

SEEC FORM 20

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



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Do Not Stamp in This Space or Over the Seal

COVER PAGE

1. NAME OF COMMITTEE			
Kelley for Council			

2. TREASURER NAME			
First Caillin	MI A	Last Kelley	Suffix

3. TREASURER ADDRESS			
Street Address 155 Redstone Hill Rd. #185	City Bristol	State CT	Zip Code 06010

4. ELECTION/REFERENDUM DATE <small>(mm/dd/yyyy)</small> 11/02/21	5. OFFICE SOUGHT <small>(Complete only if Candidate/Committee)</small> City Council	6. DISTRICT NUMBER <small>(If applicable)</small>
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7. CANDIDATE NAME <small>(Complete only if Candidate or Exploratory Committee)</small>			
First Peter	MI B	Last Kelley	Suffix

8. TYPE OF REPORT <small>(Check One Box)</small>			
<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 <small>(PACs ONLY)</small>
<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: _____
<input checked="" type="radio"/> October 10 filing	<input type="radio"/> 12th day preceding election <small>(State Central Committees Only)</small>	<input type="radio"/> Termination	
<input type="radio"/> 24 Hour Independent Expenditure <input type="radio"/> Primary <input type="radio"/> Election	<input type="radio"/> 45 days following election not held in November		

9. PERIOD COVERED	
Beginning Date 07/01/21	Ending Date 09/30/21

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)	Caillin Kelley PRINT NAME OF SIGNER	10/11/21 DATE (mm/dd/yyyy)

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 Report)	TYPE OF REPORT	
Kelley for Council	October 10	
	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	\$500	
13. Contributions Received from Individuals (Sections A and B)	\$4540	\$4880
14. Receipts from Other Committees (Sections C1 and C2)	0	0
15. Other Monetary Receipts (Sections D through K)	0	0
16a. Total Proceeds from Small Purchases (Section L1 Subpart 1 + Subpart 3)	\$830.74	\$830.74
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)	\$560.40	\$560.40
17. Total Monetary Receipts (add totals for Lines 13 through 16c)	\$5391.14	\$5391.14
18. Subtotals (add totals in Line 12 + 17 in Column A; and in Line 11 + 17 in Column B)	\$5891.14	\$5391.14
19. Expenses Paid by Committee (Section P)	\$1137.29	\$1137.29
20. Balance on hand at close of Reporting Period (Subtract Line 19 from Line 18 in both Columns)	\$4753.85	\$4753.85
21. In-Kind Donations not Considered Contributions Received (Section L4)	0	0
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	\$360
25b. + Interest and Penalties on Loan	0	0
25c. - Payments on Loan	0	0
25d. Total Outstanding Loan Amount	\$360	
26. Campaign Expenses Paid by Candidate (Section Q)	\$203	\$203
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	

B. MONETARY RECEIPTS (SECTIONS A - B)

NAME OF COMMITTEE <i>(Provide Complete Name as Registered with Filing Repository)</i> Kelley for Council	TYPE OF REPORT October 10
A. Total Contributions from Small Contributors-Received this Period ONLY <i>(See instructions for definition of Small Contributor)</i>	SUBTOTAL SECTION A \$ 0

B. Itemized Contributions from Individuals

Last Name Wright	First Christopher	MI
Residential Street Address 35 Ruth St. #49	City Bristol	State CT
		Zip Code 06010
Principal Occupation patient registrar	Name of Employer St. Francis	

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	Amount of Contribution \$100
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	
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 07/01/21	Aggregate Contributions \$100	

Last Name Papazian	First Donna	MI
Residential Street Address 53 Elaine Dr.	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	Amount of Contribution \$50
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	
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 07/01/21	Aggregate Contributions \$50	

Last Name Veits	First Patricia	MI
Residential Street Address 31 Natalie Court	City Bristol	State CT
		Zip Code 06010
Principal Occupation income tax preparation	Name of Employer William Veits, EA	

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	Amount of Contribution \$50
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	
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 07/01/21	Aggregate Contributions \$50	

SUBTOTAL Section B — This Page	\$200
TOTAL of additional Section B Pages	\$4540
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B) <i>(Enter total on Line 13, Column A of Summary Page Totals)</i>	\$4540

NAME OF COMMITTEE <i>(Provide Complete Name as Registered with Filing Repository)</i> Kelley for Council	TYPE OF REPORT October 10
A. Total Contributions from Small Contributors-Received this Period ONLY <i>(See instructions for definition of Small Contributor)</i>	\$ 0
SUBTOTAL SECTION A	

B. Itemized Contributions from Individuals

Last Name Veits	First William	MI
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Residential Street Address 31 Natalie Court	City Bristol	State CT	Zip Code 06010
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Principal Occupation paralegal	Name of Employer Barbieri Law LLC
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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	Amount of Contribution \$50
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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: <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 07/01/21	Aggregate Contributions \$50
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Last Name Lodovico	First John	MI
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Residential Street Address 47 Taillon St.	City Bristol	State CT	Zip Code 06010
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Principal Occupation Director	Name of Employer Tunxis Community College
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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	Amount of Contribution \$50
--	--	--	--	---------------------------------------

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: <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 07/01/21	Aggregate Contributions \$50
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Last Name Sullivan	First Sarah	MI
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Residential Street Address 155 Ashley Rd.	City Bristol	State CT	Zip Code 06010
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Principal Occupation caregiver	Name of Employer M & R Homecare
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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	Amount of Contribution \$50
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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: <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 07/02/21	Aggregate Contributions \$75
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SUBTOTAL Section B — This Page	\$150
TOTAL of additional Section B Pages	\$4540
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B) <i>(Enter total on Line 13, Column A of Summary Page Totals)</i>	\$4540

NAME OF COMMITTEE <i>(Provide Complete Name as Registered with Filing Repository)</i> Kelley for Council	TYPE OF REPORT October 10
A. Total Contributions from Small Contributors—Received this Period ONLY <i>(See instructions for definition of Small Contributor)</i>	SUBTOTAL SECTION A \$ 0

B. Itemized Contributions from Individuals

Last Name Courchaine	First Thomas	MI
Residential Street Address 24 Winthrop St.	City Bristol	State CT
		Zip Code 06010
Principal Occupation security	Name of Employer ESPN	

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	Amount of Contribution \$25
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 checked="" type="radio"/> Yes <input type="radio"/> No	
Method of Contribution: <input type="radio"/> Cash <input type="radio"/> Personal Check <input checked="" type="radio"/> Credit/Debit Card <input type="radio"/> Payroll Deduction <input type="radio"/> Money Order		Date Received 07/02/21
		Aggregate Contributions \$25

Last Name Elliott	First Sheryl	MI
Residential Street Address 152 Peppermint Ln.	City Bristol	State CT
		Zip Code 06010
Principal Occupation Bristol BOE	Name of Employer outreach worker	

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	Amount of Contribution \$25
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 checked="" type="radio"/> Yes <input type="radio"/> No	
Method of Contribution: <input type="radio"/> Cash <input type="radio"/> Personal Check <input checked="" type="radio"/> Credit/Debit Card <input type="radio"/> Payroll Deduction <input type="radio"/> Money Order		Date Received 07/03/21
		Aggregate Contributions \$25

Last Name O'Brien	First Thomas	MI
Residential Street Address 272 Center St.	City Bristol	State CT
		Zip Code 06010
Principal Occupation owner	Name of Employer O'Brien Funeral Home	

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	Amount of Contribution \$250
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 checked="" type="radio"/> Yes <input type="radio"/> No	
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 07/22/21
		Aggregate Contributions \$250

SUBTOTAL Section B — This Page	\$300
TOTAL of additional Section B Pages	\$4540
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B) <i>(Enter total on Line 13, Column A of Summary Page Totals)</i>	\$4540

NAME OF COMMITTEE <i>(Provide Complete Name as Registered with Filing Repository)</i> Kelley for Council	TYPE OF REPORT October 10
A. Total Contributions from Small Contributors-Received this Period ONLY <i>(See instructions for definition of Small Contributor)</i> SUBTOTAL SECTION A	\$ 0

B. Itemized Contributions from Individuals

Last Name DeFillippi	First Joseph	MI
Residential Street Address 139 Treble Rd.	City Bristol	State CT
	Zip Code 06010	
Principal Occupation Bristol BOE	Name of Employer teacher/coach	

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	Amount of Contribution \$100
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 checked="" type="radio"/> No	
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 07/22/21
		Aggregate Contributions \$100

Last Name Ziogas	First Chris	MI
Residential Street Address 32 Woodland St.	City Bristol	State CT
	Zip Code 06010	
Principal Occupation financial planner	Name of Employer Ziogas Financial	

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	Amount of Contribution \$50
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 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 07/22/21
		Aggregate Contributions \$50

Last Name Sullivan	First Sarah	MI
Residential Street Address 155 Ashley Rd.	City Bristol	State CT
	Zip Code 06010	
Principal Occupation caregiver	Name of Employer M & R Homecare	

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	Amount of Contribution \$25
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 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 07/22/21
		Aggregate Contributions \$75

SUBTOTAL Section B — This Page	\$175
TOTAL of additional Section B Pages	\$4540
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B) <i>(Enter total on Line 13, Column A of Summary Page Totals)</i>	\$4540

NAME OF COMMITTEE <i>(Provide Complete Name as Registered with Filing Repository)</i>	TYPE OF REPORT
Kelley for Council	October 10
A. Total Contributions from Small Contributors-Received this Period ONLY <i>(See instructions for definition of Small Contributor)</i>	SUBTOTAL SECTION A
\$ 0	

B. Itemized Contributions from Individuals

Last Name McCauley	First Kevin	MI MI
Residential Street Address 19 Spring St.	City Bristol	State CT
	Zip Code 06010	
Principal Occupation firefighter	Name of Employer city of Bristol	
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	Amount of Contribution \$50
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>	
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		Aggregate Contributions \$50
Date Received 07/22/21		

Last Name Minor	First Craig	MI MI
Residential Street Address 88 Anderston Ave	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	Amount of Contribution \$30
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>	
Method of Contribution: <input type="radio"/> Cash <input type="radio"/> Personal Check <input type="radio"/> Credit/Debit Card <input type="radio"/> Payroll Deduction <input checked="" type="radio"/> Money Order		Aggregate Contributions \$30
Date Received 07/22/21		

Last Name Harlow	First Richard	MI MI
Residential Street Address 31 Peppermint Ln	City Bristol	State CT
	Zip Code 06010	
Principal Occupation Project Engineer	Name of Employer Pratt & Whitney	
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	Amount of Contribution \$25
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>	
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		Aggregate Contributions \$25
Date Received 07/22/21		

SUBTOTAL Section B — This Page	\$105
TOTAL of additional Section B Pages	\$4540
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B) <i>(Enter total on Line 13, Column A of Summary Page Totals)</i>	\$4540

NAME OF COMMITTEE <i>(Provide Complete Name as Registered with Filing Repository)</i>	TYPE OF REPORT
Kelley for Council	October 10
A. Total Contributions from Small Contributors-Received this Period ONLY <i>(See instructions for definition of Small Contributor)</i>	SUBTOTAL SECTION A
	\$ 0

B. Itemized Contributions from Individuals

Last Name Gionta	First Cheryl	MI
Residential Street Address 37 Ferraro Dr	City Bristol	State CT
		Zip Code 06010
Principal Occupation assistant to President/CEO	Name of Employer First Bristol Federal Credit Union	

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	Amount of Contribution
				\$50
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 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		07/22/21	\$50	

Last Name Schur	First Debra	MI
Residential Street Address 6 Pilgrim 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 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? <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 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		07/22/21	\$45	

Last Name Marko	First Allen	MI
Residential Street Address 41 Peppermint Ln	City Bristol	State CT
		Zip Code 06010
Principal Occupation data entry	Name of Employer Easterseals of Waterbury	

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	Amount of Contribution
				\$25
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 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		07/22/21	\$25	

SUBTOTAL Section B — This Page	\$100
TOTAL of additional Section B Pages	\$4540
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B) <i>(Enter total on Line 13, Column A of Summary Page Totals)</i>	\$4540

NAME OF COMMITTEE <i>(Provide Complete Name as Registered with Filing Repository)</i> Kelley for Council	TYPE OF REPORT October 10
A. Total Contributions from Small Contributors-Received this Period ONLY <i>(See instructions for definition of Small Contributor)</i>	SUBTOTAL SECTION A \$ 0

B. Itemized Contributions from Individuals

Last Name Moore	First Sean	MI
Residential Street Address 223 Hollyberry Rd.	City Bristol	State CT
		Zip Code 06010
Principal Occupation insurance executive	Name of Employer Zuri of North America	

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	Amount of Contribution \$150
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	
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 07/22/21	Aggregate Contributions \$150	

Last Name Patton	First Morris	MI
Residential Street Address 49 Field St.	City Bristol	State CT
		Zip Code 06010
Principal Occupation underwriter	Name of Employer Global Benefits Group	

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	Amount of Contribution \$25
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	
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 07/22/21	Aggregate Contributions \$25	

Last Name Boi	First John	MI
Residential Street Address 70 Wintergreen Rd.	City Bristol	State CT
		Zip Code 06010
Principal Occupation	Name of Employer CT	

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	Amount of Contribution \$50
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	
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 07/22/21	Aggregate Contributions \$50	

SUBTOTAL Section B — This Page	\$225
TOTAL of additional Section B Pages	\$4540
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B) <i>(Enter total on Line 13, Column A of Summary Page Totals)</i>	\$4540

NAME OF COMMITTEE <i>(Provide Complete Name as Registered with Filing Repository)</i> Kelley for Council	TYPE OF REPORT October 10
A. Total Contributions from Small Contributors-Received this Period ONLY <i>(See instructions for definition of Small Contributor)</i>	SUBTOTAL SECTION A \$ 0

B. Itemized Contributions from Individuals

Last Name Banks	First Jack	MI
Residential Street Address 35 Shuttlemeadow Ln.	City Berlin	State CT
		Zip Code 06037
Principal Occupation Business Manager	Name of Employer Power House Inc.	

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	Amount of Contribution \$100
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	
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 07/22/21	Aggregate Contributions \$100	

Last Name Kilbourne	First Dean	MI
Residential Street Address 381 Fern Hill Rd.	City Bristol	State CT
		Zip Code 06010
Principal Occupation attorney	Name of Employer Kilbourne & Tully, P.C.	

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	Amount of Contribution \$100
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	
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 07/22/21	Aggregate Contributions \$100	

Last Name Tintone	First Joseph	MI
Residential Street Address 48 Harper Ave.	City Waterbury	State CT
		Zip Code 06705
Principal Occupation Loan Manager	Name of Employer First Bristol Federal Credit Union	

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	Amount of Contribution \$20
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	
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 07/22/21	Aggregate Contributions \$20	

SUBTOTAL Section B — This Page	\$220
TOTAL of additional Section B Pages	\$4540
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B) <i>(Enter total on Line 13, Column A of Summary Page Totals)</i>	\$4540

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)		TYPE OF REPORT
Kelley for Council		October 10
A. Total Contributions from Small Contributors-Received this Period ONLY (See instructions for definition of Small Contributor)		SUBTOTAL SECTION A
		\$ 0

B. Itemized Contributions from Individuals

Last Name Taylor		First Christopher		MI
Residential Street Address 25 Fairgrounds Rd.		City Woodbury	State CT	Zip Code 06798
Principal Occupation accountant		Name of Employer First Bristol Federal Credit Union		
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?		Amount of Contribution \$50
		<input type="radio"/> Yes <input checked="" type="radio"/> No		
Is this contribution associated with an event reported in Section L1? If yes, list Event #	<input 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		
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 07/22/21	Aggregate Contributions \$50	

Last Name Kelley		First Margaret		MI
Residential Street Address 168 Buckingham St.		City Waterbury	State CT	Zip Code 06701
Principal Occupation Property Agent 2		Name of Employer State of CT		
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?		Amount of Contribution \$50
		<input type="radio"/> Yes <input checked="" type="radio"/> No		
Is this contribution associated with an event reported in Section L1? If yes, list Event #	<input 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		
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	
			\$75	

Last Name Madigan		First Regina		MI
Residential Street Address 1681 Farmington Ave		City Unionville	State CT	Zip Code 06085
Principal Occupation appraiser		Name of Employer self employed		
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?		Amount of Contribution \$40
		<input type="radio"/> Yes <input checked="" type="radio"/> No		
Is this contribution associated with an event reported in Section L1? If yes, list Event #	<input 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		
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 07/22/21	Aggregate Contributions \$40	

SUBTOTAL Section B — This Page		\$140
TOTAL of additional Section B Pages		\$4540
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B) (Enter total on Line 13, Column A of Summary Page Totals)		\$4540

NAME OF COMMITTEE <i>(Provide Complete Name as Registered with Filing Repository)</i> Kelley for Council	TYPE OF REPORT October 10
A. Total Contributions from Small Contributors-Received this Period ONLY <i>(See instructions for definition of Small Contributor)</i>	SUBTOTAL SECTION A \$ 0

B. Itemized Contributions from Individuals

Last Name Pelkey	First Peter	MI
Residential Street Address 353 Perkins St.	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	Amount of Contribution \$40
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>	
<input type="radio"/> Yes <input checked="" type="radio"/> No	<input type="radio"/> Executive <input checked="" 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 07/22/21
		Aggregate Contributions \$40

Last Name Caron	First Kim	MI
Residential Street Address 69 Massachusetts Dr.	City Bristol	State CT
Zip Code 06010	Principal Occupation Executive Assistant	
Name of Employer New Opportunities Inc.		
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	Amount of Contribution \$25
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>	
<input type="radio"/> Yes <input checked="" type="radio"/> No	<input type="radio"/> Executive <input checked="" 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 07/22/21
		Aggregate Contributions \$25

Last Name Petosa	First Michael	MI
Residential Street Address 30 Walnut St.	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	Amount of Contribution \$50
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>	
<input type="radio"/> Yes <input checked="" type="radio"/> No	<input type="radio"/> Executive <input checked="" 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 07/22/21
		Aggregate Contributions \$100

SUBTOTAL Section B — This Page	\$115
TOTAL of additional Section B Pages	\$4540
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B) <i>(Enter total on Line 13, Column A of Summary Page Totals)</i>	\$4540

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository) Kelley for Council	TYPE OF REPORT October 10
A. Total Contributions from Small Contributors-Received this Period ONLY (See instructions for definition of Small Contributor)	SUBTOTAL SECTION A \$ 0

B. Itemized Contributions from Individuals

Last Name Boyd		First Ann		MI	
Residential Street Address 7 Twiss Ave			City Meriden		State CT
			Zip Code 06450		
Principal Occupation assistant to President			Name of Employer M & R Homecare		
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			Amount of Contribution \$20
Is this contribution associated with an event reported in Section L1? If yes, list Event # _____ <input 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 type="radio"/> Yes <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 07/22/21		Aggregate Contributions \$20

Last Name Rosado		First Scott		MI	
Residential Street Address 472 Stafford Ave.			City Bristol		State CT
			Zip Code 06010		
Principal Occupation owner			Name of Employer M & R Homecare		
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			Amount of Contribution \$50
Is this contribution associated with an event reported in Section L1? If yes, list Event # _____ <input 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 type="radio"/> Yes <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 07/22/21		Aggregate Contributions \$50

Last Name Lamothe		First Michael		MI	
Residential Street Address 186 Dino Rd			City Bristol		State CT
			Zip Code 06010		
Principal Occupation self employed			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			Amount of Contribution \$60
Is this contribution associated with an event reported in Section L1? If yes, list Event # _____ <input 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 type="radio"/> Yes <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 07/22/21		Aggregate Contributions \$60

SUBTOTAL Section B — This Page	\$130
TOTAL of additional Section B Pages	\$4540
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B) (Enter total on Line 13, Column A of Summary Page Totals)	\$4540

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository) Kelley for Council	TYPE OF REPORT October 10
A. Total Contributions from Small Contributors-Received this Period ONLY (See instructions for definition of Small Contributor)	SUBTOTAL SECTION A \$ 0

B. Itemized Contributions from Individuals

Last Name Madigan		First Matthew		MI	
Residential Street Address 213 Main St.		City Unionville		State CT	Zip Code 06085
Principal Occupation Principal			Name of Employer Madigan Valuation Services		
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		Amount of Contribution \$10	
Is this contribution associated with an event reported in Section L1? If yes, list Event # _____ <input 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 type="radio"/> Yes <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 07/22/21	Aggregate Contributions \$10	

Last Name Calfe		First Orlando		MI	
Residential Street Address 64 Leslie Court		City Bristol		State CT	Zip Code 06010
Principal Occupation IT			Name of Employer IBM		
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		Amount of Contribution \$10	
Is this contribution associated with an event reported in Section L1? If yes, list Event # _____ <input 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 type="radio"/> Yes <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 07/22/21	Aggregate Contributions \$10	

Last Name Ragaini		First Thomas		MI	
Residential Street Address 651 Lake Ave Unit 38		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		Amount of Contribution \$20	
Is this contribution associated with an event reported in Section L1? If yes, list Event # _____ <input 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 type="radio"/> Yes <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 07/22/21	Aggregate Contributions \$120	

SUBTOTAL Section B — This Page	\$40
TOTAL of additional Section B Pages	\$4540
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B) (Enter total on Line 13, Column A of Summary Page Totals)	\$4540

NAME OF COMMITTEE <i>(Provide Complete Name as Registered with Filing Repository)</i>	TYPE OF REPORT
Kelley for Council	October 10
A. Total Contributions from Small Contributors-Received this Period ONLY <i>(See instructions for definition of Small Contributor)</i>	SUBTOTAL SECTION A
\$ 0	

B. Itemized Contributions from Individuals

Last Name Zervas		First Helen		MI
Residential Street Address 5 Longridge Court		City Unionville	State CT	Zip Code 06085
Principal Occupation optometrist		Name of Employer Family Eye Care		
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?		Amount of Contribution \$50
		<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"/> 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		07/22/21	\$50	

Last Name Fortier		First Mary		MI
Residential Street Address 163 Goodwin St.		City Bristol	State CT	Zip Code 06010
Principal Occupation attorney		Name of Employer State 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?		Amount of Contribution \$25
		<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"/> 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		07/22/21	\$75	

Last Name Dannaher		First Kevin		MI
Residential Street Address 388 Mountfair Dr.		City Watertown	State CT	Zip Code 06704
Principal Occupation teacher		Name of Employer Watertbury BOE		
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?		Amount of Contribution \$25
		<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"/> 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		07/22/21	\$25	

SUBTOTAL Section B — This Page	\$100
TOTAL of additional Section B Pages	\$4540
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B) <i>(Enter total on Line 13, Column A of Summary Page Totals)</i>	\$4540

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository) Kelley for Council	TYPE OF REPORT October 10
A. Total Contributions from Small Contributors-Received this Period ONLY <i>(See instructions for definition of Small Contributor)</i>	SUBTOTAL SECTION A \$ 0

B. Itemized Contributions from Individuals

Last Name Rivenburgh		First Kevin		MI 	
Residential Street Address 84 Lardener 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 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? <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 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 07/22/21	Aggregate Contributions \$100	

Last Name Adamaitis		First Timothy		MI 	
Residential Street Address 51 Glennview Dr.		City Bristol		State CT	Zip Code 06010
Principal Occupation quality engineer			Name of Employer Yarde Metals		
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		Amount of Contribution \$100	
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 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 07/22/21	Aggregate Contributions \$100	

Last Name Hopkins		First James		MI 	
Residential Street Address 94 Treble Rd.		City Bristol		State CT	Zip Code 06010
Principal Occupation n/a			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		Amount of Contribution \$20	
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 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 07/22/21	Aggregate Contributions \$20	

SUBTOTAL Section B — This Page	\$220
TOTAL of additional Section B Pages	\$4540
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B) <i>(Enter total on Line 13, Column A of Summary Page Totals)</i>	\$4540

NAME OF COMMITTEE <i>(Provide Complete Name as Registered with Filing Repository)</i> Kelley for Council	TYPE OF REPORT October 10
A. Total Contributions from Small Contributors-Received this Period ONLY <i>(See instructions for definition of Small Contributor)</i>	SUBTOTAL SECTION A \$ 0

B. Itemized Contributions from Individuals

Last Name Elliott		First Stephen		MI
Residential Street Address 152 Peppermint Ln		City Bristol	State CT	Zip Code 06010
Principal Occupation outreach worker		Name of Employer BOE		
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			Amount of Contribution \$20
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 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 07/22/21	Aggregate Contributions \$20	

Last Name English		First Peter		MI
Residential Street Address 20 Willis St.		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			Amount of Contribution \$20
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 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 07/22/21	Aggregate Contributions \$20	

Last Name Casey		First Susan		MI
Residential Street Address 97 Peppermint Ln		City Bristol	State CT	Zip Code 06010
Principal Occupation Assistant Manager		Name of Employer Webster Bank		
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			Amount of Contribution \$50
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 checked="" type="radio"/> Credit/Debit Card <input type="radio"/> Payroll Deduction <input type="radio"/> Money Order		Date Received 07/22/21	Aggregate Contributions \$50	

SUBTOTAL Section B — This Page	\$90
TOTAL of additional Section B Pages	\$4540
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B) <i>(Enter total on Line 13, Column A of Summary Page Totals)</i>	\$4540

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NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository) Kelley for Council	TYPE OF REPORT October 10
A. Total Contributions from Small Contributors-Received this Period ONLY (See instructions for definition of Small Contributor)	SUBTOTAL SECTION A \$ 0

B. Itemized Contributions from Individuals

Last Name Boulanger	First Greg	MI
Residential Street Address 4701 78th Ct E	City Bradenton	State FL
	Zip Code 34203	
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	Amount of Contribution \$50
Is this contribution associated with an event reported in Section L1? If yes, list Event # _____ <input 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 type="radio"/> No	
Method of Contribution: <input type="radio"/> Cash <input type="radio"/> Personal Check <input checked="" type="radio"/> Credit/Debit Card <input type="radio"/> Payroll Deduction <input type="radio"/> Money Order		Date Received 07/22/21
		Aggregate Contributions \$150

Last Name Rao	First Maureen	MI
Residential Street Address 233 Woodland St.	City Bristol	State CT
	Zip Code 06010	
Principal Occupation graphic designer	Name of Employer self employed	

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	Amount of Contribution \$20
Is this contribution associated with an event reported in Section L1? If yes, list Event # _____ <input 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 type="radio"/> No	
Method of Contribution: <input type="radio"/> Cash <input type="radio"/> Personal Check <input checked="" type="radio"/> Credit/Debit Card <input type="radio"/> Payroll Deduction <input type="radio"/> Money Order		Date Received 07/22/21
		Aggregate Contributions \$20

Last Name Savino	First Cathy	MI
Residential Street Address 246 Peck Ln	City Bristol	State CT
	Zip Code 06010	
Principal Occupation Executive Administrator to Bristol Mayor	Name of Employer Bristol BOE	

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	Amount of Contribution \$50
Is this contribution associated with an event reported in Section L1? If yes, list Event # _____ <input 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 type="radio"/> No	
Method of Contribution: <input type="radio"/> Cash <input type="radio"/> Personal Check <input checked="" type="radio"/> Credit/Debit Card <input type="radio"/> Payroll Deduction <input type="radio"/> Money Order		Date Received 07/22/21
		Aggregate Contributions \$50

SUBTOTAL Section B — This Page	\$120
TOTAL of additional Section B Pages	\$4540
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B) (Enter total on Line 13, Column A of Summary Page Totals)	\$4540

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NAME OF COMMITTEE <i>(Provide Complete Name as Registered with Filing Repository)</i> Kelley for Council	TYPE OF REPORT October 10
A. Total Contributions from Small Contributors-Received this Period ONLY <i>(See instructions for definition of Small Contributor)</i>	SUBTOTAL SECTION A \$ 0

B. Itemized Contributions from Individuals

Last Name Hart	First Susan	MI
Residential Street Address 41 Brentwood Dr.	City Wallingford	State CT
Principal Occupation Operations Manager	Name of Employer Yale	

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	Amount of Contribution \$50
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>	
Method of Contribution: <input type="radio"/> Cash <input type="radio"/> Personal Check <input checked="" type="radio"/> Credit/Debit Card <input type="radio"/> Payroll Deduction <input type="radio"/> Money Order	Date Received 07/22/21	Aggregate Contributions \$50

Last Name Bianca	First Roberta	MI
Residential Street Address 197 Glendale Dr.	City Bristol	State CT
Principal Occupation self employed	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	Amount of Contribution \$20
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>	
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 07/22/21	Aggregate Contributions \$20

Last Name Dorval	First Andre	MI
Residential Street Address 80 Lakewood Circle	City Bristol	State CT
Principal Occupation attorney at law	Name of Employer Andre D. Dorval	

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	Amount of Contribution \$35
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>	
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 08/21/21	Aggregate Contributions \$35

SUBTOTAL Section B — This Page	\$55
TOTAL of additional Section B Pages	\$4540
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B) <i>(Enter total on Line 13, Column A of Summary Page Totals)</i>	\$4540

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)	TYPE OF REPORT
Kelley for Council	October 10
A. Total Contributions from Small Contributors-Received this Period ONLY <i>(See instructions for definition of Small Contributor)</i>	\$ 0
SUBTOTAL SECTION A	

B. Itemized Contributions from Individuals

Last Name Gamache	First Timothy	MI
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	Amount of Contribution
				\$50
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		09/09/21	\$50	

Last Name Simmons	First Maria	MI
Residential Street Address 70 Ipswitch 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 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? <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 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		09/09/21	\$50	

Last Name Wilson	First Jill	MI
Residential Street Address 71 Perkins Rd.	City Bristol	State CT Zip Code 06010
Principal Occupation insurance agent	Name of Employer C.V. Mason & Co	

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	Amount of Contribution
				\$50
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		09/09/21	\$50	

SUBTOTAL Section B — This Page	\$150
TOTAL of additional Section B Pages	\$4540
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B) <i>(Enter total on Line 13, Column A of Summary Page Totals)</i>	\$4540

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository) Kelley for Council	TYPE OF REPORT October 10
A. Total Contributions from Small Contributors-Received this Period ONLY (See instructions for definition of Small Contributor)	SUBTOTAL SECTION A \$ 0

B. Itemized Contributions from Individuals

Last Name Doucette	First Louise	MI
Residential Street Address 16 Lawson 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 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 \$200
Is this contribution associated with an event reported in Section L1? If yes, list Event # _____ <input 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 <input type="radio"/> Yes <input checked="" type="radio"/> No	
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 09/09/21
		Aggregate Contributions \$200

Last Name Fortier	First Mary	MI
Residential Street Address 163 Goodwin St.	City Bristol	State CT
	Zip Code 06010	
Principal Occupation attorney	Name of Employer 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	Amount of Contribution \$50
Is this contribution associated with an event reported in Section L1? If yes, list Event # _____ <input 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 <input type="radio"/> Yes <input checked="" type="radio"/> No	
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 09/09/21
		Aggregate Contributions \$75

Last Name Donovan	First James	MI
Residential Street Address 280 Marsh Rd.	City Bristol	State CT
	Zip Code 06010	
Principal Occupation lawyer	Name of Employer self	

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	Amount of Contribution \$100
Is this contribution associated with an event reported in Section L1? If yes, list Event # _____ <input 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 <input type="radio"/> Yes <input checked="" type="radio"/> No	
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 09/09/21
		Aggregate Contributions \$100

SUBTOTAL Section B — This Page	\$350
TOTAL of additional Section B Pages	\$4540
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B) (Enter total on Line 13, Column A of Summary Page Totals)	\$4540

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)	TYPE OF REPORT
Kelley for Council	October 10
A. Total Contributions from Small Contributors-Received this Period ONLY (See instructions for definition of Small Contributor)	\$ 0
SUBTOTAL SECTION A	

B. Itemized Contributions from Individuals

Last Name Divinere	First John	MI
Residential Street Address 139 Hopmeadow Ln.	City Bristol	State CT Zip Code 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	Amount of Contribution \$50
Is this contribution associated with an event reported in Section L1? If yes, list Event # _____ <input 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 type="radio"/> No	
Method of Contribution: <input type="radio"/> Cash <input type="radio"/> Personal Check <input checked="" type="radio"/> Credit/Debit Card <input type="radio"/> Payroll Deduction <input type="radio"/> Money Order		Date Received 09/03/21
		Aggregate Contributions

Last Name Darcy	First Julia	MI
Residential Street Address 1192 Hill St.	City	State Zip Code
Principal Occupation teacher	Name of Employer Bristol BOE	

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	Amount of Contribution \$50
Is this contribution associated with an event reported in Section L1? If yes, list Event # _____ <input 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 type="radio"/> No	
Method of Contribution: <input type="radio"/> Cash <input type="radio"/> Personal Check <input checked="" type="radio"/> Credit/Debit Card <input type="radio"/> Payroll Deduction <input type="radio"/> Money Order		Date Received 09/04/21
		Aggregate Contributions \$50

Last Name McMillan	First Curtis	MI
Residential Street Address 9 Sterlingwood Dr.	City Scarborough	State ME Zip Code 04074
Principal Occupation accountant	Name of Employer Charles River CFO	

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	Amount of Contribution \$50
Is this contribution associated with an event reported in Section L1? If yes, list Event # _____ <input 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 type="radio"/> No	
Method of Contribution: <input type="radio"/> Cash <input type="radio"/> Personal Check <input checked="" type="radio"/> Credit/Debit Card <input type="radio"/> Payroll Deduction <input type="radio"/> Money Order		Date Received 09/10/21
		Aggregate Contributions \$50

SUBTOTAL Section B — This Page	\$150
TOTAL of additional Section B Pages	\$4540
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B) (Enter total on Line 13, Column A of Summary Page Totals)	\$4540

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository) Kelley for Council	TYPE OF REPORT October 10
A. Total Contributions from Small Contributors-Received this Period ONLY <i>(See instructions for definition of Small Contributor)</i>	\$ 0
SUBTOTAL SECTION A	

B. Itemized Contributions from Individuals

Last Name Rasmussen-Tuller	First Andrew	MI
Residential Street Address 75 Sturbridge Ct	City Bristol	State CT
	Zip Code 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	Amount of Contribution \$100
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 checked="" type="radio"/> No	
Method of Contribution: <input type="radio"/> Cash <input type="radio"/> Personal Check <input checked="" type="radio"/> Credit/Debit Card <input type="radio"/> Payroll Deduction <input type="radio"/> Money Order		Date Received 08/05/21
		Aggregate Contributions \$100

Last Name Singer	First Brian	MI
Residential Street Address 25 Cove Rd.	City Bristol	State CT
	Zip Code 06010	
Principal Occupation Hoffman Toyota	Name of Employer Manager	

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	Amount of Contribution \$250
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 checked="" type="radio"/> No	
Method of Contribution: <input type="radio"/> Cash <input type="radio"/> Personal Check <input checked="" type="radio"/> Credit/Debit Card <input type="radio"/> Payroll Deduction <input type="radio"/> Money Order		Date Received 08/23/21
		Aggregate Contributions \$250

Last Name Petosa	First Michael	MI
Residential Street Address 30 Walnut St.	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	Amount of Contribution \$50
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 checked="" type="radio"/> No	
Method of Contribution: <input type="radio"/> Cash <input type="radio"/> Personal Check <input checked="" type="radio"/> Credit/Debit Card <input type="radio"/> Payroll Deduction <input type="radio"/> Money Order		Date Received 09/09/21
		Aggregate Contributions \$100

SUBTOTAL Section B — This Page	\$400
TOTAL of additional Section B Pages	\$4540
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B) <i>(Enter total on Line 13, Column A of Summary Page Totals)</i>	\$4540

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository) Kelley for Council	TYPE OF REPORT October 10
A. Total Contributions from Small Contributors-Received this Period ONLY (See instructions for definition of Small Contributor)	SUBTOTAL SECTION A \$ 0

B. Itemized Contributions from Individuals

Last Name Wilson	First Chris	MI
Residential Street Address 71 Perkins Rd.	City Bristol	State CT
Principal Occupation insurance agent	Name of Employer C.V. Mason & Co	

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	Amount of Contribution \$50
Is this contribution associated with an event reported in Section L1? If yes, list Event # _____ <input 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	
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 09/09/21
		Aggregate Contributions \$50

Last Name Kelley	First Margaret	MI
Residential Street Address 158 Buckingham St.	City Waterbury	State CT
Principal Occupation Property Agent 2	Name of Employer State of CT	

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	Amount of Contribution \$25
Is this contribution associated with an event reported in Section L1? If yes, list Event # _____ <input 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	
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 09/09/21
		Aggregate Contributions \$75

Last Name Schur	First Debra	MI
Residential Street Address 6 Pilgrim Rd.	City Bristol	State CT
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	Amount of Contribution \$20
Is this contribution associated with an event reported in Section L1? If yes, list Event # _____ <input 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	
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 09/09/21
		Aggregate Contributions \$45

SUBTOTAL Section B — This Page	\$95
TOTAL of additional Section B Pages	\$4540
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B) <i>(Enter total on Line 13, Column A of Summary Page Totals)</i>	\$4540

NAME OF COMMITTEE <i>(Provide Complete Name as Registered with Filing Repository)</i> Kelley for Council	TYPE OF REPORT October 10
A. Total Contributions from Small Contributors-Received this Period ONLY <i>(See instructions for definition of Small Contributor)</i>	SUBTOTAL SECTION A \$ 0

B. Itemized Contributions from Individuals

Last Name Stafford	First Sandra	MI
Residential Street Address 441 Clark Ave Unit 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 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? <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 checked="" type="radio"/> Legislative <input type="radio"/> No	
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 09/09/21	Aggregate Contributions \$25

Last Name Graziano	First Nancy	MI
Residential Street Address 223 Hollyberry 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 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? <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 checked="" type="radio"/> Legislative <input type="radio"/> No	
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 09/09/21	Aggregate Contributions \$100

Last Name McCooley	First Anne	MI
Residential Street Address 33 Lawson 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 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? <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 checked="" type="radio"/> Legislative <input type="radio"/> No	
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 09/09/21	Aggregate Contributions \$25

SUBTOTAL Section B — This Page	\$150
TOTAL of additional Section B Pages	\$4540
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B) <i>(Enter total on Line 13, Column A of Summary Page Totals)</i>	\$4540

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository) Kelley for Council	TYPE OF REPORT October 10
A. Total Contributions from Small Contributors-Received this Period ONLY (See instructions for definition of Small Contributor)	\$ 0
SUBTOTAL SECTION A	

B. Itemized Contributions from Individuals

Last Name Mattioli	First Nancy	MI
Residential Street Address 28 Larkspur Ln	City Bristol	State CT Zip Code 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	Amount of Contribution \$200
Is this contribution associated with an event reported in Section L1? If yes, list Event # _____ <input 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"/> No	
Method of Contribution: <input type="radio"/> Cash <input type="radio"/> Personal Check <input checked="" type="radio"/> Credit/Debit Card <input type="radio"/> Payroll Deduction <input type="radio"/> Money Order		Date Received 08/31/21
		Aggregate Contributions \$200

Last Name Petit	First Richard	MI
Residential Street Address 150 Broad St.	City Plainville	State CT Zip Code 06062
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	Amount of Contribution \$100
Is this contribution associated with an event reported in Section L1? If yes, list Event # _____ <input 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"/> No	
Method of Contribution: <input type="radio"/> Cash <input type="radio"/> Personal Check <input checked="" type="radio"/> Credit/Debit Card <input type="radio"/> Payroll Deduction <input type="radio"/> Money Order		Date Received 09/02/21
		Aggregate Contributions \$100

Last Name Boulanger	First Greg	MI
Residential Street Address 4701 78th Ct. E	City Bradenton	State FL Zip Code 34203
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	Amount of Contribution \$100
Is this contribution associated with an event reported in Section L1? If yes, list Event # _____ <input 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"/> No	
Method of Contribution: <input type="radio"/> Cash <input type="radio"/> Personal Check <input checked="" type="radio"/> Credit/Debit Card <input type="radio"/> Payroll Deduction <input type="radio"/> Money Order		Date Received 09/02/21
		Aggregate Contributions \$150

SUBTOTAL Section B — This Page	\$400
TOTAL of additional Section B Pages	\$4540
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B) (Enter total on Line 13, Column A of Summary Page Totals)	\$4540

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)	TYPE OF REPORT
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 Wynne	First Robert	MI
Residential Street Address 17 Hilltop Rd.	City Burlington	State CT Zip Code 06013

Principal Occupation attorney	Name of Employer self employed	
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	Amount of Contribution \$100
Is this contribution associated with an event reported in Section LI? If yes, list Event # _____ <input 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"/> No	
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 09/09/21	Aggregate Contributions \$100

Last Name Zaremba	First Susan	MI
Residential Street Address 40 Matthews St. #54	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	Amount of Contribution \$10
Is this contribution associated with an event reported in Section LI? If yes, list Event # _____ <input 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"/> No	
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 08/23/21	Aggregate Contributions \$10

Last Name Colapietro	First Thomas	MI
Residential Street Address 40 Matthews St. #54	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	Amount of Contribution \$50
Is this contribution associated with an event reported in Section LI? If yes, list Event # _____ <input 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"/> No	
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 08/25/21	Aggregate Contributions \$50

SUBTOTAL Section B — This Page	\$160
TOTAL of additional Section B Pages	\$4540
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B) (Enter total on Line 13, Column A of Summary Page Totals)	\$4540

I. MONETARY RECEIPTS (Sections A—K)

NAME OF COMMITTEE <i>(Private Committee Name as Registered with Filing Jurisdiction)</i>					TYPE OF REPORT		
Kelley for Council					October 10		
C1. Contributions from Other Committees							
Name of Committee				Name of Treasurer			
Address				Is this contribution associated with an event reported in Section LI? <input type="radio"/> Yes <input type="radio"/> No		Amount of Contribution	
				If yes, list Event # _____			
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 LI? <input type="radio"/> Yes <input type="radio"/> No		Amount of Contribution	
				If yes, list Event # _____			
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 LI? <input type="radio"/> Yes <input type="radio"/> No		Amount of Contribution	
				If yes, list Event # _____			
City	State	Zip Code	Date Received	Aggregate Contributions			
C2. Reimbursements or Surplus Distributions from other Committees							
Name of Committee				Name of Treasurer			
Address				City		State	Zip Code
Date Received	Expenditures if applicable	Payment Type		Amount of Receipt			
		<input 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	Expenditures if applicable	Payment Type		Amount of Receipt			
		<input type="radio"/> Reimbursement for shared expense <input type="radio"/> Surplus Distribution					
Description							
SUBTOTAL Section C — This Page					0		
TOTAL of additional Section C Pages					0		
TOTAL OF ALL COMMITTEE CONTRIBUTIONS AND RECEIPTS <i>(Sections C1 + C2) (Enter total on Line 14, Column A of Summary Page Totals)</i>					0		

I. MONETARY RECEIPTS (Sections A—K)

NAME OF COMMITTEE <i>(Provide Complete Name of Register of Voters Filing Receipts)</i>					TYPE OF REPORT	
Kelley for Council					October 10	
D. Loans Received this Period						
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>					Amount Received	
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>					Amount Received	
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>					Amount Received	
Street Address		City	State	Zip Code		
TOTAL SECTION D					0	
E. Receipts from Entities other than Individuals or Other Committees <i>(Referendum Committees ONLY)</i>						
Name of Entity						
Street Address				Date Received		Amount Received
City	State	Zip Code	Aggregate Contributions			
Name of Entity						
Street Address				Date Received		Amount Received
City	State	Zip Code	Aggregate Contributions			
Name of Entity						
Street Address				Date Received		Amount Received
City	State	Zip Code	Aggregate Contributions			
TOTAL SECTION E					0	

I. MONETARY RECEIPTS (Sections A—K)

NAME OF COMMITTEE: <i>(Provide Complete Name as Registered with Filing Jurisdiction)</i> Kelley for Council	TYPE OF REPORT October 10
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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? <input type="radio"/> Yes <input checked="" type="radio"/> No <i>If yes, list Event #</i>	Amount
Date of Receipt	Is this transaction associated with an event reported in Section L1? <input type="radio"/> Yes <input checked="" type="radio"/> No <i>If yes, list Event #</i>	Amount
Date of Receipt	Is this transaction associated with an event reported in Section L1? <input type="radio"/> Yes <input checked="" type="radio"/> No <i>If yes, list Event #</i>	Amount
Date of Receipt	Is this transaction associated with an event reported in Section L1? <input type="radio"/> Yes <input checked="" type="radio"/> No <i>If yes, list Event #</i>	Amount

TOTAL SECTION F

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

TOTAL SECTION G

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

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

TOTAL SECTION H

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>(If given, Candidate Name or Registered 501(c) Filing Repository)</i>	TYPE OF REPORT
Kelley for Council	October 10

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

K. Miscellaneous Monetary Receipts not Considered Contributions

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

TOTAL SECTION K

SUMMARY OF OTHER MONETARY RECEIPTS (Sections D through K)

Total Loans Received this Period (Section D)	
Total Receipts from Entities other than Individuals or Other Committees (Section E)	+
Total Amount Transferred from Affiliated Business Treasury (Section F)	+
Total Amount Transferred from Affiliated Labor Union or Other Organization Treasury (Section G)	+
Total Amount of Personal Funds of the Candidate Received this Period (Section H)	+
Total Amount of Interest from Deposits in Authorized Accounts (Section J)	+
Total Miscellaneous Monetary Receipts not Considered Contributions (Section K)	+
Total of Other Monetary Receipts <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 <small>(Provide Complete Name as Registered with Filing Jurisdiction)</small>			TYPE OF REPORT		
Kelley for Council			October 10		
L1. Event Information					
Event # <small>Date of Event</small>	Letter	Description	Was this a fundraising event?		
7/22/21		Kelley and Mielcarz Fundraiser	<input checked="" type="radio"/> Yes <input type="radio"/> No		
Location - Street Address		City	State	Zip Code	
59 North Main St.		Bristol	CT	06010	
Subpart 1: (All Committees)					
Was this event hosted at a personal residence?		<input type="radio"/> Yes <small>(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.)</small>			
		<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 type="radio"/> Yes <small>(If yes, go to Section L4 In-Kind Donations not Considered Contributions and complete required information.)</small>			
		<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 <small>(If yes, enter Total Receipts here.)</small>		\$ <input style="width: 100px;" type="text"/>	
		<input checked="" type="radio"/> No			
Subpart 2: (Party Committees, Municipal Candidates and Political Committees other than Exploratory Committees)					
Were there purchases of advertising space in a program book or on a sign associated with this fundraiser?		<input type="radio"/> Yes <small>(If yes, go to Section L3 Purchases of Advertising Space in a Program Book or on a Sign and complete required information.)</small>			
		<input checked="" type="radio"/> No			
Subpart 3: (Town Committees ONLY)					
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 <small>(If yes, enter Total Receipts here.)</small>		\$ <input style="width: 100px;" type="text"/>	
		<input checked="" type="radio"/> No			
Event # <small>Date of Event</small>	Letter	Description	Was this a fundraising event?		
9/9/21		Fundraiser	<input checked="" type="radio"/> Yes <input type="radio"/> No		
Location - Street Address		City	State	Zip Code	
139 E. Chippens Hill Road		Burlington	CT	06013	
Subpart 1: (All Committees)					
Was this event hosted at a personal residence?		<input checked="" type="radio"/> Yes <small>(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.)</small>			
		<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 <small>(If yes, go to Section L4 In-Kind Donations not Considered Contributions and complete required information.)</small>			
		<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 <small>(If yes, enter Total Receipts here.)</small>		\$ <input style="width: 100px;" type="text"/>	
		<input checked="" type="radio"/> No			
Subpart 2: (Party Committees, Municipal Candidates and Political Committees other than Exploratory Committees)					
Were there purchases of advertising space in a program book or on a sign associated with this fundraiser?		<input type="radio"/> Yes <small>(If yes, go to Section L3 Purchases of Advertising Space in a Program Book or on a Sign and complete required information.)</small>			
		<input checked="" type="radio"/> No			
Subpart 3: (Town Committees ONLY)					
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 <small>(If yes, enter Total Receipts here.)</small>		\$ <input style="width: 100px;" type="text"/>	
		<input checked="" type="radio"/> No			
SUBTOTAL Section L1—Subpart 1 (All Committees) Total Receipts from Sale of Donated Items — This Page			0		
SUBTOTAL Section L1—Subpart 3 (Town Committees ONLY) Total Receipts from Food Purchases — This Page			\$830.74		
TOTAL of additional Section L1 Pages			0		
TOTAL OF ALL RECEIPTS FROM SMALL PURCHASES <small>(Enter total on Line 16a, Column A of Summary Page Totals)</small>			\$830.74		

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 (Provide Complete Name as Registered with Filing Jurisdiction)					TYPE OF REPORT	
Kelley for Council					October 10	
L3. Purchases of Advertising in a Program Book or on a Sign						
Name of Purchaser Richard Balsam					Purchase Made By: <input type="radio"/> Business Entity <input type="radio"/> Other <input type="radio"/> Individual/Sole Proprietorship	
Street Address 47 Sheffield Lane			City Bristol		State CT	Zip Code 06010
Date Received 07/12/21	Event #	Aggregate Purchases for All Events \$560.40	Amount of Program Ad Purchase	Amount of Sign Purchase \$135		
Name of Purchaser Image Ink Inc.					Purchase Made By: <input type="radio"/> Business Entity <input type="radio"/> Other <input type="radio"/> Individual/Sole Proprietorship	
Street Address 102 Pane Rd			City Newington		State CT	Zip Code 06111
Date Received 07/23/21	Event #	Aggregate Purchases for All Events \$560.40	Amount of Program Ad Purchase	Amount of Sign Purchase \$425.40		
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		
SUBTOTAL Section L3 Total Purchases of Advertising in Program Book — This Page					0	
SUBTOTAL Section L3 Total Purchases of Advertising on a Sign — This Page					\$560.40	
TOTAL of additional Section L3 Pages					0	
TOTAL OF ALL PURCHASES OF ADVERTISING IN A PROGRAM BOOK or ON A SIGN <i>(Enter total on Line 16c, Column A of Summary Page Totals)</i>					\$560.40	

II. EVENT ACTIVITY (Sections L1—L5)

NAME OF COMMITTEE <i>(Provide complete name as registered with filing jurisdiction)</i>	TYPE OF REPORT
Kelley for Council	October 10

L4. In-Kind Donations Not Considered Contributions

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		Fair Market Value of Donation
	Date Received	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		Fair Market Value of Donation
	Date Received	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		Fair Market Value of Donation
	Date Received	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		Fair Market Value of Donation
	Date Received	Event #	

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

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II. EVENT ACTIVITY (Sections L.1—L.5)

NAME OF COMMITTEE <i>(Provide Complete Name as Registered with Filing Repository)</i>			TYPE OF REPORT	
Kelley for Council			October 10	
L.5. In-Kind Donations Not Considered Contributions Associated with a House Party				
Name of Host			Is this event supporting more than one candidate or committee? <input type="radio"/> Yes <input type="radio"/> No <i>If yes, complete Itemization in Addendum L.5</i>	
Street Address		City	State	Zip Code
Description of Donation			Fair Market Value of Donation	
Event #	Aggregate Value of this Event— <i>all hosts</i>	Aggregate Value of all Events— <i>this host/candidate</i>		
Name of Host			Is this event supporting more than one candidate or committee? <input type="radio"/> Yes <input type="radio"/> No <i>If yes, complete Itemization in Addendum L.5</i>	
Street Address		City	State	Zip Code
Description of Donation			Fair Market Value of Donation	
Event #	Aggregate Value of this Event— <i>all hosts</i>	Aggregate Value of all Events— <i>this host/candidate</i>		
Name of Host			Is this event supporting more than one candidate or committee? <input type="radio"/> Yes <input type="radio"/> No <i>If yes, complete Itemization in Addendum L.5</i>	
Street Address		City	State	Zip Code
Description of Donation			Fair Market Value of Donation	
Event #	Aggregate Value of this Event— <i>all hosts</i>	Aggregate Value of all Events— <i>this host/candidate</i>		
Name of Host			Is this event supporting more than one candidate or committee? <input type="radio"/> Yes <input type="radio"/> No <i>If yes, complete Itemization in Addendum L.5</i>	
Street Address		City	State	Zip Code
Description of Donation			Fair Market Value of Donation	
Event #	Aggregate Value of this Event— <i>all hosts</i>	Aggregate Value of all Events— <i>this host/candidate</i>		
SUBTOTAL Section L.5 — This Page			0	
TOTAL of additional Section L.5 Pages			0	
TOTAL OF ALL IN-KIND DONATIONS NOT CONSIDERED CONTRIBUTIONS ASSOCIATED WITH A HOUSE PARTY <i>(Enter total on Line 22, Column A of Summary Page Totals)</i>			0	

III. NONMONETARY RECEIPTS (Sections M—O)

NAME OF COMMITTEE: <i>(Provide Committee Name or Applicant's name, Firm, Registered)</i> Kelley for Council	TYPE OF REPORT October 10
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M. In-Kind Contributions

Name _____

Street Address _____	City _____	State _____	Zip Code _____
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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 _____
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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	Fair Market Value of this Contribution
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Is this contribution associated with an event reported in Section I.I? <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 checked="" type="radio"/> Legislative <input type="radio"/> No
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Name _____

Street Address _____	City _____	State _____	Zip Code _____
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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 _____
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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	Fair Market Value of this Contribution
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Is this contribution associated with an event reported in Section I.I? <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 checked="" type="radio"/> Legislative <input type="radio"/> No
---	---

Name _____

Street Address _____	City _____	State _____	Zip Code _____
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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 _____
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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	Fair Market Value of this Contribution
--	--	--

Is this contribution associated with an event reported listed in Section I.I? <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 checked="" type="radio"/> Legislative <input type="radio"/> No
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SUBTOTAL Section M — This Page	0
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TOTAL of additional Section M Pages	0
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TOTAL OF ALL IN-KIND CONTRIBUTIONS <i>(Enter total on Line 23, Column A of Summary Page Totals)</i>	0
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N. Refundable Deposit to Telephone Company

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

NAME OF COMMITTEE <i>(Provide complete Name of Committee with Full Name)</i>			TYPE OF REPORT		
Kelley for Council			October 10		
P. Expenses Paid by Committee					
Name of Payee Main Street Community Foundation			Date of Payment 08/02/21	Method of Payment: <input checked="" type="radio"/> Check # 0094 <input type="radio"/> Debit Card <input type="radio"/> EFT	
Street Address 120 Halcyon Dr		City Bristol	State CT	Zip Code 06010	
Purpose of Expenditure (by code)	Description contribution for 20th Anniversary - Wonder of Women Event	Event #	Amount \$155		
Expenditure # (if applicable)	Type of Expenditure <i>(Itemization in Addendum P Required unless "None of the below" is checked)</i> <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) <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 Better Half Brewing			Date of Payment 07/30/21	Method of Payment: <input checked="" type="radio"/> Check # 0091 <input type="radio"/> Debit Card <input type="radio"/> EFT	
Street Address 59 N Main St.		City Bristol	State CT	Zip Code 06010	
Purpose of Expenditure (by code)	Description fundraising space, food, alcohol	Event # 1	Amount \$271		
Expenditure # (if applicable)	Type of Expenditure <i>(Itemization in Addendum P Required unless "None of the below" is checked)</i> <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) <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 South Side Catering			Date of Payment 09/24/21	Method of Payment: <input checked="" type="radio"/> Check # 96 <input type="radio"/> Debit Card <input type="radio"/> EFT	
Street Address 145 West St.		City Bristol	State CT	Zip Code 06010	
Purpose of Expenditure (by code)	Description catering for fundraiser	Event # 2	Amount \$481.74		
Expenditure # (if applicable)	Type of Expenditure <i>(Itemization in Addendum P Required unless "None of the below" is checked)</i> <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) <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 Peter Kelley			Date of Payment 09/27/21	Method of Payment: <input checked="" type="radio"/> Check # 97 <input type="radio"/> Debit Card <input type="radio"/> EFT	
Street Address 44 Southdown Dr.		City Bristol	State CT	Zip Code 06010	
Purpose of Expenditure (by code)	Description reimbursement for Bristol Hospital contribution	Event #	Amount \$125		
Expenditure # (if applicable)	Type of Expenditure <i>(Itemization in Addendum P Required unless "None of the below" is checked)</i> <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) <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			1032.74		
TOTAL of additional Section P Pages			\$104.55		
TOTAL OF ALL EXPENSES PAID BY COMMITTEE <i>(Enter total on Line 19, Column A of Summary Page Totals)</i>			\$1,137.29		

IV. EXPENDITURES (Sections P—T)

NAME OF COMMITTEE (Provide Complete Name as Registered with CTling Representative)		TYPE OF REPORT	
Kelley for Council		October 10	
P. Expenses Paid by Committee			
Name of Payee Peter Kelley		Date of Payment 09/30/21	Method of Payment: <input checked="" type="radio"/> Check # 98 <input type="radio"/> Debit Card <input type="radio"/> EFT
Street Address 44 Southdown Dr.		City Bristol	State CT Zip Code 06010
Purpose of Expenditure (by code)	Description reimbursement for fundraiser alcohol	Event # 2	Amount \$39
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked) <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) <input checked="" 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 Webster Bank, N.A.		Date of Payment 07/30/21	Method of Payment: <input type="radio"/> Check # _____ <input type="radio"/> Debit Card <input checked="" type="radio"/> EFT
Street Address 797 Pine St.		City Bristol	State CT Zip Code 06010
Purpose of Expenditure (by code)	Description monthly service charge	Event #	Amount \$11.95
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked) <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) <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 Anedot		Date of Payment 07/30/21	Method of Payment: <input type="radio"/> Check # _____ <input type="radio"/> Debit Card <input checked="" type="radio"/> EFT
Street Address 1920 McKinney Ave 7th floor,		City Dallas	State TX Zip Code 75201
Purpose of Expenditure (by code)	Description anedot fees for processing	Event #	Amount \$53.60
Expenditure # (if applicable) web	Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked) <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) <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: <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 #	Amount
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked) <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) <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		\$104.55	
TOTAL of additional Section P Pages		\$1,032.74	
TOTAL OF ALL EXPENSES PAID BY COMMITTEE <i>(Enter total on Line 19, Column A of Summary Page Totals)</i>		\$1,137.29	

IV. EXPENDITURES (Sections P—T)

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Department)		TYPE OF REPORT	
Kelley for Council		October 10	
Q. Campaign Expenses Paid by Candidate			
Name of Payee (Name of Vendor, Person or Entity who candidate paid directly)		Date of Payment	Is reimbursement claimed?
Bristol Hospital Development Foundation		09/17/21	<input checked="" type="radio"/> Yes <input type="radio"/> No
Street Address		City	State Zip Code
145 Queen St.		Bristol	CT 06010
Purpose of Expenditure (by code)	Description	Event #	Amount
	contribution to development of Bristol Hospital	n/a	\$125
Name of Payee (Name of Vendor, Person or Entity who candidate paid directly)		Date of Payment	Is reimbursement claimed?
Maple End Package Store		09/09/21	<input checked="" type="radio"/> Yes <input type="radio"/> No
Street Address		City	State Zip Code
192 North St.		Bristol	CT 06010
Purpose of Expenditure (by code)	Description	Event #	Amount
	purchased alcohol for fundraiser	2	\$24.94
Name of Payee (Name of Vendor, Person or Entity who candidate paid directly)		Date of Payment	Is reimbursement claimed?
Burlington Avenue Wine and Spirit		09/09/21	<input checked="" type="radio"/> Yes <input type="radio"/> No
Street Address		City	State Zip Code
152 Burlington Ave		Bristol	CT 06010
Purpose of Expenditure (by code)	Description	Event #	Amount
	purchased alcohol for fundraiser	2	\$53.06
Name of Payee (Name of Vendor, Person or Entity who candidate paid directly)		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 #	Amount
Name of Payee (Name of Vendor, Person or Entity who candidate paid directly)		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 #	Amount
Name of Payee (Name of Vendor, Person or Entity who candidate paid directly)		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 #	Amount
SUBTOTAL Section Q — This Page		\$203	
TOTAL of additional Section Q Pages		0	
TOTAL OF ALL EXPENSES PAID BY CANDIDATE <i>(Enter total on Line 26, Column 1 of Summary Page Totals)</i>		\$203	

IV. EXPENDITURES (Sections P—T)

NAME OF COMMITTEE <i>(Provide Complete Name as Registered with Ethics Registry)</i>				TYPE OF REPORT	
Kelley for Council				October 10	
T. Itemization of Reimbursements and Secondary Payees					
Last Name of Worker/Consultant		First		MI	Date of Payment to Vendor, Person or Entity
Name of Vendor, Person or Entity Paid by Committee Worker/Consultant				Payment to Reimburse Committee Worker/Consultant as reported in Section P: <input type="radio"/> Check # _____ <input type="radio"/> Debit Card <input type="radio"/> EFT	
Street Address of Vendor, Person or Entity Paid by Committee Worker/Consultant			City	State	Zip Code
Purpose of Expenditure (by code)	Description	Event #		Amount	
Expenditure # (if applicable)	Type of Expenditure <i>(Itemization in Addendum T Required unless "None of the below" is checked)</i> <input type="radio"/> None of the below <input type="radio"/> Coordinated with reimbursement sought (joint expenditure) <input type="radio"/> Independent <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/> <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				
Last Name of Worker/Consultant		First		MI	Date of Payment to Vendor, Person or Entity
Name of Vendor, Person or Entity Paid by Committee Worker/Consultant				Payment to Reimburse Committee Worker/Consultant as reported in Section P: <input type="radio"/> Check # _____ <input type="radio"/> Debit Card <input type="radio"/> EFT	
Street Address of Vendor, Person or Entity Paid by Committee Worker/Consultant			City	State	Zip Code
Purpose of Expenditure (by code)	Description	Event #		Amount	
Expenditure # (if applicable)	Type of Expenditure <i>(Itemization in Addendum T Required unless "None of the below" is checked)</i> <input type="radio"/> None of the below <input type="radio"/> Coordinated with reimbursement sought (joint expenditure) <input type="radio"/> Independent <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/> <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				
Last Name of Worker/Consultant		First		MI	Date of Payment to Vendor, Person or Entity
Name of Vendor, Person or Entity Paid by Committee Worker/Consultant				Payment to Reimburse Committee Worker/Consultant as reported in Section P: <input type="radio"/> Check # _____ <input type="radio"/> Debit Card <input type="radio"/> EFT	
Street Address of Vendor, Person or Entity Paid by Committee Worker/Consultant			City	State	Zip Code
Purpose of Expenditure (by code)	Description	Event #		Amount	
Expenditure # (if applicable)	Type of Expenditure <i>(Itemization in Addendum T Required unless "None of the below" is checked)</i> <input type="radio"/> None of the below <input type="radio"/> Coordinated with reimbursement sought (joint expenditure) <input type="radio"/> Independent <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/> <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				
Last Name of Worker/Consultant		First		MI	Date of Payment to Vendor, Person or Entity
Name of Vendor, Person or Entity Paid by Committee Worker/Consultant				Payment to Reimburse Committee Worker/Consultant as reported in Section P: <input type="radio"/> Check # _____ <input type="radio"/> Debit Card <input type="radio"/> EFT	
Street Address of Vendor, Person or Entity Paid by Committee Worker/Consultant			City	State	Zip Code
Purpose of Expenditure (by code)	Description	Event #		Amount	
Expenditure # (if applicable)	Type of Expenditure <i>(Itemization in Addendum T Required unless "None of the below" is checked)</i> <input type="radio"/> None of the below <input type="radio"/> Coordinated with reimbursement sought (joint expenditure) <input type="radio"/> Independent <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/> <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				
SUBTOTAL Section T — This Page				0	
TOTAL of additional Section T Pages				0	
TOTAL OF ALL REIMBURSEMENT TO COMMITTEE WORKERS AND CONSULTANTS				0	