

SEEC FORM 20

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



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COVER PAGE

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.	City 185	State	Zip Code
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4. ELECTION/REFERENDUM DATE **5. OFFICE SOUGHT** *(Complete only if Candidate Committee)* **6. DISTRICT NUMBER**

(mm/dd/yyyy) 11/02/21	City Council	(if applicable)
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7. CANDIDATE NAME *(Complete only if Candidate or Exploratory Committee)*

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

- | | | | |
|--|--|--|---|
| <input checked="" 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 <i>(PACs ONLY)</i> |
| <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 type="radio"/> October 10 filing | <input type="radio"/> 12th day preceding election <i>(State Central Committees Only)</i> | <input type="radio"/> Termination | |
| <input checked="" 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	Ending Date
10/25/21	12/31/21
	thru

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	01/09/22 DATE (mm/dd/yyyy)
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A person who is found to have knowingly and willfully violated any provisions of the campaign finance statutes

SEEC FORM 20

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

SUMMARY PAGE TOTALS

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)	TYPE OF REPORT	
Kelley for Council	January 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	\$3506.31	
13. Contributions Received from Individuals (Sections A and B)	\$25	\$4680
14. Receipts from Other Committees (Sections C1 and C2)	\$250	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)	0	0
18. Subtotals (add totals in Line 12 + 17 in Column A; and in Line 11 + 17 in Column B)	0	0
19. Expenses Paid by Committee (Section P)	0	0
20. Balance on hand at close of Reporting Period (Subtract Line 19 from Line 18 in both Columns)	0	0
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	\$360	
25a. + Loans Received (Section D)	0	0
25b. + Interest and Penalties on Loan	0	0
25c. - Payments on Loan	\$360	0
25d. Total Outstanding Loan Amount	0	
26. Campaign Expenses Paid by Candidate (Section Q)	\$2,426.35	0
27. Expenses Incurred on Committee Credit Card (Section R)	0	0
28. Expenses Incurred by Committee During this Period but Not Paid (Section S)	0	
28a. Total Outstanding Expenses Incurred by Committee still Unpaid (Section S)	0	

I. MONETARY RECEIPTS (Sections A—K)

NAME OF COMMITTEE <i>(Provide Complete Name as Registered with Filing Repository)</i>		TYPE OF REPORT	
Kelley for Council		January 10	
A. Total Contributions from Small Contributors Received this Period ONLY <i>(See instructions for definition of Small Contributor)</i>		SUBTOTAL SECTION A	
		\$25	
B. Itemized Contributions from Individuals			
Last Name Jakubowski		First Nick	MI
Residential Street Address 51 Rockwell Ave		City Bristol	State CT
Zip Code 06010		Principal Occupation Non Profit Executive Director	
Name of Employer Pathways/Senderos Center for New Britain			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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="checkbox"/> Yes <input checked="" type="checkbox"/> No	Amount of Contribution \$25	
Is this contribution associated with an event reported in Section L1? <i>If yes, list Event # _____</i> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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="checkbox"/> Executive <input type="checkbox"/> Legislative <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
Method of Contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		Date Received 10/27/21	Aggregate Contributions \$25
Last Name		First	MI
Residential Street Address		City	State
Zip Code		Principal Occupation	
Name of Employer			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input type="checkbox"/> 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="checkbox"/> Yes <input type="checkbox"/> No	Amount of Contribution	
Is this contribution associated with an event reported in Section L1? <i>If yes, list Event # _____</i> <input type="checkbox"/> Yes <input type="checkbox"/> 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="checkbox"/> Executive <input type="checkbox"/> Legislative <input type="checkbox"/> Yes <input type="checkbox"/> No		
Method of Contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		Date Received	Aggregate Contributions
Last Name		First	MI
Residential Street Address		City	State
Zip Code		Principal Occupation	
Name of Employer			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input type="checkbox"/> 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="checkbox"/> Yes <input type="checkbox"/> No	Amount of Contribution	
Is this contribution associated with an event reported in Section L1? <i>If yes, list Event # _____</i> <input type="checkbox"/> Yes <input type="checkbox"/> 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="checkbox"/> Executive <input type="checkbox"/> Legislative <input type="checkbox"/> Yes <input type="checkbox"/> No		
Method of Contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		Date Received	Aggregate Contributions
SUBTOTAL Section B — This Page		\$25	
TOTAL of additional Section B Pages		\$25	
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B) <i>(Enter total on Line 13, Column A of Summary Page Totals)</i>		\$25	

I. MONETARY RECEIPTS (Sections A—K)

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)						TYPE OF REPORT	
Kelley for Council						January 10	
C1. Contributions from Other Committees							
Name of Committee				Name of Treasurer			
Eastern Connecticut Area Labor Federation				Stephen Ferrucci			
Address			Is this contribution associated with an event reported in Section L1?			Amount of Contribution	
22 Orange St.			<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event # _____				
City		State	Zip Code	Date Received	Aggregate Contributions		
Hartford		CT	06106	11/08	\$250		
Name of Committee				Name of Treasurer			
Address			Is this contribution associated with an event reported in Section L1?			Amount of Contribution	
			<input type="checkbox"/> Yes <input type="checkbox"/> No 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 L1?			Amount of Contribution	
			<input type="checkbox"/> Yes <input type="checkbox"/> No 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			
Mielcarz for Council				Gary Sassu			
Address			City		State	Zip Code	
34 Donovan Court			Bristol		CT	06010	
Date Received	Expenditure # (if applicable)	Payment Type				Amount of Receipt	
11/08		<input checked="" type="checkbox"/> Reimbursement for shared expense <input type="checkbox"/> Surplus Distribution					
Description							
reimbursement for food purchased for fundraiser							
Name of Committee				Name of Treasurer			
Address			City		State	Zip Code	
Date Received	Expenditure # (if applicable)	Payment Type				Amount of Receipt	
		<input type="checkbox"/> Reimbursement for shared expense <input type="checkbox"/> Surplus Distribution					
Description							
SUBTOTAL Section C — This Page						\$250	
TOTAL of additional Section C Pages						\$250	
TOTAL OF ALL COMMITTEE CONTRIBUTIONS AND RECEIPTS (Sections C1 + C2) (Enter total on Line 14, Column A of Summary Page Totals)						\$250	

I. MONETARY RECEIPTS (Sections A—K)

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)				TYPE OF REPORT	
Kelley for Council				January 10	
D. Loans Received this Period					
Name of Lender		Source of Loan: <input type="checkbox"/> Bank <input type="checkbox"/> Candidate <input type="checkbox"/> Individual <input type="checkbox"/> Other Committee			Date of Receipt
Street Address		City	State	Zip Code	Is there a Cosigner or Guarantor of this loan? <input type="checkbox"/> Yes <input type="checkbox"/> No
Name of Cosigner/Guarantor (if applicable)					Amount Received
Street Address		City	State	Zip Code	
Name of Lender		Source of Loan: <input type="checkbox"/> Bank <input type="checkbox"/> Candidate <input type="checkbox"/> Individual <input type="checkbox"/> Other Committee			Date of Receipt
Street Address		City	State	Zip Code	Is there a Cosigner or Guarantor of this loan? <input type="checkbox"/> Yes <input type="checkbox"/> No
Name of Cosigner/Guarantor (if applicable)					Amount Received
Street Address		City	State	Zip Code	
Name of Lender		Source of Loan: <input type="checkbox"/> Bank <input type="checkbox"/> Candidate <input type="checkbox"/> Individual <input type="checkbox"/> Other Committee			Date of Receipt
Street Address		City	State	Zip Code	Is there a Cosigner or Guarantor of this loan? <input type="checkbox"/> Yes <input type="checkbox"/> No
Name of Cosigner/Guarantor (if applicable)					Amount Received
Street Address		City	State	Zip Code	
TOTAL SECTION D					0
E. Receipts from Entities other than Individuals or Other Committees (Referendum Committees ONLY)					
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 Repository)</i>		TYPE OF REPORT	
Kelley for Council		January 10	
F. Amount Transferred from Affiliated Business Treasury <i>(Business Entity Committees ONLY)</i>			
Date of Receipt	Is this transaction associated with an event reported in Section L1?	<input type="checkbox"/> Yes <i>If yes, list Event #</i> <input type="checkbox"/> No	Amount
Date of Receipt	Is this transaction associated with an event reported in Section L1?	<input type="checkbox"/> Yes <i>If yes, list Event #</i> <input type="checkbox"/> No	Amount
Date of Receipt	Is this transaction associated with an event reported in Section L1?	<input type="checkbox"/> Yes <i>If yes, list Event #</i> <input type="checkbox"/> No	Amount
Date of Receipt	Is this transaction associated with an event reported in Section L1?	<input type="checkbox"/> Yes <i>If yes, list Event #</i> <input type="checkbox"/> No	Amount
TOTAL SECTION F			
G. Amount Transferred from Affiliated Labor Union or Other Organization Treasury <i>(Organization Committees ONLY)</i>			
Date of Receipt	Date of Receipt	Date of Receipt	
Amount	Amount	Amount	
TOTAL SECTION G			0
H. Personal Funds of the Candidate Received this Period <i>(Candidate Committees ONLY)</i>			
Date of Receipt	Method of payment:		Amount
	<input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card		
Date of Receipt	Method of payment:		Amount
	<input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card		
Date of Receipt	Method of payment:		Amount
	<input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card		
Date of Receipt	Method of payment:		Amount
	<input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card		
TOTAL SECTION H			0
I. Anonymous Contributions			
Per Public Act 11-48, Anonymous Contributions may no longer be deposited in <i>any</i> 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 (Provide Complete Name as Registered with Filing Repository)				TYPE OF REPORT	
Kelley for Council				January 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				0	
K. Miscellaneous Monetary Receipts not Considered Contributions					
Name			Date of Transaction		Amount Received
Street Address	City	State	Zip Code		
Description					
Name			Date of Transaction		Amount Received
Street Address	City	State	Zip Code		
Description					
Name			Date of Transaction		Amount Received
Street Address	City	State	Zip Code		
Description					
Name			Date of Transaction		Amount Received
Street Address	City	State	Zip Code		
Description					
TOTAL SECTION K				0	
SUMMARY OF OTHER MONETARY RECEIPTS (Sections D through K)					
Total Loans Received this Period (Section D)					
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				0	
(Add Sections D through K) (Enter total on Line 15, Column A of Summary Page Totals)					

II. EVENT ACTIVITY (Sections L1—L5)

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)			TYPE OF REPORT	
Kelley for Council			January 10	
L1. Event Information				
Event #	Letter	Description	Was this a fundraising event?	
Date of Event			<input type="checkbox"/> Yes <input type="checkbox"/> No	
Location: Street Address		City	State	Zip Code
Subpart 1: (All Committees)				
Was this event hosted at a personal residence?			<input type="checkbox"/> 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.)	
			<input type="checkbox"/> 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="checkbox"/> Yes (If yes, go to Section L4 In-Kind Donations not Considered Contributions and complete required information.)	
			<input type="checkbox"/> 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="checkbox"/> Yes (If yes, enter Total Receipts here.)	
			<input type="checkbox"/> No → \$ <input style="width: 50px;" type="text"/>	
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="checkbox"/> Yes (If yes, go to Section L3 Purchases of Advertising Space in a Program Book or on a Sign and complete required information.)	
			<input type="checkbox"/> 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="checkbox"/> Yes (If yes, enter Total Receipts here.)	
			<input type="checkbox"/> No → \$ <input style="width: 50px;" type="text"/>	
Event #				
Date of Event	Letter	Description	Was this a fundraising event?	
			<input type="checkbox"/> Yes <input type="checkbox"/> No	
Location: Street Address		City	State	Zip Code
Subpart 1: (All Committees)				
Was this event hosted at a personal residence?			<input type="checkbox"/> 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.)	
			<input type="checkbox"/> 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="checkbox"/> Yes (If yes, go to Section L4 In-Kind Donations not Considered Contributions and complete required information.)	
			<input type="checkbox"/> 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="checkbox"/> Yes (If yes, enter Total Receipts here.)	
			<input type="checkbox"/> No → \$ <input style="width: 50px;" type="text"/>	
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="checkbox"/> Yes (If yes, go to Section L3 Purchases of Advertising Space in a Program Book or on a Sign and complete required information.)	
			<input type="checkbox"/> 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="checkbox"/> Yes (If yes, enter Total Receipts here.)	
			<input type="checkbox"/> No → \$ <input style="width: 50px;" type="text"/>	
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		0		
TOTAL of additional Section L1 Pages		0		
TOTAL OF ALL RECEIPTS FROM SMALL PURCHASES <i>(Enter total on Line 16a, Column A of Summary Page Totals)</i>		0		

II. EVENT ACTIVITY (Sections L1—L5)

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

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

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

Name of Purchaser				Purchase Made By:	
				<input type="checkbox"/> Business Entity <input type="checkbox"/> Other <input type="checkbox"/> 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="checkbox"/> Business Entity <input type="checkbox"/> Other <input type="checkbox"/> 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="checkbox"/> Business Entity <input type="checkbox"/> Other <input type="checkbox"/> 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="checkbox"/> Business Entity <input type="checkbox"/> Other <input type="checkbox"/> 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="checkbox"/> Business Entity <input type="checkbox"/> Other <input type="checkbox"/> 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	0
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>	0

II. EVENT ACTIVITY (Sections L1—L5)

NAME OF COMMITTEE <i>(Provide Complete Name as Registered with Filing Repository)</i>		TYPE OF REPORT	
Kelley for Council		January 10	
L4. In-Kind Donations Not Considered Contributions			
Name of Donor			
Street Address		City	State Zip Code
Donation Given By: <input type="checkbox"/> Business Entity <input type="checkbox"/> Individual <input type="checkbox"/> 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="checkbox"/> Business Entity <input type="checkbox"/> Individual <input type="checkbox"/> 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="checkbox"/> Business Entity <input type="checkbox"/> Individual <input type="checkbox"/> 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="checkbox"/> Business Entity <input type="checkbox"/> Individual <input type="checkbox"/> 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	

II. EVENT ACTIVITY (Sections L1—L5)

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)			TYPE OF REPORT	
Kelley for Council			January 10	
L5. 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="checkbox"/> Yes <input type="checkbox"/> No <i>If yes, complete Itemization in Addendum L5</i>	
Street Address		City	State	Zip Code
Description of Donation			Fair Market Value of Donation	
Event #	Aggregate Value of this Event—all hosts	Aggregate Value of all Events—this host/candidate		
Name of Host			Is this event supporting more than one candidate or committee? <input type="checkbox"/> Yes <input type="checkbox"/> No <i>If yes, complete Itemization in Addendum L5</i>	
Street Address		City	State	Zip Code
Description of Donation			Fair Market Value of Donation	
Event #	Aggregate Value of this Event—all hosts	Aggregate Value of all Events—this host/candidate		
Name of Host			Is this event supporting more than one candidate or committee? <input type="checkbox"/> Yes <input type="checkbox"/> No <i>If yes, complete Itemization in Addendum L5</i>	
Street Address		City	State	Zip Code
Description of Donation			Fair Market Value of Donation	
Event #	Aggregate Value of this Event—all hosts	Aggregate Value of all Events—this host/candidate		
Name of Host			Is this event supporting more than one candidate or committee? <input type="checkbox"/> Yes <input type="checkbox"/> No <i>If yes, complete Itemization in Addendum L5</i>	
Street Address		City	State	Zip Code
Description of Donation			Fair Market Value of Donation	
Event #	Aggregate Value of this Event—all hosts	Aggregate Value of all Events—this host/candidate		
SUBTOTAL Section L5 — This Page			0	
TOTAL of additional Section L5 Pages			0	
TOTAL OF ALL IN-KIND DONATIONS NOT CONSIDERED CONTRIBUTIONS ASSOCIATED WITH A HOUSE PARTY (Enter total on Line 22, Column A of Summary Page Totals)			0	

III. NONMONETARY RECEIPTS (Sections M—O)

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)				TYPE OF REPORT			
Kelley for Council				January 10			
M. In-Kind Contributions							
Name							
Street Address				City		State	Zip Code
Type of contributor: <input type="checkbox"/> Committee		Date Received	Aggregate Contributions	Description of In-Kind Contribution			
<input type="checkbox"/> Individual / Sole Proprietorship <input type="checkbox"/> Other							
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input type="checkbox"/> 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="checkbox"/> Yes <input type="checkbox"/> No				Fair Market Value of this Contribution	
Is this contribution associated with an event reported in Section L1? <input type="checkbox"/> Yes <input type="checkbox"/> No <i>If yes, list Event # _____</i>		Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input type="checkbox"/> No <i>If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative</i>					
Name							
Street Address				City		State	Zip Code
Type of contributor: <input type="checkbox"/> Committee		Date Received	Aggregate Contributions	Description of In-Kind Contribution			
<input type="checkbox"/> Individual / Sole Proprietorship <input type="checkbox"/> Other							
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input type="checkbox"/> 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="checkbox"/> Yes <input type="checkbox"/> No				Fair Market Value of this Contribution	
Is this contribution associated with an event reported in Section L1? <input type="checkbox"/> Yes <input type="checkbox"/> No <i>If yes, list Event # _____</i>		Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input type="checkbox"/> No <i>If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative</i>					
Name							
Street Address				City		State	Zip Code
Type of contributor: <input type="checkbox"/> Committee		Date Received	Aggregate Contributions	Description of In-Kind Contribution			
<input type="checkbox"/> Individual / Sole Proprietorship <input type="checkbox"/> Other							
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input type="checkbox"/> 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="checkbox"/> Yes <input type="checkbox"/> No				Fair Market Value of this Contribution	
Is this contribution associated with an event reported in Section L1? <input type="checkbox"/> Yes <input type="checkbox"/> No <i>If yes, list Event # _____</i>		Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input type="checkbox"/> No <i>If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative</i>					
Name							
Street Address				City		State	Zip Code
Type of contributor: <input type="checkbox"/> Committee		Date Received	Aggregate Contributions	Description of In-Kind Contribution			
<input type="checkbox"/> Individual / Sole Proprietorship <input type="checkbox"/> Other							
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input type="checkbox"/> 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="checkbox"/> Yes <input type="checkbox"/> No				Fair Market Value of this Contribution	
Is this contribution associated with an event reported in Section L1? <input type="checkbox"/> Yes <input type="checkbox"/> No <i>If yes, list Event # _____</i>		Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input type="checkbox"/> No <i>If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative</i>					
SUBTOTAL Section M — This Page							
0							
TOTAL of additional Section M Pages							
0							
TOTAL OF ALL IN-KIND CONTRIBUTIONS (Enter total on Line 23, Column A of Summary Page Totals)							
0							
N. Refundable Deposit to Telephone Company							
Last Name of Individual				First		MI	Date Deposit Made
Residential Street Address				City		State	Zip Code
Name of Telephone Company							
TOTAL SECTION N (Enter total on Line 24, Column A of Summary Page Totals)							

IV. EXPENDITURES (Sections P—T)

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)		TYPE OF REPORT	
Kelley for Council		January 10	
P. Expenses Paid by Committee			
Name of Payee		Date of Payment	Method of Payment:
Anedot		10/29/21	<input type="checkbox"/> Check # _____ <input type="checkbox"/> Debit Card <input checked="" type="checkbox"/> EFT
Street Address		City	State Zip Code
Purpose of Expenditure (by code)		Description	Event #
web		anedot fee for processing	
Expenditure # (if applicable)		Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked)	
		<input type="checkbox"/> None of the below <input type="checkbox"/> Coordinated with reimbursement sought (joint expenditure) <input type="checkbox"/> Independent <input type="checkbox"/> Coordinated without reimbursement sought (in-kind contribution) <input type="checkbox"/> Organization <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D	
		Amount	
		\$1.30	
Name of Payee		Date of Payment	Method of Payment:
Webster Bank, N.A.		12/31/21	<input type="checkbox"/> Check # _____ <input type="checkbox"/> Debit Card <input checked="" type="checkbox"/> EFT
Street Address		City	State Zip Code
Purpose of Expenditure (by code)		Description	Event #
BNK		service charge	
Expenditure # (if applicable)		Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked)	
		<input type="checkbox"/> None of the below <input type="checkbox"/> Coordinated with reimbursement sought (joint expenditure) <input type="checkbox"/> Independent <input type="checkbox"/> Coordinated without reimbursement sought (in-kind contribution) <input type="checkbox"/> Organization <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D	
		Amount	
		\$11.95	
Name of Payee		Date of Payment	Method of Payment:
Peter Kelley		12/06	<input checked="" type="checkbox"/> Check # <u>Official</u> <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT
Street Address		City	State Zip Code
44 Southdown Dr.		Bristol	CT 06010
Purpose of Expenditure (by code)		Description	Event #
RMB		reimbursement for initial loan to open account	
Expenditure # (if applicable)		Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked)	
		<input type="checkbox"/> None of the below <input type="checkbox"/> Coordinated with reimbursement sought (joint expenditure) <input type="checkbox"/> Independent <input type="checkbox"/> Coordinated without reimbursement sought (in-kind contribution) <input type="checkbox"/> Organization <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D	
		Amount	
		\$360	
Name of Payee		Date of Payment	Method of Payment:
Primo Press		\$877.39	<input checked="" type="checkbox"/> Check # <u>Official</u> <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT
Street Address		City	State Zip Code
106 Riverside Ave		Bristol	CT 06010
Purpose of Expenditure (by code)		Description	Event #
		payment for signs	
Expenditure # (if applicable)		Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked)	
		<input type="checkbox"/> None of the below <input type="checkbox"/> Coordinated with reimbursement sought (joint expenditure) <input type="checkbox"/> Independent <input type="checkbox"/> Coordinated without reimbursement sought (in-kind contribution) <input type="checkbox"/> Organization <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D	
		Amount	
		\$877.39	
SUBTOTAL Section P — This Page		\$1250.64	
TOTAL of additional Section P Pages		\$1,177.01	
TOTAL OF ALL EXPENSES PAID BY COMMITTEE <i>(Enter total on Line 19, Column A of Summary Page Totals)</i>		\$2,427.65	

IV. EXPENDITURES (Sections P—T)

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)			TYPE OF REPORT	
Kelley for Council			January 10	
P. Expenses Paid by Committee				
Name of Payee Peter Kelley		Date of Payment	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) RMB	Description reimbursement for fundraiser	Event #	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"/> 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 10/28/21	Method of Payment: <input checked="" type="radio"/> Check # 99 <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 fundraiser	Event #	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"/> 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 Automated Mailing Services L.L.C		Date of Payment 10/28/21	Method of Payment: <input checked="" type="radio"/> Check # 100 <input type="radio"/> Debit Card <input type="radio"/> EFT	
Street Address 1687 Reinhard Rd		City Cheshire	State CT	Zip Code 06410
Purpose of Expenditure (by code)	Description postcard mailer payment	Event #	Amount \$1,099.01	
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: <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"/> 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			
SUBTOTAL Section P— This Page			\$1,177.01	
TOTAL of additional Section P Pages			\$1,250.64	
TOTAL OF ALL EXPENSES PAID BY COMMITTEE			\$2,427.65	

IV. EXPENDITURES (Sections P—T)

NAME OF COMMITTEE <i>(Provide Complete Name as Registered with Filing Repository)</i>				TYPE OF REPORT	
Kelley for Council				January 10	
Q. Campaign Expenses Paid by Candidate					
Name of Payee <i>(Name of Vendor, Person or Entity who candidate paid directly)</i>			Date of Payment	Is reimbursement claimed?	
				<input type="checkbox"/> Yes <input type="checkbox"/> No	
Street Address		City		State	Zip Code
Purpose of Expenditure <i>(by code)</i>	Description	Event #		Amount	
Name of Payee <i>(Name of Vendor, Person or Entity who candidate paid directly)</i>			Date of Payment	Is reimbursement claimed?	
				<input type="checkbox"/> Yes <input type="checkbox"/> No	
Street Address		City		State	Zip Code
Purpose of Expenditure <i>(by code)</i>	Description	Event #		Amount	
Name of Payee <i>(Name of Vendor, Person or Entity who candidate paid directly)</i>			Date of Payment	Is reimbursement claimed?	
				<input type="checkbox"/> Yes <input type="checkbox"/> No	
Street Address		City		State	Zip Code
Purpose of Expenditure <i>(by code)</i>	Description	Event #		Amount	
Name of Payee <i>(Name of Vendor, Person or Entity who candidate paid directly)</i>			Date of Payment	Is reimbursement claimed?	
				<input type="checkbox"/> Yes <input type="checkbox"/> No	
Street Address		City		State	Zip Code
Purpose of Expenditure <i>(by code)</i>	Description	Event #		Amount	
Name of Payee <i>(Name of Vendor, Person or Entity who candidate paid directly)</i>			Date of Payment	Is reimbursement claimed?	
				<input type="checkbox"/> Yes <input type="checkbox"/> No	
Street Address		City		State	Zip Code
Purpose of Expenditure <i>(by code)</i>	Description	Event #		Amount	
SUBTOTAL Section Q — This Page				0	
TOTAL of additional Section Q Pages				0	
TOTAL OF ALL EXPENSES PAID BY CANDIDATE				0	
<i>(Enter total on Line 26, Column A of Summary Page Totals)</i>					

