

# SEEC FORM 20

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



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### COVER PAGE

TOWN AND CITY CLERK

BRISTOL, CT

#### 1. NAME OF COMMITTEE

Kelley for Council

#### 2. TREASURER NAME

First Caitlin	MI A	Last Kelley	Suffix
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#### 3. TREASURER ADDRESS

Street Address 155 Redstone Hill Rd. #185	City Bristol	State CT	Zip Code 06010
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#### 4. ELECTION/REFERENDUM DATE

(mm/dd/yyyy) 11/02/21

#### 5. OFFICE SOUGHT (Complete only if Candidate Committee)

City Council

#### 6. DISTRICT NUMBER

(if applicable)

#### 7. CANDIDATE NAME (Complete only if Candidate or Exploratory Committee)

First Peter	MI B	Last Kelley	Suffix
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#### 8. TYPE OF REPORT (Check One Box)

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

#### 9. PERIOD COVERED

Beginning Date	Ending Date
07/01/21	thru 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)

Caitlin Kelley

PRINT NAME OF SIGNER

10/25/21

DATE (mm/dd/yyyy)

## SUMMARY PAGE TOTALS

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)	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	\$4680
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)	0	0
16b. <i>Per Public Act 11-48, effective January 1, 2012 Section L2 removed</i>		
16c. Total Purchases of Advertising—Program Book or Sign (Section L3)	0	0
17. Total Monetary Receipts (add totals for Lines 13 through 16c)	\$4540	\$4680
18. Subtotals (add totals in Line 12 + 17 in Column A; and in Line 11 + 17 in Column B)	\$5040	\$4680
19. Expenses Paid by Committee (Section P)	\$1427.29	\$1427.29
20. Balance on hand at close of Reporting Period (Subtract Line 19 from Line 18 in both Columns)	\$3,612.71	\$3,252.71
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	
	0	

<b>NAME OF COMMITTEE</b> <i>(Provide Complete Name as Registered with Filing Repository)</i>	<b>TYPE OF REPORT</b>
Kelley for Council	October 10

**L1. Event Information**

<b>Event #</b> Date of Event	<b>Letter</b>	<b>Description</b>	<b>Was this a fundraising event?</b>	
7/22/21		Kelley and Mielcarz Fundraiser	<input checked="" type="radio"/> Yes	<input type="radio"/> No
<b>Location: Street Address</b>		<b>City</b>	<b>State</b>	<b>Zip Code</b>
59 North Main St.		Bristol	CT	06010

**Subpart 1: (All Committees)**

Was this event hosted at a personal residence?  Yes *(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.)*  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?  Yes *(If yes, go to Section L4 In-Kind Donations not Considered Contributions and complete required information.)*  No

Was this fundraiser a tag sale, auction, or other sale of donated items with purchases from an individual of up to \$100?  Yes *(If yes, enter Total Receipts here.)*  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?  Yes *(If yes, go to Section L3 Purchases of Advertising Space in a Program Book or on a Sign and complete required information.)*  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?  Yes *(If yes, enter Total Receipts here.)*  No \$

<b>Event #</b> Date of Event	<b>Letter</b>	<b>Description</b>	<b>Was this a fundraising event?</b>	
9/9/21		Fundraiser	<input checked="" type="radio"/> Yes	<input type="radio"/> No
<b>Location: Street Address</b>		<b>City</b>	<b>State</b>	<b>Zip Code</b>
139 E. Chippens Hill Road		Burlington	CT	06013

**Subpart 1: (All Committees)**

Was this event hosted at a personal residence?  Yes *(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.)*  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?  Yes *(If yes, go to Section L4 In-Kind Donations not Considered Contributions and complete required information.)*  No

Was this fundraiser a tag sale, auction, or other sale of donated items with purchases from an individual of up to \$100?  Yes *(If yes, enter Total Receipts here.)*  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?  Yes *(If yes, go to Section L3 Purchases of Advertising Space in a Program Book or on a Sign and complete required information.)*  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?  Yes *(If yes, enter Total Receipts here.)*  No \$

<b>SUBTOTAL Section L1—Subpart 1 (All Committees) Total Receipts from Sale of Donated Items — This Page</b>	0
<b>SUBTOTAL Section L1—Subpart 3 (Town Committees ONLY) Total Receipts from Food Purchases — This Page</b>	0
<b>TOTAL of additional Section L1 Pages</b>	0
<b>TOTAL OF ALL RECEIPTS FROM SMALL PURCHASES</b> <i>(Enter total on Line 16c, Column 4 of Summary Page Totals)</i>	0

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*

<b>NAME OF COMMITTEE</b> <i>(Provide Complete Name as Registered with Filing Repository)</i>	<b>TYPE OF REPORT</b>
Kelley for Council	October 10

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

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

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

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

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

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

<b>SUBTOTAL Section L3 Total Purchases of Advertising in Program Book — This Page</b>	0
<b>SUBTOTAL Section L3 Total Purchases of Advertising on a Sign — This Page</b>	0
<b>TOTAL of additional Section L3 Pages</b>	0
<b>TOTAL OF ALL PURCHASES OF ADVERTISING IN A PROGRAM BOOK or ON A SIGN</b>	0

### IV. EXPENDITURES (Sections P—T)

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)				TYPE OF REPORT	
Kelley for Council				October 10	
<b>P. Expenses Paid by Committee</b>					
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) CHAR	Description contribution for 20th Anniversary - Wonder of Women Event		Event #	Amount \$155	
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"/> Independent <input type="radio"/> Coordinated without reimbursement sought (in-kind contribution) <input type="radio"/> Organization <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D				
Name of Payee 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) FNDR	Description fundraising space, food, alcohol		Event # 1	Amount \$271	
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"/> Independent <input type="radio"/> Coordinated without reimbursement sought (in-kind contribution) <input type="radio"/> Organization <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D				
Name of Payee 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) FNDR	Description catering for fundraiser		Event # 2	Amount \$481.74	
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"/> Independent <input type="radio"/> Coordinated without reimbursement sought (in-kind contribution) <input type="radio"/> Organization <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D				
Name of Payee 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) RMB	Description reimbursement for Bristol Hospital contribution		Event #	Amount \$125	
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"/> Independent <input type="radio"/> Coordinated without reimbursement sought (in-kind contribution) <input type="radio"/> Organization <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D				
<b>SUBTOTAL Section P — This Page</b>				\$1,032.74	
<b>TOTAL of additional Section P Pages</b>				\$394.55	
<b>TOTAL OF ALL EXPENSES PAID BY COMMITTEE</b>				\$1,427.29	



**IV. EXPENDITURES (Sections P—T)**

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)				TYPE OF REPORT	
Kelley for Council				October 10	
<b>P. Expenses Paid by Committee</b>					
Name of Payee			Date of Payment		Method of Payment:
Peter Kelley			09/30/21		<input checked="" type="radio"/> Check # 98 <input type="radio"/> Debit Card <input type="radio"/> EFT
Street Address		City		State	Zip Code
44 Southdown Dr.		Bristol		CT	06010
Purpose of Expenditure (by code)	Description		Event #	Amount	
RMB	reimbursement for fundraiser alcohol		2	\$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"/> Independent <input type="radio"/> Coordinated without reimbursement sought (in-kind contribution) <input type="radio"/> Organization <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D				
Name of Payee			Date of Payment		Method of Payment:
Webster Bank, N.A.			07/30/21		<input type="radio"/> Check # <input type="radio"/> Debit Card <input checked="" type="radio"/> EFT
Street Address		City		State	Zip Code
797 Pine St.		Bristol		CT	06010
Purpose of Expenditure (by code)	Description		Event #	Amount	
BNK	monthly service charge			\$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"/> Independent <input type="radio"/> Coordinated without reimbursement sought (in-kind contribution) <input type="radio"/> Organization <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D				
Name of Payee			Date of Payment		Method of Payment:
Anedot			07/30/21		<input type="radio"/> Check # <input type="radio"/> Debit Card <input checked="" type="radio"/> EFT
Street Address		City		State	Zip Code
1920 McKinney Ave 7th floor,		Dallas		TX	75201
Purpose of Expenditure (by code)	Description		Event #	Amount	
	anedot fees for processing			\$53.60	
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked)				
web	<input type="radio"/> None of the below <input type="radio"/> Coordinated with reimbursement sought (joint expenditure) <input type="radio"/> Independent <input type="radio"/> Coordinated without reimbursement sought (in-kind contribution) <input type="radio"/> Organization <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D				
Name of Payee			Date of Payment		Method of Payment:
Richard Balsam			07/31/21		<input checked="" type="radio"/> Check # 0093 <input type="radio"/> Debit Card <input type="radio"/> EFT
Street Address		City		State	Zip Code
47 Sheffield Ln		Bristol		CT	06010
Purpose of Expenditure (by code)	Description		Event #	Amount	
A-	DESIGN AND PRODUCTION DOOR HANGER			\$135.00	
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"/> Independent <input type="radio"/> Coordinated without reimbursement sought (in-kind contribution) <input type="radio"/> Organization <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D				
<b>SUBTOTAL Section P — This Page</b>				\$239.55	
<b>TOTAL of additional Section P Pages</b>				\$1,187.74	
<b>TOTAL OF ALL EXPENSES PAID BY COMMITTEE</b>				\$1,427.29	