Contributor)		<b>SUBTOTAL SECTION A</b>	
		\$	
<b>B. Itemized Contributions from Individuals</b>			
Last Name <i>Petosa</i>		First <i>Michael</i>	MI
Residential Street Address <i>30 Walnut St</i>		City <i>Bristol</i>	State Zip Code <i>CT 06010</i>
Principal Occupation <i>Superw - Ed., Safety &amp; Health</i>		Name of Employer <i>St of CT</i>	
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input checked="" type="radio"/> Yes <input checked="" type="radio"/> No	If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="radio"/> Yes <input checked="" type="radio"/> No		Amount of Contribution
Is this contribution associated with an event reported in Section L1? If yes, list Event # <i>9142017</i>	Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="radio"/> Executive <input type="radio"/> Legislative		<i>\$ 50-</i>
Method of Contribution: <i>2123</i>		Date Received <i>9/14/17</i>	Aggregate Contributions <i>\$ 75</i>
<input type="radio"/> Cash <input checked="" type="radio"/> Personal Check <input type="radio"/> Credit/Debit Card <input type="radio"/> Payroll Deduction <input type="radio"/> Money Order			
Last Name <i>Randall</i>		First <i>David</i>	MI
Residential Street Address <i>25 Winterberry Circle</i>		City <i>Bristol</i>	State Zip Code <i>CT 06010</i>
Principal Occupation <i>Self Specialty Prod &amp; Mfg LLC</i>		Name of Employer <i>Self</i>	
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input checked="" type="radio"/> Yes <input checked="" type="radio"/> No	If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="radio"/> Yes <input checked="" type="radio"/> No		Amount of Contribution
Is this contribution associated with an event reported in Section L1? If yes, list Event # <i>9142017</i>	Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="radio"/> Executive <input type="radio"/> Legislative		<i>\$ 200</i>
Method of Contribution: <i>3161</i>		Date Received <i>9/14/2017</i>	Aggregate Contributions <i>\$ 200</i>
<input type="radio"/> Cash <input checked="" type="radio"/> Personal Check <input type="radio"/> Credit/Debit Card <input type="radio"/> Payroll Deduction <input type="radio"/> Money Order			
Last Name <i>Veito</i>		First <i>William</i>	MI <i>8</i>
Residential Street Address <i>31 Natalie Court</i>		City <i>Bristol</i>	State Zip Code <i>CT 06010</i>
Principal Occupation <i>Income Tax Preparer</i>		Name of Employer <i>Self William J Veito, CPA</i>	
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input checked="" type="radio"/> Yes <input checked="" type="radio"/> No	If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="radio"/> Yes <input checked="" type="radio"/> No		Amount of Contribution
Is this contribution associated with an event reported in Section L1? If yes, list Event # <i>9142017</i>	Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="radio"/> Executive <input type="radio"/> Legislative		<i>\$ 50</i>
Method of Contribution: <i>1366</i>		Date Received <i>9/16/2017</i>	Aggregate Contributions <i>\$ 50</i>
<input type="radio"/> Cash <input checked="" type="radio"/> Personal Check <input type="radio"/> Credit/Debit Card <input type="radio"/> Payroll Deduction <input type="radio"/> Money Order			
<b>SUBTOTAL Section B — This Page</b>		<i>\$ 300-</i>	
<b>TOTAL of additional Section B Pages</b>		<i>5050</i>	
<b>TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B)</b> (Enter total on Line 13, Column A of Summary Page Totals)		<i>\$ 5350</i>	

**I. MONETARY RECEIPTS (Sections A—K)**

27830  
9/14 - 9/18

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)				TYPE OF REPORT	
Kelley for Council 2017				Oct 10 filing	
<b>A. Total Contributions from Small Contributors-Received this Period ONLY</b> (See instructions for definition of Small Contributor)				<b>SUBTOTAL SECTION A</b>	
				\$	
<b>B. Itemized Contributions from Individuals</b>					
Last Name		First		MI	
Wilson		Christopher		C	
Residential Street Address		City		State	Zip Code
71 Perkins St		Bristol		CT	06010
Principal Occupation			Name of Employer		
owner			CV Mason Inc		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?		If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000?		Amount of Contribution	
<input checked="" type="radio"/> Yes <input checked="" type="radio"/> No		<input checked="" type="radio"/> Yes <input type="radio"/> No		\$100	
Is this contribution associated with an event reported in Section L1? If yes, list Event #		Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with:			
<input checked="" type="radio"/> Yes <input checked="" type="radio"/> No 9142017		<input checked="" type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Executive <input type="radio"/> Legislative			
Method of Contribution:			Date Received	Aggregate Contributions	
<input type="radio"/> Cash <input type="radio"/> Personal Check <input type="radio"/> Credit/Debit Card <input type="radio"/> Payroll Deduction <input type="radio"/> Money Order			9/14/2017	\$ 100	
Last Name		First		MI	
Zabel		Kathleen		K	
Residential Street Address		City		State	Zip Code
185 W Chippers Hill Rd		Burlington		CT	06013
Principal Occupation			Name of Employer		
Sessional Aide			St of CT		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?		If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000?		Amount of Contribution	
<input checked="" type="radio"/> Yes <input checked="" type="radio"/> No		<input type="radio"/> Yes <input type="radio"/> No		\$25	
Is this contribution associated with an event reported in Section L1? If yes, list Event #		Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with:			
<input checked="" type="radio"/> Yes <input type="radio"/> No 9252017		<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Executive <input type="radio"/> Legislative			
Method of Contribution:			Date Received	Aggregate Contributions	
<input type="radio"/> Cash <input checked="" type="radio"/> Personal Check <input type="radio"/> Credit/Debit Card <input type="radio"/> Payroll Deduction <input type="radio"/> Money Order			9/14/17	\$ 25	
Last Name		First		MI	
Vonella		Philip		S	
Residential Street Address		City		State	Zip Code
266 Matthews St		Bristol		CT	06010
Principal Occupation			Name of Employer		
Builder			- See Vonella Builders LLC		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?		If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000?		Amount of Contribution	
<input checked="" type="radio"/> Yes <input checked="" type="radio"/> No		<input type="radio"/> Yes <input type="radio"/> No		\$50	
Is this contribution associated with an event reported in Section L1? If yes, list Event #		Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with:			
<input checked="" type="radio"/> Yes <input type="radio"/> No 9142017		<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Executive <input type="radio"/> Legislative			
Method of Contribution:			Date Received	Aggregate Contributions	
<input type="radio"/> Cash <input checked="" type="radio"/> Personal Check <input type="radio"/> Credit/Debit Card <input type="radio"/> Payroll Deduction <input type="radio"/> Money Order			9/18/2017	\$ 50	
<b>SUBTOTAL Section B — This Page</b>				\$175-	
<b>TOTAL of additional Section B Pages</b>				5175	
<b>TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B)</b> (Enter total on Line 13, Column A of Summary Page Totals)				\$ 5350	

**I. MONETARY RECEIPTS (Sections A—K)**

28 of 30  
9/18-9/21

<b>NAME OF COMMITTEE</b> <i>(Provide Complete Name as Registered with Filing Repository)</i> <i>Kelley for Council 2017</i>	<b>TYPE OF REPORT</b> <i>Oct 10 filing</i>
<b>A. Total Contributions from Small Contributors-Received this Period ONLY</b> <i>(See instructions for definition of Small Contributor)</i>	\$
<b>SUBTOTAL SECTION A</b>	

**B. Itemized Contributions from Individuals**

Last Name <i>Wynne</i>		First <i>Robert</i>	MI <i>K</i>
Residential Street Address <i>17 Tanglewood Rd</i>		City <i>Farmington</i>	State <i>CT</i> Zip Code <i>06032</i>
Principal Occupation <i>Lawyer</i>		Name of Employer <i>Self</i>	
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input checked="" type="radio"/> Yes <input checked="" type="radio"/> No	If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="radio"/> Yes <input checked="" type="radio"/> No		<b>Amount of Contribution</b>  <i>\$ 75</i>
Is this contribution associated with an event reported in Section L1? <i>If yes, list Event # <u>9142017</u></i> <input checked="" type="radio"/> Yes <input checked="" type="radio"/> No	Is contributor a principal of a state contractor or prospective state contractor? <i>If yes, indicate which branch or branches of government the contract is with:</i> <input type="radio"/> Executive <input checked="" type="radio"/> Legislative		
Method of Contribution: <i>3066</i> <input type="radio"/> Cash <input checked="" type="radio"/> Personal Check <input type="radio"/> Credit/Debit Card <input type="radio"/> Payroll Deduction <input type="radio"/> Money Order		Date Received <i>9/18/2017</i> Aggregate Contributions <i>\$ 75</i>	

Last Name <i>Boi</i>		First <i>John</i>	MI <i>J</i>
Residential Street Address <i>70 Wintergreen Rd</i>		City <i>Bristol</i>	State <i>CT</i> Zip Code <i>06010</i>
Principal Occupation <i>Retired</i>		Name of Employer	
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input checked="" type="radio"/> Yes <input checked="" type="radio"/> No	If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="radio"/> Yes <input checked="" type="radio"/> No		<b>Amount of Contribution</b>  <i>\$ 50</i>
Is this contribution associated with an event reported in Section L1? <i>If yes, list Event # _____</i> <input checked="" type="radio"/> Yes <input checked="" type="radio"/> No	Is contributor a principal of a state contractor or prospective state contractor? <i>If yes, indicate which branch or branches of government the contract is with:</i> <input type="radio"/> Executive <input checked="" type="radio"/> Legislative		
Method of Contribution: <input checked="" type="radio"/> Cash <input type="radio"/> Personal Check <input type="radio"/> Credit/Debit Card <input type="radio"/> Payroll Deduction <input type="radio"/> Money Order		Date Received <i>9/21/2017</i> Aggregate Contributions <i>\$ 50</i>	

Last Name <i>Walfe</i>		First <i>William</i>	MI <i>M</i>
Residential Street Address <i>82 Treble Rd</i>		City <i>Bristol</i>	State <i>CT</i> Zip Code <i>06010</i>
Principal Occupation <i>Fleet Manager</i>		Name of Employer <i>City of Bristol</i>	
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input checked="" type="radio"/> Yes <input checked="" type="radio"/> No	If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="radio"/> Yes <input checked="" type="radio"/> No		<b>Amount of Contribution</b>  <i>\$ 100</i>
Is this contribution associated with an event reported in Section L1? <i>If yes, list Event # _____</i> <input checked="" type="radio"/> Yes <input checked="" type="radio"/> No	Is contributor a principal of a state contractor or prospective state contractor? <i>If yes, indicate which branch or branches of government the contract is with:</i> <input type="radio"/> Executive <input checked="" type="radio"/> Legislative		
Method of Contribution: <input checked="" type="radio"/> Cash <input type="radio"/> Personal Check <input type="radio"/> Credit/Debit Card <input type="radio"/> Payroll Deduction <input type="radio"/> Money Order		Date Received <i>9/21/2017</i> Aggregate Contributions <i>\$ 100</i>	

<b>SUBTOTAL Section B — This Page</b>	<i>\$ 225-</i>
<b>TOTAL of additional Section B Pages</b>	<i>5125</i>
<b>TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B)</b> <i>(Enter total on Line 13, Column A of Summary Page Totals)</i>	<i>\$ 5350</i>

I. MONETARY RECEIPTS (Sections A—K)

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)		TYPE OF REPORT	
Kelley for Council 2017		Oct 10 filing	
<b>A. Total Contributions from Small Contributors-Received this Period ONLY</b> (See instructions for definition of Small Contributor)		<b>SUBTOTAL SECTION A</b>	
		\$	
<b>B. Itemized Contributions from Individuals</b>			
Last Name Wilson		First Timothy	MI C
Residential Street Address 96 Berkshire Dr		City Bristol	State CT Zip Code 06010
Principal Occupation Insurance Agent		Name of Employer CV Masox & Co	
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input checked="" type="radio"/> Yes <input checked="" type="radio"/> No	If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="radio"/> Yes <input checked="" type="radio"/> No		Amount of Contribution
Is this contribution associated with an event reported in Section L1? If yes, list Event #	<input checked="" type="radio"/> Yes <input checked="" type="radio"/> No	Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="radio"/> Executive <input checked="" type="radio"/> Legislative	\$100
Method of Contribution: <input checked="" type="radio"/> Cash <input type="radio"/> Personal Check <input type="radio"/> Credit/Debit Card <input type="radio"/> Payroll Deduction <input type="radio"/> Money Order		Date Received 9/22/2017	Aggregate Contributions \$100
Last Name Parker		First John	MI C
Residential Street Address 9 Carmela Rd		City Bristol	State CT Zip Code 06010
Principal Occupation Car Dealer		Name of Employer D & D Auto Works	
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input checked="" type="radio"/> Yes <input checked="" type="radio"/> No	If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="radio"/> Yes <input checked="" type="radio"/> No		Amount of Contribution
Is this contribution associated with an event reported in Section L1? If yes, list Event #	<input checked="" type="radio"/> Yes <input checked="" type="radio"/> No	Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="radio"/> Executive <input checked="" type="radio"/> Legislative	\$100
Method of Contribution: <input type="radio"/> Cash <input checked="" type="radio"/> Personal Check <input type="radio"/> Credit/Debit Card <input type="radio"/> Payroll Deduction <input type="radio"/> Money Order		Date Received 9/14/2017	Aggregate Contributions \$100
Last Name Gorski		First Susan	MI M
Residential Street Address 125 South St Ext		City Bristol	State CT Zip Code 06010
Principal Occupation Supervisor - Motorcoach Tours		Name of Employer Getaway Tours	
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input checked="" type="radio"/> Yes <input checked="" type="radio"/> No	If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="radio"/> Yes <input checked="" type="radio"/> No		Amount of Contribution
Is this contribution associated with an event reported in Section L1? If yes, list Event #	<input checked="" type="radio"/> Yes <input checked="" type="radio"/> No	Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="radio"/> Executive <input checked="" type="radio"/> Legislative	\$25
Method of Contribution: <input type="radio"/> Cash <input checked="" type="radio"/> Personal Check <input type="radio"/> Credit/Debit Card <input type="radio"/> Payroll Deduction <input type="radio"/> Money Order		Date Received 9/27/17	Aggregate Contributions \$25
<b>SUBTOTAL Section B — This Page</b>		\$225 -	
<b>TOTAL of additional Section B Pages</b>		\$525	
<b>TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B)</b> (Enter total on Line 13, Column A of Summary Page Totals)		\$5350	

# I. MONETARY RECEIPTS (Sections A—K)

NAME OF COMMITTEE <i>(Provide Complete Name as Registered with Filing Repository)</i>					TYPE OF REPORT	
KELLEY FOR COUNCIL 2017					OCT 10 FILING	
<b>C1. Contributions from Other Committees</b>						
Name of Committee				Name of Treasurer		
EASTERN CT AREA LABOR FEDERATION, AFL-CIO				STEPHEN R. FERRUCCI, III		
Address			Is this contribution associated with an event reported in Section L1?		Amount of Contribution	
22 ORANGE ST			<input type="radio"/> Yes <input checked="" type="radio"/> No <i>If yes, list Event # _____</i>			
City		State	Zip Code	Date Received	Aggregate Contributions	
HARTFORD		CT	06106	9/13/2017	150.00	
Name of Committee				Name of Treasurer		
Address			Is this contribution associated with an event reported in Section L1?		Amount of Contribution	
			<input type="radio"/> Yes <input checked="" type="radio"/> No <i>If yes, list Event # _____</i>			
City		State	Zip Code	Date Received	Aggregate Contributions	
Name of Committee				Name of Treasurer		
Address			Is this contribution associated with an event reported in Section L1?		Amount of Contribution	
			<input type="radio"/> Yes <input checked="" type="radio"/> No <i>If yes, list Event # _____</i>			
City		State	Zip Code	Date Received	Aggregate Contributions	
<b>C2. Reimbursements or Surplus Distributions from other Committees</b>						
Name of Committee				Name of Treasurer		
Address			City		State	Zip Code
Date Received	Expenditure # <i>(if applicable)</i>	Payment Type			Amount of Receipt	
		<input checked="" type="radio"/> Reimbursement for shared expense <input type="radio"/> Surplus Distribution				
Description						
Name of Committee				Name of Treasurer		
Address			City		State	Zip Code
Date Received	Expenditure # <i>(if applicable)</i>	Payment Type			Amount of Receipt	
		<input type="radio"/> Reimbursement for shared expense <input checked="" type="radio"/> Surplus Distribution				
Description						
<b>SUBTOTAL Section C — This Page</b>					150.00	
<b>TOTAL of additional Section C Pages</b>					0	
<b>TOTAL OF ALL COMMITTEE CONTRIBUTIONS AND RECEIPTS</b> <i>(Sections C1 + C2) (Enter total on Line 14, Column A of Summary Page Totals)</i>					150.00	

# I. MONETARY RECEIPTS (Sections A—K)

NAME OF COMMITTEE <i>(Provide Complete Name as Registered with Filing Repository)</i>					TYPE OF REPORT	
KELLEY FOR COUNCIL 2017					OCT 10 FILING	
<b>D. Loans Received this Period</b>						
Name of Lender			Source of Loan: <input type="radio"/> Bank <input type="radio"/> Candidate <input type="radio"/> Individual <input type="radio"/> Other Committee		Date of Receipt	
Street Address		City	State	Zip Code	Is there a Cosigner or Guarantor of this loan? <input type="radio"/> Yes <input type="radio"/> No	
Name of Cosigner/Guarantor <i>(if applicable)</i>					<b>Amount Received</b>	
Street Address		City	State	Zip Code		
Name of Lender			Source of Loan: <input type="radio"/> Bank <input type="radio"/> Candidate <input type="radio"/> Individual <input type="radio"/> Other Committee		Date of Receipt	
Street Address		City	State	Zip Code	Is there a Cosigner or Guarantor of this loan? <input type="radio"/> Yes <input type="radio"/> No	
Name of Cosigner/Guarantor <i>(if applicable)</i>					<b>Amount Received</b>	
Street Address		City	State	Zip Code		
Name of Lender			Source of Loan: <input type="radio"/> Bank <input type="radio"/> Candidate <input type="radio"/> Individual <input type="radio"/> Other Committee		Date of Receipt	
Street Address		City	State	Zip Code	Is there a Cosigner or Guarantor of this loan? <input type="radio"/> Yes <input type="radio"/> No	
Name of Cosigner/Guarantor <i>(if applicable)</i>					<b>Amount Received</b>	
Street Address		City	State	Zip Code		
<b>TOTAL SECTION D</b>					0	
<b>E. Receipts from Entities other than Individuals or Other Committees (Referendum Committees ONLY)</b>						
Name of Entity						
Street Address			Date Received		<b>Amount Received</b>	
City	State	Zip Code	Aggregate Contributions			
Name of Entity						
Street Address			Date Received		<b>Amount Received</b>	
City	State	Zip Code	Aggregate Contributions			
Name of Entity						
Street Address			Date Received		<b>Amount Received</b>	
City	State	Zip Code	Aggregate Contributions			
<b>TOTAL SECTION E</b>					0	

## I. MONETARY RECEIPTS (Sections A—K)

NAME OF COMMITTEE <i>(Provide Complete Name as Registered with Filing Repository)</i>	TYPE OF REPORT
KELLEY FOR COUNCIL 2017	OCT 10 FILING

### F. Amount Transferred from Affiliated Business Treasury *(Business Entity Committees ONLY)*

Date of Receipt	Is this transaction associated with an event reported in Section L1?	Yes <input type="radio"/>	No <input checked="" type="radio"/>	If yes, list Event #	Amount
<b>TOTAL SECTION F</b>					0

### G. Amount Transferred from Affiliated Labor Union or Other Organization Treasury *(Organization Committees ONLY)*

Date of Receipt	Date of Receipt	Date of Receipt
Amount	Amount	Amount
<b>TOTAL SECTION G</b>		0

### H. Personal Funds of the Candidate Received this Period *(Candidate Committees ONLY)*

Date of Receipt	Method of payment:	Cash <input type="radio"/>	Personal Check <input type="radio"/>	Credit/Debit Card <input type="radio"/>	Amount
<b>TOTAL SECTION H</b>					0

### I. Anonymous Contributions

Per Public Act 11-48, Anonymous Contributions may no longer be deposited in *any* amount. If a committee receives an anonymous contribution, the campaign treasurer shall immediately remit the contribution to the State Elections Enforcement Commission for deposit in the General Fund.

# I. MONETARY RECEIPTS (Sections A—K)

NAME OF COMMITTEE <i>(Provide Complete Name as Registered with Filing Repository)</i>	TYPE OF REPORT
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KELLEY FOR COUNCIL 2017	OCT 10 FILING
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## J. Interest from Deposits in Authorized Accounts

Name of Institution	Date Received	Amount
Street Address	City	State
		Zip Code
Name of Institution	Date Received	Amount
Street Address	City	State
		Zip Code

**TOTAL SECTION J**      0

## K. Miscellaneous Monetary Receipts not Considered Contributions

Name	Date of Transaction	Amount Received
Street Address	City	State
		Zip Code
Description		
Name <td>Date of Transaction</td> <td>Amount Received</td>	Date of Transaction	Amount Received
Street Address	City	State
		Zip Code
Description		
Name <td>Date of Transaction</td> <td>Amount Received</td>	Date of Transaction	Amount Received
Street Address	City	State
		Zip Code
Description		
Name <td>Date of Transaction</td> <td>Amount Received</td>	Date of Transaction	Amount Received
Street Address	City	State
		Zip Code
Description		

**TOTAL SECTION K**      0

## SUMMARY OF OTHER MONETARY RECEIPTS (Sections D through K)

Total Loans Received this Period (Section D)	0	
Total Receipts from Entities other than Individuals or Other Committees (Section E)	+	0
Total Amount Transferred from Affiliated Business Treasury (Section F)	+	0
Total Amount Transferred from Affiliated Labor Union or Other Organization Treasury (Section G)	+	0
Total Amount of Personal Funds of the Candidate Received this Period (Section H)	+	0
Total Amount of Interest from Deposits in Authorized Accounts (Section J)	+	0
Total Miscellaneous Monetary Receipts not Considered Contributions (Section K)	+	0
<b>Total of Other Monetary Receipts</b>		0
<i>(Add Sections D through K) (Enter total on Line 15, Column A of Summary Page Totals)</i>		

## II. EVENT ACTIVITY (Sections L1—L5)

NAME OF COMMITTEE <i>(Provide Complete Name as Registered with Filing Repository)</i>			TYPE OF REPORT		
KELLEY FOR COUNCIL 2017			OCT 10 FILING		
<b>L1. Event Information</b>					
<b>Event #</b>	<b>Date of Event</b>	<b>Letter</b>	<b>Description</b>	<b>Was this a fundraising event?</b>	
07282017			COCKTAIL PARTY FUNDRAISER	<input checked="" type="radio"/> Yes <input type="radio"/> No	
Location: Street Address			City	State	Zip Code
224 NORTH MAIN ST			BRISTOL	CT	06010
<b>Subpart 1: (All Committees)</b>					
Was this event hosted at a personal residence?				<input type="radio"/> Yes <i>(If yes, go to Section L5 In-Kind Donations not Considered Contributions Associated with a House Party and complete required information for any purchases made by host(s) for food, beverage and invitations.)</i>	
				<input checked="" type="radio"/> No	
Did this fundraiser include goods or services donated by a business entity of up to \$200 or items donated by an individual of up to \$100?				<input checked="" type="radio"/> Yes <i>(If yes, go to Section L4 In-Kind Donations not Considered Contributions and complete required information.)</i>	
				<input type="radio"/> No	
Was this fundraiser a tag sale, auction, or other sale of donated items with purchases from an individual of up to \$100?				<input type="radio"/> Yes <i>(If yes, enter Total Receipts here.)</i>	
				<input checked="" type="radio"/> No → \$ <input style="width: 50px;" type="text"/>	
<b>Subpart 2: (Party Committees, Municipal Candidates and Political Committees other than Exploratory Committees)</b>					
Were there purchases of advertising space in a program book or on a sign associated with this fundraiser?				<input type="radio"/> Yes <i>(If yes, go to Section L3 Purchases of Advertising Space in a Program Book or on a Sign and complete required information.)</i>	
				<input checked="" type="radio"/> No	
<b>Subpart 3: (Town Committees ONLY)</b>					
Did your committee sell food or beverage at a fair or similar mass gathering held within the state with this fundraiser?				<input type="radio"/> Yes <i>(If yes, enter Total Receipts here.)</i>	
				<input checked="" type="radio"/> No → \$ <input style="width: 50px;" type="text"/>	
<b>Event #</b>					
<b>Date of Event</b>	<b>Letter</b>	<b>Description</b>			<b>Was this a fundraising event?</b>
9142017		COCKTAIL PARTY FUNDRAISER			<input checked="" type="radio"/> Yes <input type="radio"/> No
Location: Street Address			City	State	Zip Code
139 EAST CHIPPENS HILL RD			BURLINGTON	CT	
<b>Subpart 1: (All Committees)</b>					
Was this event hosted at a personal residence?				<input checked="" type="radio"/> Yes <i>(If yes, go to Section L5 In-Kind Donations not Considered Contributions Associated with a House Party and complete required information for any purchases made by host(s) for food, beverage and invitations.)</i>	
				<input type="radio"/> No	
Did this fundraiser include goods or services donated by a business entity of up to \$200 or items donated by an individual of up to \$100?				<input type="radio"/> Yes <i>(If yes, go to Section L4 In-Kind Donations not Considered Contributions and complete required information.)</i>	
				<input checked="" type="radio"/> No	
Was this fundraiser a tag sale, auction, or other sale of donated items with purchases from an individual of up to \$100?				<input type="radio"/> Yes <i>(If yes, enter Total Receipts here.)</i>	
				<input checked="" type="radio"/> No → \$ <input style="width: 50px;" type="text"/>	
<b>Subpart 2: (Party Committees, Municipal Candidates and Political Committees other than Exploratory Committees)</b>					
Were there purchases of advertising space in a program book or on a sign associated with this fundraiser?				<input type="radio"/> Yes <i>(If yes, go to Section L3 Purchases of Advertising Space in a Program Book or on a Sign and complete required information.)</i>	
				<input checked="" type="radio"/> No	
<b>Subpart 3: (Town Committees ONLY)</b>					
Did your committee sell food or beverage at a fair or similar mass gathering held within the state with this fundraiser?				<input type="radio"/> Yes <i>(If yes, enter Total Receipts here.)</i>	
				<input checked="" type="radio"/> No → \$ <input style="width: 50px;" type="text"/>	
<b>SUBTOTAL Section L1—Subpart 1 (All Committees) Total Receipts from Sale of Donated Items — This Page</b>					
0					
<b>SUBTOTAL Section L1—Subpart 3 (Town Committees ONLY) Total Receipts from Food Purchases — This Page</b>					
0					
<b>TOTAL of additional Section L1 Pages</b>					
0					
<b>TOTAL OF ALL RECEIPTS FROM SMALL PURCHASES</b>					
0					
<i>(Enter total on Line 16a, Column A of Summary Page Totals)</i>					

## II. EVENT ACTIVITY (Sections L1—L5)

Per Public Act 11-48, effective January 1, 2012 committees are no longer required to itemize small individual purchases from a committee tag sale, auction, or a sale of donated items. *Section L2. removed*

NAME OF COMMITTEE <i>(Provide Complete Name as Registered with Filing Repository)</i>	TYPE OF REPORT
KELLEY FOR COUNCIL 2017	OCT 10 FILING

### L3. Purchases of Advertising in a Program Book or on a Sign

Name of Purchaser				Purchase Made By:	
				<input type="radio"/> Business Entity <input type="radio"/> Other <input type="radio"/> Individual/Sole Proprietorship	
Street Address		City		State	Zip Code
Date Received	Event #	Aggregate Purchases for All Events	Amount of Program Ad Purchase	Amount of Sign Purchase	
Name of Purchaser				Purchase Made By:	
				<input type="radio"/> Business Entity <input type="radio"/> Other <input type="radio"/> Individual/Sole Proprietorship	
Street Address		City		State	Zip Code
Date Received	Event #	Aggregate Purchases for All Events	Amount of Program Ad Purchase	Amount of Sign Purchase	
Name of Purchaser				Purchase Made By:	
				<input type="radio"/> Business Entity <input type="radio"/> Other <input type="radio"/> Individual/Sole Proprietorship	
Street Address		City		State	Zip Code
Date Received	Event #	Aggregate Purchases for All Events	Amount of Program Ad Purchase	Amount of Sign Purchase	
Name of Purchaser				Purchase Made By:	
				<input type="radio"/> Business Entity <input type="radio"/> Other <input type="radio"/> Individual/Sole Proprietorship	
Street Address		City		State	Zip Code
Date Received	Event #	Aggregate Purchases for All Events	Amount of Program Ad Purchase	Amount of Sign Purchase	
Name of Purchaser				Purchase Made By:	
				<input type="radio"/> Business Entity <input type="radio"/> Other <input type="radio"/> Individual/Sole Proprietorship	
Street Address		City		State	Zip Code
Date Received	Event #	Aggregate Purchases for All Events	Amount of Program Ad Purchase	Amount of Sign Purchase	

<b>SUBTOTAL Section L3 Total Purchases of Advertising in Program Book — This Page</b>	0
<b>SUBTOTAL Section L3 Total Purchases of Advertising on a Sign — This Page</b>	0
<b>TOTAL of additional Section L3 Pages</b>	0
<b>TOTAL OF ALL PURCHASES OF ADVERTISING IN A PROGRAM BOOK or ON A SIGN</b> <i>(Enter total on Line 16c, Column A of Summary Page Totals)</i>	0

## II. EVENT ACTIVITY (Sections L1—L5)

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository) <b>KELLEY FOR COUNCIL 2017</b>	TYPE OF REPORT <b>OCT 10 FILING</b>
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**L4. In-Kind Donations Not Considered Contributions**

Name of Donor <b>SUPERNATURAL MARKE &amp; DELI</b>				
Street Address <b>224 NORTH MAIN ST</b>		City <b>BRISTOL</b>	State <b>CT</b>	Zip Code <b>06010</b>
Donation Given By: <input checked="" type="radio"/> Business Entity <input type="radio"/> Individual <input type="radio"/> Sole Proprietorship	Description of Donation <b>HORS D'OEUVRES</b>		<b>Fair Market Value of Donation</b> <b>200.00</b>	
	Date Received <b>7/28/2017</b>	Event # <b>07282017</b>	Aggregate Value for this Event <b>200.00</b>	

Name of Donor				
Street Address		City	State	Zip Code

Donation Given By: <input type="radio"/> Business Entity <input type="radio"/> Individual <input type="radio"/> Sole Proprietorship	Description of Donation		<b>Fair Market Value of Donation</b>	
	Date Received	Event #	Aggregate Value for this Event	

Name of Donor				
Street Address		City	State	Zip Code

Donation Given By: <input type="radio"/> Business Entity <input type="radio"/> Individual <input type="radio"/> Sole Proprietorship	Description of Donation		<b>Fair Market Value of Donation</b>	
	Date Received	Event #	Aggregate Value for this Event	

Name of Donor				
Street Address		City	State	Zip Code

Donation Given By: <input type="radio"/> Business Entity <input type="radio"/> Individual <input type="radio"/> Sole Proprietorship	Description of Donation		<b>Fair Market Value of Donation</b>	
	Date Received	Event #	Aggregate value for this Event	

<b>SUBTOTAL Section L4 — This Page</b>	<b>200.00</b>
<b>TOTAL of additional Section L4 Pages</b>	<b>0</b>
<b>TOTAL OF ALL IN-KIND DONATIONS NOT CONSIDERED CONTRIBUTIONS</b> <i>(Enter total on Line 21, Column A of Summary Page Totals)</i>	<b>200.00</b>



### III. NONMONETARY RECEIPTS (Sections M—O)

NAME OF COMMITTEE <i>(Provide Complete Name as Registered with Filing Repository)</i>	TYPE OF REPORT
KELLEY FOR COUNCIL 2017	OCT 10 FILING

#### M. In-Kind Contributions

Name			
Street Address		City	State    Zip Code
Type of contributor: <input type="radio"/> Committee <input checked="" type="radio"/> Individual / Sole Proprietorship <input type="radio"/> Other	Date Received	Aggregate Contributions	Description of In-Kind Contribution
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="radio"/> Yes <input checked="" type="radio"/> No	If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="radio"/> Yes <input checked="" type="radio"/> No		<b>Fair Market Value of this Contribution</b>
Is this contribution associated with an event reported in Section L1? <input type="radio"/> Yes <input checked="" type="radio"/> No <i>If yes, list Event # _____</i>	Is contributor a principal of a state contractor or prospective state contractor? <input type="radio"/> Yes <input checked="" type="radio"/> No <i>If yes, indicate which branch or branches of government the contract is with: <input type="radio"/> Executive <input type="radio"/> Legislative</i>		
Name			
Street Address		City	State    Zip Code
Type of contributor: <input type="radio"/> Committee <input checked="" type="radio"/> Individual / Sole Proprietorship <input type="radio"/> Other	Date Received	Aggregate Contributions	Description of In-Kind Contribution
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="radio"/> Yes <input checked="" type="radio"/> No	If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="radio"/> Yes <input checked="" type="radio"/> No		<b>Fair Market Value of this Contribution</b>
Is this contribution associated with an event reported in Section L1? <input type="radio"/> Yes <input checked="" type="radio"/> No <i>If yes, list Event # _____</i>	Is contributor a principal of a state contractor or prospective state contractor? <input type="radio"/> Yes <input checked="" type="radio"/> No <i>If yes, indicate which branch or branches of government the contract is with: <input type="radio"/> Executive <input type="radio"/> Legislative</i>		
Name			
Street Address		City	State    Zip Code
Type of contributor: <input type="radio"/> Committee <input checked="" type="radio"/> Individual / Sole Proprietorship <input type="radio"/> Other	Date Received	Aggregate Contributions	Description of In-Kind Contribution
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="radio"/> Yes <input checked="" type="radio"/> No	If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="radio"/> Yes <input checked="" type="radio"/> No		<b>Fair Market Value of this Contribution</b>
Is this contribution associated with an event reported listed in Section L1? <input type="radio"/> Yes <input checked="" type="radio"/> No <i>If yes, list Event # _____</i>	Is contributor a principal of a state contractor or prospective state contractor? <input type="radio"/> Yes <input checked="" type="radio"/> No <i>If yes, indicate which branch or branches of government the contract is with: <input type="radio"/> Executive <input type="radio"/> Legislative</i>		

<b>SUBTOTAL Section M— This Page</b>	0
<b>TOTAL of additional Section M Pages</b>	0
<b>TOTAL OF ALL IN-KIND CONTRIBUTIONS</b> <i>(Enter total on Line 23, Column A of Summary Page Totals)</i>	0

#### N. Refundable Deposit to Telephone Company

Last Name of Individual		First	MI	Date Deposit Made
Residential Street Address		City	State    Zip Code	<b>Amount of Deposit</b>
Name of Telephone Company				
Street Address		City	State    Zip Code	
<b>TOTAL SECTION N</b> <i>(Enter total on Line 24, Column A of Summary Page Totals)</i>				0

IV. EXPENDITURES (Sections P—T)

1033

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)		TYPE OF REPORT	
Kelley for Council 2017		Oct 10 filing	
<b>P. Expenses Paid by Committee</b>			
Name of Payee		Date of Payment	Method of Payment:
Greg Boulanger		8/01/2017	<input checked="" type="radio"/> Check # 0091 <input type="radio"/> Debit Card <input type="radio"/> EFT
Street Address		City	State Zip Code
16 Rutmeg		Bristol	CT 06010
Purpose of Expenditure (by code)	Description	Event #	Amount
RCW	Reimbursed for cups & beverages	07282017	
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked)		\$170.22
	<input checked="" type="radio"/> None of the below <input type="radio"/> Coordinated with reimbursement sought (joint expenditure) <input type="radio"/> Coordinated without reimbursement sought (in-kind contribution) <input type="radio"/> Independent <input type="radio"/> Organization <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D		
Name of Payee		Date of Payment	Method of Payment:
Sawicki & Sox		8/25/2017	<input checked="" type="radio"/> Check # 0092 <input type="radio"/> Debit Card <input type="radio"/> EFT
Street Address		City	State Zip Code
1521 W. Lafayette		Detroit	Mi 48216
Purpose of Expenditure (by code)	Description	Event #	Amount
A-SIGN	Sign order		
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked)		\$597.75
	<input checked="" type="radio"/> None of the below <input type="radio"/> Coordinated with reimbursement sought (joint expenditure) <input type="radio"/> Coordinated without reimbursement sought (in-kind contribution) <input type="radio"/> Independent <input type="radio"/> Organization <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D		
Name of Payee		Date of Payment	Method of Payment:
Imageink		8/31/2017	<input checked="" type="radio"/> Check # 0093 <input type="radio"/> Debit Card <input type="radio"/> EFT
Street Address		City	State Zip Code
102 Pane Rd		Newington	CT 06111
Purpose of Expenditure (by code)	Description	Event #	Amount
PRNT	Palm Cards		
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked)		225.99
	<input checked="" type="radio"/> None of the below <input type="radio"/> Coordinated with reimbursement sought (joint expenditure) <input type="radio"/> Coordinated without reimbursement sought (in-kind contribution) <input type="radio"/> Independent <input type="radio"/> Organization <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D		
Name of Payee		Date of Payment	Method of Payment:
Hubbard's Flowers & Gift's		9/11/2017	<input checked="" type="radio"/> Check # 0094 <input type="radio"/> Debit Card <input type="radio"/> EFT
Street Address		City	State Zip Code
133 North St		Bristol	CT 06010
Purpose of Expenditure (by code)	Description	Event #	Amount
GIFT	Flowers for Sara Asadow		
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked)		72.32
	<input checked="" type="radio"/> None of the below <input type="radio"/> Coordinated with reimbursement sought (joint expenditure) <input type="radio"/> Coordinated without reimbursement sought (in-kind contribution) <input type="radio"/> Independent <input type="radio"/> Organization <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D		
SUBTOTAL Section P — This Page		\$ 1066.28	
TOTAL of additional Section P Pages		1026.14	
<b>TOTAL OF ALL EXPENSES PAID BY COMMITTEE</b> (Enter total on Line 19, Column A of Summary Page Totals)		\$ 2092.42	

**IV. EXPENDITURES (Sections P—T)**

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)			TYPE OF REPORT		
Kelley for Council 2017			Oct 10 filing		
<b>P. Expenses Paid by Committee</b>					
Name of Payee		Date of Payment		Method of Payment:	
Sawicki & Sox		9/26/2017		<input checked="" type="radio"/> Check # 0099 <input type="radio"/> Debit Card <input type="radio"/> EFT	
Street Address		City		State	Zip Code
1521 Lafayette		Detroit		MI	48216
Purpose of Expenditure (by code)	Description	Event #	<b>Amount</b>		
A-SIGN	Sign (Re-order)				
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked)				<b>\$339.50</b>
	<input checked="" type="radio"/> None of the below <input type="radio"/> Coordinated with reimbursement sought (joint expenditure) <input type="radio"/> Independent <input type="radio"/> Coordinated without reimbursement sought (in-kind contribution) <input type="radio"/> Organization <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D				
Name of Payee		Date of Payment		Method of Payment:	
Peter Kelley		9/24/2017		<input checked="" type="radio"/> Check # 0100 <input type="radio"/> Debit Card <input type="radio"/> EFT	
Street Address		City		State	Zip Code
44 Southdown Dr		Bristol		CT	06010
Purpose of Expenditure (by code)	Description	Event #	<b>Amount</b>		
RCW	Parade 9/24 Reimburse - candy for kids - Mum Festival				
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked)				<b>53.12</b>
	<input checked="" type="radio"/> None of the below <input type="radio"/> Coordinated with reimbursement sought (joint expenditure) <input type="radio"/> Independent <input type="radio"/> Coordinated without reimbursement sought (in-kind contribution) <input type="radio"/> Organization <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D				
Name of Payee		Date of Payment		Method of Payment:	
				<input type="radio"/> Check # _____ <input type="radio"/> Debit Card <input type="radio"/> EFT	
Street Address		City		State	Zip Code
Purpose of Expenditure (by code)	Description	Event #	<b>Amount</b>		
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked)				<b>Amount</b>
	<input type="radio"/> None of the below <input type="radio"/> Coordinated with reimbursement sought (joint expenditure) <input type="radio"/> Independent <input type="radio"/> Coordinated without reimbursement sought (in-kind contribution) <input type="radio"/> Organization <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D				
Name of Payee		Date of Payment		Method of Payment:	
				<input type="radio"/> Check # _____ <input type="radio"/> Debit Card <input type="radio"/> EFT	
Street Address		City		State	Zip Code
Purpose of Expenditure (by code)	Description	Event #	<b>Amount</b>		
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked)				<b>Amount</b>
	<input type="radio"/> None of the below <input type="radio"/> Coordinated with reimbursement sought (joint expenditure) <input type="radio"/> Independent <input type="radio"/> Coordinated without reimbursement sought (in-kind contribution) <input type="radio"/> Organization <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D				
<b>SUBTOTAL Section P — This Page</b>			<b>\$ 392.62</b>		
<b>TOTAL of additional Section P Pages</b>			<b>1699.80</b>		
<b>TOTAL OF ALL EXPENSES PAID BY COMMITTEE</b> <small>(Enter total on Line 19, Column A of Summary Page Totals)</small>			<b>\$ 2092.42</b>		

**IV. EXPENDITURES (Sections P—T)**

293

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)			TYPE OF REPORT	
Kelley for Council 2017			Oct 10 filing	
<b>P. Expenses Paid by Committee</b>				
Name of Payee		Date of Payment	Method of Payment:	
Bristol Democratic Town Committee		9/11/2017	<input checked="" type="radio"/> Check # 0095 <input type="radio"/> Debit Card <input type="radio"/> EFT	
Street Address	City	State	Zip Code	
P.O. Box 1185	Bristol	CT	06010	
Purpose of Expenditure (by code)	Description	Event #	Amount	
ATT	Advertial-DTC ad book attendee - Peter Kelley - Event at Chipponee Golf Club Bristol CT	9/15/2017		
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked)			Amount
	<input checked="" type="radio"/> None of the below <input type="radio"/> Coordinated with reimbursement sought (joint expenditure) <input type="radio"/> Coordinated without reimbursement sought (in-kind contribution) <input type="radio"/> Independent <input type="radio"/> Organization <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D			\$12.50
Name of Payee		Date of Payment	Method of Payment:	
Kristine Delvalle		9/15/2017	<input checked="" type="radio"/> Check # 0096 <input type="radio"/> Debit Card <input type="radio"/> EFT	
Street Address	City	State	Zip Code	
142 Willis St	Bristol	CT	06010	
Purpose of Expenditure (by code)	Description	Event #	Amount	
FNDR	Serving and clean up at fundraisers - wages	9/14/2017		
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked)			Amount
	<input checked="" type="radio"/> None of the below <input type="radio"/> Coordinated with reimbursement sought (joint expenditure) <input type="radio"/> Coordinated without reimbursement sought (in-kind contribution) <input type="radio"/> Independent <input type="radio"/> Organization <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D			\$100.
Name of Payee		Date of Payment	Method of Payment:	
Maple End Package Store		9/21/2017	<input checked="" type="radio"/> Check # 0097 <input type="radio"/> Debit Card <input type="radio"/> EFT	
Street Address	City	State	Zip Code	
192 North St	Bristol	CT	06010	
Purpose of Expenditure (by code)	Description	Event #	Amount	
FNDR	Beverages for Fundraisers	9/14/2017		
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked)			Amount
	<input checked="" type="radio"/> None of the below <input type="radio"/> Coordinated with reimbursement sought (joint expenditure) <input type="radio"/> Coordinated without reimbursement sought (in-kind contribution) <input type="radio"/> Independent <input type="radio"/> Organization <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D			\$486.83
Name of Payee		Date of Payment	Method of Payment:	
Lindsey Rivers Studio		9/21/2017	<input checked="" type="radio"/> Check # 0098 <input type="radio"/> Debit Card <input type="radio"/> EFT	
Street Address	City	State	Zip Code	
95 Emmett St	Bristol	CT	06010	
Purpose of Expenditure (by code)	Description	Event #	Amount	
A-SIGN	Campaign Banner/ Sign			
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked)			Amount
	<input checked="" type="radio"/> None of the below <input type="radio"/> Coordinated with reimbursement sought (joint expenditure) <input type="radio"/> Coordinated without reimbursement sought (in-kind contribution) <input type="radio"/> Independent <input type="radio"/> Organization <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D			\$34.19
<b>SUBTOTAL Section P—This Page</b>			\$633.52	
<b>TOTAL of additional Section P Pages</b>			1458.90	
<b>TOTAL OF ALL EXPENSES PAID BY COMMITTEE</b> <small>(Enter total on Line 19, Column A of Summary Page Totals)</small>			\$2092.42	

**IV. EXPENDITURES (Sections P—T)**

NAME OF COMMITTEE <i>(Provide Complete Name as Registered with Filing Repository)</i>			TYPE OF REPORT	
KELLEY FOR COUNCIL 2017			OCT 10 FILING	
<b>Q. Campaign Expenses Paid by Candidate</b>				
Name of Payee <i>(Name of Vendor, Person or Entity who candidate paid directly)</i>			Date of Payment	Is reimbursement claimed?
BJ'S			9/24/2017	<input checked="" type="radio"/> Yes <input type="radio"/> No
Street Address		City	State	Zip Code
344 REIDVILLE RD		WATERBURY	CT	
Purpose of Expenditure (by code)	Description	Event #	<b>Amount</b>	
MISC	CANDY POPS GIVEN TO CHILDREN AT MUM FESTIVAL PARADE		53.12	
Name of Payee <i>(Name of Vendor, Person or Entity who candidate paid directly)</i>			Date of Payment	Is reimbursement claimed?
				<input type="radio"/> Yes <input type="radio"/> No
Street Address		City	State	Zip Code
Purpose of Expenditure (by code)	Description	Event #	<b>Amount</b>	
Name of Payee <i>(Name of Vendor, Person or Entity who candidate paid directly)</i>			Date of Payment	Is reimbursement claimed?
				<input type="radio"/> Yes <input type="radio"/> No
Street Address		City	State	Zip Code
Purpose of Expenditure (by code)	Description	Event #	<b>Amount</b>	
Name of Payee <i>(Name of Vendor, Person or Entity who candidate paid directly)</i>			Date of Payment	Is reimbursement claimed?
				<input type="radio"/> Yes <input type="radio"/> No
Street Address		City	State	Zip Code
Purpose of Expenditure (by code)	Description	Event #	<b>Amount</b>	
Name of Payee <i>(Name of Vendor, Person or Entity who candidate paid directly)</i>			Date of Payment	Is reimbursement claimed?
				<input type="radio"/> Yes <input type="radio"/> No
Street Address		City	State	Zip Code
Purpose of Expenditure (by code)	Description	Event #	<b>Amount</b>	
Name of Payee <i>(Name of Vendor, Person or Entity who candidate paid directly)</i>			Date of Payment	Is reimbursement claimed?
				<input type="radio"/> Yes <input type="radio"/> No
Street Address		City	State	Zip Code
Purpose of Expenditure (by code)	Description	Event #	<b>Amount</b>	
Name of Payee <i>(Name of Vendor, Person or Entity who candidate paid directly)</i>			Date of Payment	Is reimbursement claimed?
				<input type="radio"/> Yes <input type="radio"/> No
Street Address		City	State	Zip Code
Purpose of Expenditure (by code)	Description	Event #	<b>Amount</b>	
<b>SUBTOTAL Section Q — This Page</b>			53.12	
<b>TOTAL of additional Section Q Pages</b>			0	
<b>TOTAL OF ALL EXPENSES PAID BY CANDIDATE</b> <i>(Enter total on Line 26, Column A of Summary Page Totals)</i>			53.12	



**IV. EXPENDITURES (Sections P—T)**

NAME OF COMMITTEE <i>(Provide Complete Name as Registered with Filing Repository)</i>				TYPE OF REPORT	
KELLEY FOR COUNCIL 2017				OCT 10 FILING	
<b>S. Expenses Incurred by Committee but Not Paid During this Period</b>					
Name of Creditor				Date Incurred	
Street Address		City		State	Zip Code
Purpose of Expenditure (by code)	Description	Event #		<b>Amount Incurred</b> <i>(Estimate or Actual)</i>	
Expenditure # <i>(if applicable)</i>	Type of Expenditure <i>(Itemization in Addendum S Required unless "None of the below" is checked)</i>				
<div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> <input type="radio"/> None of the below  <input type="radio"/> Coordinated with reimbursement sought (joint expenditure)  <input type="radio"/> Coordinated without reimbursement sought (in-kind contribution)             </div> <div style="width: 45%;"> <input type="radio"/> Independent  <input type="radio"/> Organization: <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D             </div> </div>					
Name of Creditor				Date Incurred	
Street Address		City		State	Zip Code
Purpose of Expenditure (by code)	Description	Event #		<b>Amount Incurred</b> <i>(Estimate or Actual)</i>	
Expenditure # <i>(if applicable)</i>	Type of Expenditure <i>(Itemization in Addendum S Required unless "None of the below" is checked)</i>				
<div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> <input type="radio"/> None of the below  <input type="radio"/> Coordinated with reimbursement sought (joint expenditure)  <input type="radio"/> Coordinated without reimbursement sought (in-kind contribution)             </div> <div style="width: 45%;"> <input type="radio"/> Independent  <input type="radio"/> Organization: <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D             </div> </div>					
Name of Creditor				Date Incurred	
Street Address		City		State	Zip Code
Purpose of Expenditure (by code)	Description	Event #		<b>Amount Incurred</b> <i>(Estimate or Actual)</i>	
Expenditure # <i>(if applicable)</i>	Type of Expenditure <i>(Itemization in Addendum S Required unless "None of the below" is checked)</i>				
<div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> <input type="radio"/> None of the below  <input type="radio"/> Coordinated with reimbursement sought (joint expenditure)  <input type="radio"/> Coordinated without reimbursement sought (in-kind contribution)             </div> <div style="width: 45%;"> <input type="radio"/> Independent  <input type="radio"/> Organization: <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D             </div> </div>					
Name of Creditor				Date Incurred	
Street Address		City		State	Zip Code
Purpose of Expenditure (by code)	Description	Event #		<b>Amount Incurred</b> <i>(Estimate or Actual)</i>	
Expenditure # <i>(if applicable)</i>	Type of Expenditure <i>(Itemization in Addendum S Required unless "None of the below" is checked)</i>				
<div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> <input type="radio"/> None of the below  <input type="radio"/> Coordinated with reimbursement sought (joint expenditure)  <input type="radio"/> Coordinated without reimbursement sought (in-kind contribution)             </div> <div style="width: 45%;"> <input type="radio"/> Independent  <input type="radio"/> Organization: <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D             </div> </div>					
<b>SUBTOTAL Section S-This Page</b>				0	
<b>TOTAL of additional Section S Pages</b>				0	
<b>TOTAL OF ALL EXPENSES INCURRED BY COMMITTEE DURING THIS PERIOD BUT NOT PAID</b>				0	
<i>(Enter total on Line 28, Column A of Summary Page Totals)</i>					
<b>Previously reported Expenses Unpaid and still Outstanding</b>				0	
<b>TOTAL OF ALL EXPENSES INCURRED BY COMMITTEE BUT NOT PAID</b>				0	
<i>(Enter total on Line 28a, Column A of Summary Page Totals)</i>					

