SEEC FORM 20

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

TOWN & CITY CLERK HARLECOME

2023 JUL 10 PM 1: 06

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COVER PAGE

1; NAME OF COMMITTEE			Carlotte Same S			100 (1000) (1000)	35 AC 089 65		
Kelly B for Council	<u> </u>								
2, TREASURER NAME	45 5 12 12 15 15 15 15 15 15 15 15 15 15 15 15 15				A CONTRACT OF THE TRACT OF THE				
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Ryan		Т.	M	lcBride			- 647/041/12/00/01/01/01/01/01	Same of the part	menter transmission to the first field flower page and his first field for
3. TREASURER ADDRESS	A CONTRACTOR OF THE CONTRACTOR		i nezverni Lav				1	la: o	
Street Address 27 Red Rock Circle			^{City} Newin	gton			State CT	Zip Co 0611	Ì
4. ELECTION/REFERENDUM DATE	5. OFFICE SOUG	HT (Complet	te only if C	Landidate (Committee)			6. DISTI	RICT NUMBER
(mm/dd/yyyy) 11/07/2023	Council							(if applicable)	
7. CANDIDATE NAME (Complete only if	Candidate or Explorato	and the production representation		stration of the second		4.454			
First		MI	La						Suffix
Kelly		vall skulli blodek skoje; spoje, s,	B	ilodeau	I	· Marca cagasaga		Palacian iku (in) and yili (in)	on the second se
8. TYPE OF REPORT (Check One Box)				E. G. E.	State of the state				
O January 10 filing	7th day preced	ding primar	y (O7th o	ay preceding referendum	O	nitial Cont PACs ONLY)	ribution o	Disbursement
April 10 filing	O30 days follow	ving primar	ry (O 45 d	ays following referendum		Amendmen	t to	
⊙ July 10 filing	7th day preced	ding electio	on (O Defi	eit	Т	ype of Rep	ort:	
October 10 filing	12th day preco			○ Tern	nination	-		••••	
O24 Hour Independent Expenditure OPrimary OElection	O45 days follow not held in No	ving electio	-						
9. PERIOD COVERED		Market St.		4- (3) (3) (4) (5) (5)			19235 1013		Sangalan (Propinsi
	Beginning Da	te			Ending Date				
	4/1/2023		t	hru	6/30/2023				
-					-				
10, CERTIFICATION					1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1				
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.									
KMIR			Ryan T.				-	07/10/2	
TREASURER OR DEPUTY PREASURI	ER (SIGNATURE)		PRINT N	NAME O	F SIGNER			DATE (mm/dd/yyyy)
Control Service Control Servic	10 10 10 10 10 10 10 10 10 10 10 10 10 1		ar y kur keet il ara ilisaa ka ka ka ka				e e e e e e e e e e e e e e e e e e e		atom unit (1971)
A person who is	found to have kn	owingly a	nd willfi	ully vio	lated any provisions of th	ne cam	paign find	ince statu	ites

faces a civil penalty or imprisonment or both.

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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) Kelly B for Council	TYPE OF REPORT July 10 Filing				
Neily Dior countries	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		\$0.00			
12. Balance on hand at the beginning of Reporting Period	\$0.00				
13. Contributions Received from Individuals (Sections A and B)	\$10,380.00	\$10,380.00			
14. Receipts from Other Committees (Sections C1 and C2)	\$0.00	\$0.00			
15. Other Monetary Receipts (Sections D through K)	\$0.00	\$0.00			
16a. Total Proceeds from Small Purchases (Section L1 Subpart 1 + Subpart 3)	\$0.00	\$0.00			
16b. Per Public Act 11-48; effective January 1, 2012 Section L2; removed					
16c. Total Purchases of Advertising—Program Book or Sign (Section L3)	\$0.00	\$0.00			
17. Total Monetary Receipts (add totals for Lines 13 through 16c)	\$10,380.00	\$10,380.00			
18. Subtotals (add totals in Line 12 + 17 in Column A; and in Line 11 + 17 in Column B)	\$10,380.00	\$10,380.00			
19. Expenses Paid by Committee (Section P)	\$2,517.97	\$2,517.97			
20. Balance on hand at close of Reporting Period (Subtract Line 19 from Line 18 in both Columns)	\$7,862.03	\$7,862.03			
21. In-Kind Donations not Considered Contributions Received (Section L4)	\$0.00	\$0.00			
22. In-Kind Donations not Considered Contributions — House Party (Section L5)	\$0.00	\$0.00			
23. In-Kind Contributions Received (Section M)	\$0.00	\$0.00			
24. Refundable Deposit to Telephone Company (Section N)	\$0.00	\$0.00			
25, Loan Balance	\$0.00				
25a. + Loans Received (Section D)	\$0.00	\$0.00			
25b. + Interest and Penalties on Loan	\$0.00	\$0.00			
25c Payments on Loan	\$0,00	\$0.00			
25d. Total Outstanding Loan Amount	\$0.00				
26. Campaign Expenses Paid by Candidate (Section Q)	\$0.00	\$0.00			
27. Expenses Incurred on Committee Credit Card (Section R)	\$0.00	\$0.00			
28. Expenses Incurred by Committee During this Period but Not Paid (Section S)	\$0.00				
28a. Total Outstanding Expenses Incurred by Committee still Unpaid (Section S)	\$0.00				

I. MONETARY RECEIPTS (Sections A—K)

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)			TYPE OF REPORT			
Kelly B For Council			July 10 Filing			
A. Total Contributions from Small Contributors-Received this Period ONLY (See instructions for definition of Small Contributor) SUBTOTAL SECTION A			\$\$0.00			
B. Itemized Co Last Name McBride	Ï	b utions from Indivi o First Ryan	duals	_		MI
Residential Street Address		Kyaii	<u></u>	0	Zip C	ade
27 Red Rock Circle	City	vington		State CT	061	
Principal Occupation						
Product Owner		Travelers				
Is contributor a lobbyist, spouse, Yes If contribution is in excess of \$400	ontributor a lobbyist, spouse, ependent child of a lobbyist? Yes 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			- 1	Amount of Contribution \$25.00	
Is this contribution associated with an event reported in Section L1? If yes, list Event # Is contributor a principal of a If yes, indicate which bra of government the contra	inch o	r branches	e contractor? Yes No Legislative			
Method of Contribution:		Date Received	Aggregate Contributions			
©Cash	y Orde	er 4/5/2023	\$25.00			
Last Name	- 1	First	- "			MI
Gaffney		Michael ————————————————————————————————————		T		
Residential Street Address	City	ita Carinas		State	Zip C	
27824 Forester Drive Bonita Springs FL 34134				3 4		
Principal Occupation Retired		Name of Employer Retired				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? No If contribution is in excess of \$400 does contributor or business he/she valued at more than \$5,000?					unt of 0.00	Contribution
Is this contribution associated with an event reported in Section L1? If yes, list Event # Yes Is contributor a principal of z If yes, indicate which broof government the contributor.	anch c	or branches	te contractor? Yes	7		
Method of Contribution:		Date Received	Aggregate Contributions	7		
OCash OPersonal Check OCredit/Debit Card OPayroll Deduction OMone	y Orde	er 4/8/2023	\$200.00			
Last Name		First				МІ
Stoddard		Gary				
Residential Street Address	City			State	Zip C	
3950 Island Lakes Drive	Wir	nter Haven		FL	338	381
Principal Occupation Retired		Name of Employer Retired				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Ves				y, Ame \$25		f Contribution
Is this contribution associated with an event reported in Section L1? If yes, list Event # Yes No If yes, indicate which broof government the contra	anch o	or branches	⊙ N₀			
Method of Contribution: Cash Personal Check Credit/Debit Card Payroll Deduction Mondon	ey Orde	Date Received 4/8/2023	Aggregate Contributions \$25.00			
SUB	тот	AL Section B — This	Page \$250.00			
TOTA	Lof	additional Section B	Pages \$10,130.00	7		
TOTAL OF ALL CONTRIBUTIONS FRO (Enter total on Line		DIVIDUALS (Sections . Column A of Summary Page				

Section B ADDITIONAL PAGE ⁴

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NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)			TYPE OF REPORT		
Kelly B for Council			July 10 Filing		
A. Total Contributions from Small Contributors-Receiv (See instructions for definition of Small Contributor)		is Period ONLY OTAL SECTION A	\$ \$0.00		
B. Itemized Co	ontrib	utions from Individ	luals		
Last Name	Fi	rst	one of the first of a second second of the second s	and school off of	MI
Charamut		dward			
Residential Street Address	City			State	Zip Code
431 Elm Street	Rock	y Hill		CT	06067
Principal Occupation		Name of Employer			
Insurance Agent		Plainville ins Ctr			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Or dependent child of a lobbyist? Or No Or dependent child of a lobbyist? Or No Or			with said municipality	/, Am \$50	ount of Contribution
Is this contribution associated with an event reported in Section L1? If yes, list Event # O Yes Is contributor a principal of a If yes, indicate which bra of government the contra	anch or	branches	contractor? Yes No Legislative		
Method of Contribution;		Date Received	Aggregate Contributions	7	
OCash OPersonal Check OCredit/Debit Card OPayroll Deduction OMone	y Order	4/9/2023	\$50.00		
Last Name	Fi	rst			MI
Hamilton	N	<i>Narle</i>			
Residential Street Address	City			State	Zip Code
73 Gilman Street	Hartí	ford		CT	06114
Principal Occupation	<u> </u>	Name of Employer			
Retired		Retired			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Ordependent child of a lobbyist?					ount of Contribution 5.00
Is this contribution associated with an event reported in Section L1? If yes, list Event # O Yes Is contributor a principal of a lifyes, indicate which be of government the contributor.	anch or	branches	e contractor? Yes No		
Method of Contribution:		Date Received	Aggregate Contributions	┪	
OCash OPersonal Check OCredit/Debit Card OPayroll Deduction OMone	ey Order	4/11/2023	\$25.00		
Last Name	Fi	irst			М
Szubinski	E	Betty			
Residential Street Address	City			State	Zip Code
34 Bates Street	Hart	ford		CT	06114
Principal Occupation		Name of Employer			
Retired		Retired			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes If contribution is in excess of \$400 does contributor or business he/sh valued at more than \$5,000?					nount of Contribution
Is this contribution associated with an event reported in Section L1? If yes, list Event # O Yes Is contributor a principal of a lifyes, indicate which broof government the contributor.	anch or	branches	ŌNo		
Method of Contribution:		Date Received	Aggregate Contributions		
Ocash OPersonal Check OCredit/Debit Card OPayroll Deduction OMond	ey Order	4/12/2023	\$250.00		
SUB	втота	AL Section B — This	Page \$325.00		
тота	L of a	dditional Section B I	ages \$10,055.00		
TOTAL OF ALL CONTRIBUTIONS FRO (Enter total on Line		DIVIDUALS (Sections) lumn A of Summary Page			
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Section B ADDITIONAL PAGE ⁵ of ⁶⁰

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NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)	ע		TYPE OF REPORT	Notes by by		
Kelly B for Council			July 10 Filing			
A. Total Contributions from Small Contributors-Rece (See instructions for definition of Small Contributor)	(1) (1) (1) (1) (1) (1) (1) (1) (1) (1)	s Period ONLY OTAL SECTION A	\$ 0.00			
	G 80% (ALLO 100 ALLO	itions from Individ	luals			
Last Name Noonan	Firs Eil	een			MI	
Residential Street Address 3 Bates Street	City Hartfo	ord		State CT	Zip Code 06114	
Principal Occupation Retired		Name of Employer Retired				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?				, Amo	ount of Contribution	
Is this contribution associated with an event reported in Section L1? If yes, list Event # Yes Is contributor a principal of If yes, indicate which to of government the contributor aprincipal of If yes, indicate which the of government the contributor aprincipal of If yes, indicate which the of government the contributor aprincipal of If yes, indicate which the of government the contributor aprincipal of If yes, indicate which the of government the contributor aprincipal of If yes, indicate which the of government the contributor aprincipal of If yes, indicate which the of government the contributor aprincipal of If yes, indicate which the of government the contributor aprincipal of If yes, indicate which the of government the contributor aprincipal of If yes, indicate which the of government the contributor aprincipal of If yes, indicate which the of government the contributor aprincipal of If yes, indicate which the of government the contributor aprincipal of If yes, indicate which the of government the contributor aprincipal of If yes, indicate which the of government the contributor aprincipal of If yes, indicate which the of government the contributor aprincipal of If yes, indicate which the of government the contributor aprincipal of If yes, indicate which it is not the indicate which is the indicate which is not t	branch or b	ranches	e contractor?			
Method of Contribution: Cash Personal Check Credit/Debit Card Payroll Deduction Mo	oney Order	Date Received 4/15/2023	Aggregate Contributions \$25.00			
Last Name Anderson	Firs Ar	thur			МІ	
Residential Street Address 221 Trumbull Street, Apt. 2705	City Hartfo	ord		State CT	Zip Code 06103	
Principal Occupation Executive		Name of Employer Imagineers, LLC.				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes If contribution is in excess of \$4 does contributor or business he/s valued at more than \$5,000?					ount of Contribution	
Is this contribution associated with an event reported in Section L1? If yes, list Event # 041723A Yes Is contributor a principal of If yes, indicate which of government the contributor of government the contributor as principal of If yes, indicate which of government the contributor as principal of If yes, indicate which of government the contributor as principal of If yes, indicate which of government the contributor as principal of If yes, indicate which of government the contributor as principal of If yes, indicate which of government the contributor as principal of If yes, indicate which of government the contributor as principal of If yes, indicate which of government the contributor as principal of If yes, indicate which of government the contributor as principal of If yes, indicate which of government the contributor as principal of If yes, indicate which of government the contributor as principal of If yes, indicate which of government the contributor as principal of If yes, indicate which of government the contributor as principal of If yes, indicate which of government the contributor as principal of If yes, indicate which of government the contributor as principal of If yes, indicate which of If yes, indicate which of government the contributor as principal of If yes, indicate which of If yes, indicate which of If yes, indicate which indicate which is the If yes yes indicated which indicate which is the If yes yes indicated which indicate which is the If yes yes indicated which is the If yes	branch or b	oranches	te contractor? Yes No			
Method of Contribution: Cash Personal Check Credit/Debit Card Payroll Deduction Mo		Date Received 4/17/2023	Aggregate Contributions \$250.00			
Last Name Bowen	. Fir.	st aren			MI	
Residential Street Address 24 Bogart Lane	City Newi	ngton		State CT	Zip Code 06111	
Principal Occupation Administrative Assistant	l	Name of Employer Town of Hebron		<u> </u>		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?					ount of Contribution 0.00	
Is this contribution associated with an event reported in Section L1? If yes, list Event # 041723A Yes Is contributor a principal of If yes, indicate which of government the contributor of government the contributor as principal of government the government of g	branch or l	oranches	⊙ No			
Method of Contribution: Cash Personal Check Ocredit/Debit Card Payroll Deduction OMO		Date Received 4/17/2023	Aggregate Contributions \$100.00			
SU	UBTOTA	L Section B — This	Page \$375.00			
TOT	FAL of a	lditional Section B 1	Pages \$10,005.00			
TOTAL OF ALL CONTRIBUTIONS FR (Enter total on L		IVIDUALS (Sections 2 umn A of Summary Page				

Section B ADDITIONAL PAGE 6 of 60

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NAME OF COMMITTEE (Provide Complete Name as	s Registered with Filing Repository)		ah beliji (in jaga ida) Historian jaga	TYPE OF REPORT	**************************************		
Kelly B for Council			July 10 Filing	July 10 Filing			
A. Total Contributions from Sma (See Instructions for definition of Small Con		ed this Period UBTOTAL SEC		\$ 0.00			
	B. Itemized Cor	Colombia Colombia de La Carte de Carte de La Carte de Ca	om Indivi	duals			
Last Name Brown		First Lew					MI
Residential Street Address 77 Montrose Street		^{City} Hartford			State CT	Zip C 061	
Principal Occupation Retired		Name of Er Retired	nployer				
or dependent child of a lobbyist? No de	contribution is in excess of \$400 pes contributor or business he/she alued at more than \$5,000?		ave a contract		, Am		Contribution
Is this contribution associated with an event reported in Section L1? If yes, list Event # 041723A		nch or branches	rospective stat	e contractor? Yes No Legislative			
Method of Contribution: Cash Personal Check Credit/Debit Card	OPayroll Deduction OMoney	Order Date Received 4/17/20		Aggregate Contributions \$25.00			
Last Name Burnham		^{First} Kevin					MI
Residential Street Address 19 Laurel Glen Drive		City East Hampton			State CT	Zip C 064	
Principal Occupation Engineer		Name of Er State of	^{nployer} Connecticı	ut	-		
or dependent child of a lobbyist? O No do	contribution is in excess of \$400 pes contributor or business he/she alued at more than \$5,000?		ave a contract			ount of 00.00	Contribution
Is this contribution associated with an event reported in Section L1? If yes, list Event # 041723A	Is contributor a principal of a If yes, indicate which bran of government the contract	nch or branches	_	te contractor? Yes No			·
Method of Contribution: OCash OPersonal Check OCredit/Debit Card	OPayroll Deduction OMoney	Order Date Receiv		Aggregate Contributions \$100.00	1		
Last Name Caamano		First Oscar				•	МІ
Residential Street Address 221 Trumbull Street, Apt. #308		City Hartford			State CT	Zip (
Principal Occupation OWNEr		Name of Er CT Socia	^{nployer} al Architect	s			
or dependent child of a lobbyist?	contribution is in excess of \$400 oes contributor or business he/she alued at more than \$5,000?		ave a contract		/, A m		f Contribution
Is this contribution associated with an event reported in Section L1? If yes, list Event # 041723A		nch or branches	rospective star	te contractor? Yes No Legislative			
Method of Contribution: Cash Personal Check Ocredit/Debit Card	l OPayroll Deduction OMoney	Order Date Received 4/17/20		Aggregate Contributions \$50.00			
100 (100 (100 (100 (100 (100 (100 (100	SUBT	OTAL Section	ı B — This	Page \$175.00		••••	
		of additional		新兴理场外			
TOTAL OF ALI	E CONTRIBUTIONS FROM (Enter total on Line						

Section B ADDITIONAL PAGE ⁷ of ⁶⁰

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NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)		TYPE OF REPORT			
Kelly B for Council		July 10 Filing	July 10 Filing		
A. Total Contributions from Small Contributors-Receiv (See instructions for definition of Small Contributor)	ved this Period ONLY SUBTOTAL SECTION A	\$0.00			
and a restriction of the second secon	ontributions from Indi	viduals			
Last Name Calderon	First Raquel		MI		
Residential Street Address 163 Adelaide Street	City Hartford		State Zip Code CT 06114		
Principal Occupation Educator	Name of Employer Hartford Board o	f Education			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes does contributor or business he/she valued at more than \$5,000?		act with said municipality	Amount of Contribution \$25.00		
	state contractor or prospective s				
Method of Contribution: Cash Personal Check Credit/Debit Card Payroll Deduction OMone	Date Received	Aggregate Contributions \$25.00			
Last Name Cicero	First India		MI T		
Residential Street Address 35 Barry Circle	City Bloomfield		State Zip Code CT 06002		
Principal Occupation Retired Name of Employer Retired					
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes If contribution is in excess of \$400 does contributor or business he/she valued at more than \$5,000?		act with said municipality	\$50.00		
		state contractor? OYes O No			
Method of Contribution: Cash Personal Check Credit/Debit Card Payroll Deduction Mone	Date Received	Aggregate Contributions \$50.00			
Last Name Cleasby	First Kristen		MI		
Residential Street Address 17-4 Arthur Drive	City South Windsor		State Zip Code CT 06074		
Principal Occupation Teacher	Name of Employer Colchester Publi	c Schools			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Order Ves does contribution is in excess of \$400 does contributor or business he/she valued at more than \$5,000?		act with said municipality	Amount of Contribution \$100.00		
Is this contribution associated with an event reported in Section L1? If yes, list Event # 041723A Yes Is contributor a principal of a fixed by the section of government the contraction of government the contraction.		⊙ No			
Method of Contribution: Cash Personal Check Ocredit/Debit Card Payroll Deduction Omone	Date Received 4/17/23	Aggregate Contributions \$100.00			
The second secon	TOTAL Section B — T	his Page \$175.00			
1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	L of additional Section	¢10.205.00			
TOTAL OF ALL CONTRIBUTIONS FRO	M INDIVIDUALS (Section	is A + B) \$10,380.00			
(Enter total on Line	e 13, Column A of Summary Po	ige Totals)			

Section B ADDITIONAL PAGE ⁸ of ⁶⁰

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)		TYPE OF REPORT		
Kelly B for Council		July 10 Filing		
A. Total Contributions from Small Contributors-Receive (See instructions for definition of Small Contributor)	ed this Period ONLY SUBTOTAL SECTION A	_{\$} 0.00		
	-		_	
B. Itemized Con	atributions from Indivi	duals		
Last Name Coughlin	First Lori			A
Residential Street Address 33 Kelghley Pond	_{City} Middle Haddam		State CT	Zip Code 06456
Principal Occupation Accounts Payable	Name of Employer Town of East Hamp	oton	L	
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? O Yes of the contribution is in excess of \$400 does contributor or business he/she valued at more than \$5,000?			, Amou	nt of Contribution
Is this contribution associated with an event reported in Section L1? If yes, list Event # 041723A Yes Is contributor a principal of a s If yes, indicate which brar of government the contract		e contractor? Yes No		
Method of Contribution:	Date Received 4/17/2023	Aggregate Contributions \$25.00		
	Order First			MI
Ellis	Ryan			M
Residential Street Address 121 South Washington Street, B2	^{City} Plainville		State CT	Zip Code 06062
Principal Occupation Production Manager	Name of Employer A&P Industries			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes If contribution is in excess of \$400 does contributor or business he/she valued at more than \$5,000?	to a candidate for a chief executiv is associated with have a contract O Yes O No	e officer of a municipality with said municipality	, Amou	nt of Contribution
Is this contribution associated with an event reported in Section L1? If yes, list Event # 041723A Yes No If yes, indicate which bra of government the contraction of government the contraction.		te contractor? Yes No Legislative		
Method of Contribution: Cash OPersonal Check OCredit/Debit Card OPayroll Deduction OMoney	Date Received	Aggregate Contributions \$25.00		
Last Name Giles	First Lendez			МІ
Residential Street Address	City		State	Zip Code
62 Lawrence Street	Hartford		CT	06106
Principal Occupation Plumber	Name of Employer Loyal TeamSpeak			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes If contribution is in excess of \$400 does contributor or business he/she valued at more than \$5,000?			/, Amoi \$50.0	int of Contribution
Is this contribution associated with an event reported in Section L1? **Moderate of Section L1?** **Is contributor a principal of a **If yes, indicate which bra of government the contraction of the section of the s		⊚ No		
Method of Contribution: Cash Personal Check Ocredit/Debit Card Payroll Deduction Money	Date Received 4/17/2023	Aggregate Contributions \$50.00		
SUB?	ΓΟΤΑL Section B — This	Page \$95.00		
TOTA	L of additional Section B	Pages \$10,285.00		· · · · · · · · · · · · · · · · · · ·
TOTAL OF ALL CONTRIBUTIONS FROM	M INDIVIDUALS (Sections 13, Column A of Summary Page		• •	

Section B ADDITIONAL PAGE 9 of 60 of ____

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Reposition	iry)	en de la facilità de la companya de	TYPE OF REPORT		
Kelly B for Council		July 10 Filing			
A. Total Contributions from Small Contributors-Rec (See instructions for definition of Small Contributor)		his Period ONLY OTAL SECTION A	\$ ^{0.00}		
				_	
	. 5 S. M. A. 115 S. S. S. S. S. S. S. S.	outions from Individ	duals		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
Last Name Hayes		rirst Christopher			MI
Residential Street Address 65 Cumberland St.	City Hart	ford		State CT	Zip Code 06106
Principal Occupation Director of Operations	<u> </u>	Name of Employer Riverfront Recaptur	e		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? O Yes of the contribution is in excess of the contributor or business here are valued at more than \$5,000?				, Amo	ount of Contribution
Is this contribution associated with an event reported in Section L1? If yes, list Event # 041723A Section 24 Yes Is contributor a principal of the section L1? No of government the contributor apprincipal of the section L1?	h branch or		e contractor? Yes No Legislative		
Method of Contribution: Cash Personal Check O'Credit/Debit Card Payroll Deduction OM	oney Order	Date Received 4/17/2023	Aggregate Contributions \$100.00		
Last Name Haynes		rirst Nancy			MI
Residential Street Address 69 Webb St.	City Win	dsor Locks		State CT	Zip Code 06096
Principal Occupation Purchasing and Risk Manager	<u></u>	Name of Employer Town of Bloomfield	1	-	•
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes of Contribution is in excess of Society does contributor or business he valued at more than \$5,000?				/, Amo	ount of Contribution .00
Is this contribution associated with an event reported in Section L1? If yes, list Event # 041723A Yes Is contributor a principal If yes, indicate which of government the co	h branch o		te contractor? Yes No		
Method of Contribution:		Date Received	Aggregate Contributions \$25.00		
Cash OPersonal Check OCredit/Debit Card OPayroll Deduction OM		First			MI
Herboldt	1	Gina			
Residential Street Address 228 Goodrich St.	City Hari	tford		State CT	Zip Code 06114
Principal Occupation Clerical	•	Name of Employer 4C'S			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes If contribution is in excess of 3 does contributor or business he valued at more than \$5,000?				y, Amo \$50	ount of Contributio .00
this contribution associated with an ent reported in Section L1? Yes No Is contributor a principal of a state contractor or prospective state contractor? Yes Is contributor a principal of a state contractor or prospective state contractor? Yes Is contributor a principal of a state contractor or prospective state contractor? Yes Is contributor a principal of a state contractor or prospective state contractor? Yes ONO ONO ONO ONO ONO ONO ONO ONO					
Method of Contribution: Cash Personal Check Credit/Debit Card Payroll Deduction OM	Money Orde	Date Received 4/17/2023	Aggregate Contributions \$50.00		
SUBTOTAL Section B — This Page \$175.00					
TOTAL of additional Section B Pages \$10,205.00					
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B) \$10,380.00 (Enter total on Line 13, Column A of Summary Page Totals)					

Section B ADDITIONAL PAGE 10 of 60 ____

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)	Usatia (Cusasa		TYPE OF REPORT		
Kelly B for Council			July 10 Filing		
A. Total Contributions from Small Contributors-Received this Period ONLY (See instructions for definition of Small Contributor) SUBTOTAL SECTION A		\$0.00			
B. Itemized Con	ntributions f	rom Indivi	duals	September 1	
Last Name Jordan	First Laura				MI
Residential Street Address 43 Girard Ave.	^{City} Hartford	· · · · · · · · · · · · · · · · · · ·		State CT	Zip Code 06105-2230
Principal Occupation Government Affairs	4	Employer ord Health		•	
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? O Yes of Contribution is in excess of \$400 does contributor or business he/she valued at more than \$5,000?	is associated with			ty, Amo	unt of Contribution
Is this contribution associated with an event reported in Section L1? If yes, list Event # 041723A Yes Is contributor a principal of a: If yes, list Event # 041723A	nch or branches		te contractor?		
Method of Contribution: O Cash O Personal Check O Credit/Debit Card O Payroll Deduction O Money	Date Rec	eived	Aggregate Contributions \$50.00		
Last Name	First				MI
Kot	Michael				
Residential Street Address 135 Midwell Rd.	city Wethersfield			State CT	Zip Code 06109
Principal Occupation Retired	Name of Retired				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes If contribution is in excess of \$400 does contributor or business he/she valued at more than \$5,000?	is associated with	a chief executive have a contract Yes No	ve officer of a municipality	ty, Amo	ount of Contribution
Is this contribution associated with an event reported in Section L1? If yes, list Event # 041723A Section L1? No ls contributor a principal of a lf yes, indicate which brateful of government the contral of government the government the government the government of government the government of government the government of government the government the government of government of government the government of governmen	nch or branches	_	ate contractor? O Ye N Legislative	es o	
Method of Contribution: OCash OPersonal Check OCredit/Debit Card OPayroll Deduction OMoney	Date Rec	eived	Aggregate Contributions \$200.00		
Last Name	First Diobord				MI P
Lawlor	Richard				
Residential Street Address 17 Morgan Dr.	Glastonbury			State CT	Zip Code 06033
Principal Occupation Attorney	1	Employer nployed			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes If contribution is in excess of \$400 does contributor or business he/she valued at more than \$5,000?	is associated with			ity, Amo \$25.	ount of Contribution ,00
Is this contribution associated with an event reported in Section L1? Is contributor a principal of a state contractor or prospective state contractor? Yes 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: Security Securi					
Method of Contribution: Cash OPersonal Check OCredit/Debit Card OPayroll Deduction OMoney Order Date Received 4/17/2023 Aggregate Contributions \$25.00					
SUBTOTAL Section B—This Page \$275.00					
TOTAL of additional Section B Pages \$10,105.00					
TOTAL OF ALL CONTRIBUTIONS FROM					

Section B ADDITIONAL PAGE 11 of 60

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The state of the s		TYPE OF REPORT July 10 Filing		
A. Total Contributions from Small Contributors-Receiv		\$ ^{0.00}		
(See instructions for definition of Small Contributor).	SUBTOTAL SECTION A	<u> </u>		
	ntributions from Indivi	duals	MI	23 (25 (5 (5)
Last Name Lebron	Nick			
Residential Street Address 192 Laurel St	^{City} Hartford		State Zip Code O6105	
Principal Occupation City Council	Name of Employer Hartford			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes No loss contribution is in excess of \$400 does contributor or business he/she valued at more than \$5,000?	to a candidate for a chief executive is associated with have a contract Yes No	e officer of a municipality with said municipality	, Amount of Con \$100.00	ntribution
Is this contribution associated with an event reported in Section L1? If yes, list Event # 041723A Yes Is contributor a principal of a section L1? If yes, list Event # 041723A	state contractor or prospective state contractor or prospective state och or branches et is with:	© Yes OLegislative		
Method of Contribution:	Date Received	Aggregate Contributions	-	
OCash OPersonal Check OCredit/Debit Card OPayroll Deduction OMoney	Order 4/17/2023	\$100.00		
Last Name Loomis	First Ajia		MI	
Residential Street Address 101 Forster St,	City Hartford		State Zip Code CT 06106	
Principal Occupation Name of Employer Self-Employed Self-Employed				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? O Yes of \$400 does contributor or business he/she valued at more than \$5,000?			\$100.00	ntribution
	state contractor or prospective sta	te contractor? OYes O No Legislative		
Method of Contribution: Cash Personal Check Ocredit/Debit Card Payroll Deduction Money	Date Received	Aggregate Contributions \$100.00		
Last Name	First		Mi	
McBride	Ryan		T	
Residential Street Address 27 Red Rock Cir	City Newington		State Zip Code CT 06111	
Principal Occupation Product Owner	Name of Employer Travelers		<u></u>	
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes Uf contribution is in excess of \$400 does contributor or business he/she valued at more than \$5,000?			4. Amount of Co \$25.00	ntribution
Is this contribution associated with an event reported in Section L1? If yes, list Event # 041723A Yes Is contributor a principal of a state contractor or prospective state contractor? OYes If yes, indicate which branch or branches of government the contract is with: O Executive O Legislative				
Method of Contribution: Cash Personal Check Ocredit/Debit Card Payroll Deduction Omone	Date Received 4/17/2023	Aggregate Contributions \$50.00		
SUB	TOTAL Section B — This	Page \$225.00		
TOTA	L of additional Section B	Pages \$10,155.00		
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B) (Enter total on Line 13, Column A of Summary Page Totals) \$10,380.00				

Section B ADDITIONAL PAGE 12 of 60

A CONTRACT OF THE CONTRACT OF		TYPE OF REPORT			
Kelly B for Council			July 10 Filing		
A. Total Contributions from Small Contributors-Received this Period ONLY (See instructions for definition of Small Contributor) SUBTOTAL SECTION A			\$0.00		
B. Itemized Co	A 1 3 2 1 2 1 1 1 1 1 1 2	outions from Individ	duals		20 (20 (20 (20 (20 (20 (20 (20 (20 (20 (
Last Name McCauley		First James		·	MI
Residential Street Address 77 Wadsworth St.	City Hart	tford		State CT	Zip Code 06106
Principal Occupation TV Producer		Name of Employer Self-Employed			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? O Yes If contribution is in excess of \$400 does contributor or business he/sh valued at more than \$5,000?	0 to a ca ne is asso	andidate for a chief executive ociated with have a contract Oyes No	e officer of a municipality with said municipality	y, Am e	ount of Contribution .00
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Method of Contribution: Cash Personal Check Ocredit/Debit Card Payroll Deduction OMone	ey Orde	Date Received 4/17/23	Aggregate Contributions \$10.00		
Last Name McFarland		rirst Michelle		· !	MI
Residential Street Address 35 Greenwich St.	City Hart	tford		State CT	Zip Code 06120
Principal Occupation Name of Employer Head of Visitor Services Wadsworth Museum					
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Or dependent child of a lobbyist? Or dependent child of a lobbyist? Or No lobbyist is in excess of \$400 does contributor or business he/sh valued at more than \$5,000?	dependent child of a lobbyist? No does contributor or business he/she is associated with have a contract with said municipality				ount of Contribution
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Method of Contribution: Cash Personal Check Credit/Debit Card Payroll Deduction Mondon	Date Received Aggregate Contributions				
Last Name Melluzzo		First Meg			MI
Residential Street Address 83 Davenport Rd.	City Wes	st Hartford		State CT	Zip Code 06110
Principal Occupation Manager	•	Name of Employer EHCN			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes If contribution is in excess of \$40 does contributor or business he/sl valued at more than \$5,000?				"	ount of Contribution 00.00
Is this contribution associated with an event reported in Section L1? If yes, list Event # 041723A Section L1? Is contributor a principal of a state contractor or prospective state contractor? One of government the contract is with: Executive OLegislative					
Method of Contribution: Cash Personal Check Credit/Debit Card Payroll Deduction OMon	ey Orde	Date Received 4/17/23	Aggregate Contributions \$100.00		
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TOTAL of additional Section B Pages \$10,260.00					
TOTAL OF ALL CONTRIBUTIONS FRO (Enter total on Lin		DIVIDUALS (Sections a column A of Summary Page			

Section B ADDITIONAL PAGE ¹³ of ⁶⁰

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Reposito	(נמנ		TYPE OF REPORT		
Kelly B for Council		July 10 Filing			
A. Total Contributions from Small Contributors-Received this Period ONLY (See instructions for definition of Small Contributor) SUBTOTAL SECTION A			\$ ^{0.00}		
	a definite destruction and a second	utions from Individ	duals		
Last Name Merchant		rst David			MI
Residential Street Address 46 Colburn Dr.	City Colcl	hester		State CT	Zip Code 06415
Principal Occupation General Manager		Name of Employer Altra Motion			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes If contribution is in excess of 3 does contributor or business he valued at more than \$5,000?				, Amo \$20.	unt of Contribution 00
Is this contribution associated with an event reported in Section L1? If yes, list Event # 041723A Section L1? No list Event # 041723A	h branch or		e contractor?		
Method of Contribution: Cash OPersonal Check OCredit/Debit Card OPayroll Deduction OM	Money Order	Date Received 4/17/23	Aggregate Contributions \$20.00		
Last Name Miles		rst Patricia			MI
Residential Street Address 269 Roger St.	City Harti	ford		State CT	Zip Code 06106
Principal Occupation Outreach Coordinator	•	Name of Employer CHS		-	
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes of Contribution is in excess of Contribution or dees contributor or business he valued at more than \$5,000?	\$400 to a car le/she is asso	ndidate for a chief executive ciated with have a contract Yes No	e officer of a municipality with said municipality	, Amo \$20.	unt of Contribution 00
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Method of Contribution: Cash Personal Check Credit/Debit Card Payroll Deduction On		Date Received	Aggregate Contributions \$20.00		
Last Name Mira		irst /era			MI
Residential Street Address 12 Laurel Dr.	City Wes	t Hartford		State CT	Zip Code 06110
Principal Occupation AVP, Global Benefits	L	Name of Employer Aon Consulting			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? O Yes does contribution is in excess of does contributor or business h valued at more than \$5,000?				y, Am o	ount of Contribution .00
Is this contribution associated with an event reported in Section L1? Is contributor a principal of a state contractor or prospective state contractor? If yes, list Event # 041723A 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: Executive Legislative					
Method of Contribution: Cash Personal Check Credit/Debit Card Payroll Deduction On	Money Order	Date Received 4/17/23	Aggregate Contributions \$50.00		
Section Sectio	SUBTOTA	AL Section B — This	Page \$90.00	I	
TOTAL of additional Section B Pages \$10,290.00					
TOTAL OF ALL CONTRIBUTIONS F (Enter total on		DIVIDUALS (Sections a lumin A of Summary Page			

Section B ADDITIONAL PAGE 14

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NAME OF COMMITTEE (Provide Complete Name	as Registered with Filing Repository)			TYPE OF REPORT	(C) (S) (A)	
Kelly B for Council				July 10 Filing		
A. Total Contributions from Sm (See instructions for definition of Small Co	. Na kara bana bang manakan bana manakan bana kara bana bana bana kara bana bana bana bana bana bana bana b	ministratification would	s Period ONLY TAL SECTION A	\$ 0.00		
	B. Itemized Co.	. w. <u>1020</u> w. 5. 5158548	tions from Individ	duals	englika (S) englika (S)	TERRETA TERRETA TERRETA TERRETA
Last Name MOOFE		Firs Elle	een			K.
Residential Street Address 63 S. Quaker Lane		City West I	Hartford		State CT	Zip Code 06119
Principal Occupation Real Estate Agent			Name of Employer Keller Williams Real	ty - Rob O'Meara		
or dependent child of a lobbyist?	If contribution is in excess of \$400 does contributor or business he/she valued at more than \$5,000?				, Amo \$40.	ount of Contribution
Is this contribution associated with an Y	Yes Is contributor a principal of a s If yes, indicate which bran of government the contract	n <mark>ch</mark> or bi	tractor or prospective state	e contractor? Yes No		
Method of Contribution: Cash Personal Check Credit/Debit Cash	ard OPayroll Deduction OMoney	Order	Date Received 4/17/23	Aggregate Contributions \$40.00		
Last Name Morin		Firs Wi	illiam			MI L.
Residential Street Address 270 Fairfield Ave.		city Hartfo	ord		State CT	Zip Code 06114
Principal Occupation Cyber Security Tech.			Name of Employer CGD, LLC			•
or dependent child of a lobbyist? No	If contribution is in excess of \$400 does contributor or business he/she valued at more than \$5,000?	to a cand	didate for a chief executive intended with have a contract Yes No	e officer of a municipality with said municipality	/s Amo	ount of Contribution
Is this contribution associated with an event reported in Section L1? If yes, list Event # 041723A		ınch or b	oranches _	te contractor? Yes No		
Method of Contribution: Cash Personal Check Credit/Debit Car			Date Received 4/17/23	Aggregate Contributions \$20.00		
Last Name Kowalshyn		Firs Ka	athleen			J.
Residential Street Address 28 Forster St.		City Hartfo	ord		State CT	Zip Code 06106
Principal Occupation Attorney		·	Name of Employer Kathleen Kowalshy	n, LLC	1	<u> </u>
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes	If contribution is in excess of \$400 does contributor or business he/she valued at more than \$5,000?					ount of Contribution
	Yes No					
Method of Contribution: Cash Personal Check Credit/Debit Ca	ard OPayroll Deduction OMoney	y Order	Date Received 4/17/23	Aggregate Contributions \$100.00		
	SUB	гота	L L Section B — This	Page \$160.00		
TOTAL of additional Section B Pages \$10,220.00						
TOTAL OF A	LL CONTRIBUTIONS FROM	M:INDI		A+B) \$10,380.00		
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Section B ADDITIONAL PAGE ¹⁵ of ⁶⁰

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)			TYPE OF REPORT		
Kelly B for Council		July 10 Filing			
A. Total Contributions from Small Contributors-Received this Period ONLY (See instructions for definition of Small Contributor) SUBTOTAL SECTION A			\$ 0.00		
B. Itemized Con	ntribut	tions from Individ	luals		## - 1
Last Name McBride	First Tho	omas			мі В.
Residential Street Address 27 Red Rock Cir.	City Newlng	gton		State CT	Zip Code 06111
Principal Occupation Owner		Name of Employer McBride Properties,	Inc.		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes If contribution is in excess of \$400 does contributor or business he/she valued at more than \$5,000?				, Amos	unt of Contribution 0.00
Is this contribution associated with an event reported in Section L1? If yes, list Event # 041723A Yes Is contributor a principal of a sevent reported in Section L1? No If yes, indicate which brain of government the contract	nch or bra	anches _	contractor? Yes No		
Method of Contribution: Cash Personal Check Ocredit/Debit Card Payroll Deduction Omoney	1	Date Received 4/17/23	Aggregate Contributions \$200.00		
Last Name Narcisse	First Mo	nique			Mi
Residential Street Address 136 Andover St.	City Hartfo	rd		State CT	Zip Code 06112
Principal Occupation Office Assistant		Name of Employer State of Connecticu	t	<u> </u>	
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes If contribution is in excess of \$400 does contributor or business he/she valued at more than \$5,000?				7, Amo	unt of Contribution
Is this contribution associated with an event reported in Section L1? If yes, list Event # 041723A Yes Is contributor a principal of a If yes, indicate which bra of government the contra	anch or br	anches	e contractor? Yes No		
Method of Contribution: OCash OPersonal Check OCredit/Debit Card OPayroll Deduction OMoney		Date Received 4/17/23	Aggregate Contributions \$25.00		
Last Name Nadal-Cristofaro	First Bat	rble	<u></u>		MI
Residential Street Address 87 Barry Place	City Rocky	Hill		State CT	Zip Code 06067
Principal Occupation Social Worker		Name of Employer CREC Schools		.1	
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes If contribution is in excess of \$400 does contributor or business he/she valued at more than \$5,000?				y, Amo \$100	unt of Contribution
Is this contribution associated with an event reported in Section L1? If yes, list Event # 041723A Yes Is contributor a principal of a If yes, indicate which bra of government the contra	anch or br	ranches	e contractor? Yes No Legislative		
Method of Contribution: Cash Personal Check Credit/Debit Card Payroll Deduction OMoney		Date Received 4/17/23	Aggregate Contributions \$100.00		
SUB'	TOTAL	Section B — This	\$325.00 Page	<u> </u>	
TOTAL of additional Section B Pages \$10,055.00					
TOTAL, OF ALL CONTRIBUTIONS FROM		VIDUALS (Sections a mn A of Summary Page			

Section B ADDITIONAL PAGE $\frac{16}{}$

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NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)		TYPE OF REPORT		
Kelly B for Council		July 10 Filing		
A. Total Contributions from Small Contributors-Receive (See Instructions for definition of Small Contributor)	ed this Period ONLY SUBTOTAL SECTION A	\$ 0.00		
Principal and Company of the Company	ntributions from Indivi	duals		
Last Name Parker	First Lillie		MI	
	City Hartford		State Zip Code CT 06114	
Principal Occupation Retired	Name of Employer Retired			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes If contribution is in excess of \$400 does contributor or business he/she valued at more than \$5,000?			Amount of Contribution \$25.00	
Is this contribution associated with an event reported in Section L1? If yes, list Event # 041723A Yes Is contributor a principal of a s If yes, indicate which brar of government the contract		e contractor? Yes No Legislative		
Method of Contribution: Cash Personal Check Credit/Debit Card Payroll Deduction Money	Order Date Received 4/17/23	Aggregate Contributions \$25.00		
Last Name Pawlik	First Lisa	<u></u>	MI E	
Residential Street Address 367 Colt Highway	City Farmington		State Zip Code CT 06032	
Principal Occupation Grants Manager Name of Employer Mercy Housing & Shelter Corp.				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes No Ves Union is in excess of \$400 to does contributor or business he/she valued at more than \$5,000?			Amount of Contribution \$50.00	
Is this contribution associated with an event reported in Section L1? If yes, list Event # 041723A Yes No If yes, indicate which bra of government the contract		te contractor? Yes No		
Method of Contribution: Ocash OPersonal Check Ocredit/Debit Card OPayroll Deduction OMoney	Date Received	Aggregate Contributions \$50.00		
Last Name Pertillar	First Toscha	<u> </u>	MI	
Residential Street Address 189 Cornwall St.	City Hartford		State Zip Code CT 06112	
Principal Occupation Clinician	Name of Employer Community Health	n Resources	I	
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes If contribution is in excess of \$400 does contributor or business he/she valued at more than \$5,000?			\$10.00	
Is this contribution associated with an event reported in Section L1? If yes, list Event # 041723A Section L1? 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: Executive C Legislative				
Method of Contribution: Ocash OPersonal Check Ocredit/Debit Card OPayroll Deduction OMoney	Date Received 4/17/23	Aggregate Contributions \$10.00		
SUBTOTAL Section B — This Page \$85.00				
TOTAL of additional Section B Pages \$10,295.00				
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B) \$10,380.00 (Enter total on Line 13, Column A of Summary Page Totals)				

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NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository	(y	TYPE OF REPORT		
Kelly B for Council		July 10 Filing		
A. Total Contributions from Small Contributors-Reco	eived this Period ONLY SUBTOTAL SECTION A	\$ 0.00		
			-	
B. Itemized C	Contributions from Indi	viduals		
Last Name Nadal-Sanchez	First Jacqueline		MI	
Residential Street Address 370 Freeman St.	City Hartford		State Zip Code CT 06106	
Principal Occupation Banker	Name of Employer Bank of America			
	400 to a candidate for a chief executs /she is associated with have a contra OYes N	act with said municipality	Amount of Contribution \$125.00	
Is this contribution associated with an event reported in Section L1? If yes, list Event # Q41723A Yes Is contributor a principal of If yes, indicate which of government the core		tate contractor? Yes No Ve OLegislative		
Method of Contribution: Cash Personal Check Credit/Debit Card Payroll Deduction OMC	Date Received 4/17/23	Aggregate Contributions \$125.00	-	
Last Name ROSE	First Gary	,	MI	
Residential Street Address 16 Portage Road	City West Hartford		State Zip Code CT 06117-1526	
Principal Occupation Retired	Name of Employer Retired	on the		
	400 to a candidate for a chief executyshe is associated with have a control Yes N	act with said municipality	Amount of Contribution \$50.00	
Is this contribution associated with an event reported in Section L1? If yes, list Event # 041723A Yes Is contributor a principal of fyes, indicate which of government the co		state contractor? OYes No ve O Legislative		
Method of Contribution: OCash OPersonal Check OCredit/Debit Card OPayroll Deduction OMO	Date Received	Aggregate Contributions \$50,00		
Last Name Rossetti	First Janice		MI	
Rosidential Street Address 108 Cromwell St.	City Hartford		State Zip Code CT 06114	
Principal Occupation Retired	Name of Employer Retired			
	400 to a candidate for a chief exect /she is associated with have a contr	act with said municipality	, Amount of Contribution \$10.00	
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SI	JBTOTAL Section B — TI	1185.00 sis Page	1	
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TOTAL OF ALL CONTRIBUTIONS FF	ROM INDIVIDUALS (Section ine 13, Column A of Summary Pa			
Assessment of the second of th	ngaya ayan da da da da da ayan bigan da da da da da da ayan a			

Section B ADDITIONAL PAGE 18 of 60

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repositor	y)	TYPE OF REPORT	saasi Eggs Soos Soos Soos Soos Soos Soos
Kelly B for Council	July 10 Filing		
A. Total Contributions from Small Contributors-Rec (See instructions for definition of Small Contributor)	eived this Period ONLY SUBTOTAL SECTION A	\$ 0.00	
Ψ			
Last Name	Contributions from Indiv	viduals	l Mi
Saunders	Elizabeth		B,
Residential Street Address 194 Oak St,	City East Hartford		State Zip Code CT 06118
Principal Occupation Exec. Assistant	Name of Employer Capital Workforce	e Partners	
	400 to a candidate for a chief execut /she is associated with have a contra	et with said municipality	Amount of Contribution \$20.00
Is this contribution associated with an event reported in Section L1? If yes, list Event # 041723A Yes Is contributor a principal of If yes, indicate which of government the co		No No	
Method of Contribution: OCash OPersonal Check OCredit/Debit Card OPayroll Deduction OM	Date Received 4/17/23	Aggregate Contributions \$20.00	
Last Name	First		MI
Scott	Paul		G.
Residential Street Address 26 Pamela Ct.	City Tolland		State Zip Code CT 06084
Principal Occupation Automotive Dealer	Name of Employer Self-Employed		·
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Orderor Vessor Structure of Structure o	400 to a candidate for a chief execute/she is associated with have a contra	ct with said municipality	Amount of Contribution \$100.00
	of a state contractor or prospective s a branch or branches ontract is with:	state contractor? Yes o No Legislative	_
Method of Contribution: Cash OPersonal Check OCredit/Debit Card OPayroll Deduction OM	Oney Order Date Received 4/17/23	Aggregate Contributions \$100.00	
Last Name Sheppard	First Susan		мт М.
Residential Street Address 94 Montowese St.	City Hartford		State Zip Code CT 06114
Principal Occupation	Name of Employer		
Purchasing Agent	City of Hartford		
	\$400 to a candidate for a chief execu e/she is associated with have a contra Yes N	act with said municipality	Amount of Contribution \$30.00
	of a state contractor or prospective so branch or branches ontract is with:	⊙ N₀	
Method of Contribution: Cash Personal Check Credit/Debit Card Payroll Deduction M	Date Received 4/17/23	Aggregate Contributions \$30.00	
SI SI	UBTOTAL Section B — Th	is Page \$150.00	<u> </u>
TO	TAL of additional Section I	3 Pages \$10,230.00	
TOTAL OF ALL CONTRIBUTIONS FI	ROM INDIVIDUALS (Section Line 13, Column A of Summary Pag		

Section B ADDITIONAL PAGE 19 of 60

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repo	osttory)		TYPE OF REPORT	## ## F F F F	See Marin Marin Co., and a see a second con- minimum of the control of the contro
Kelly B for Council		July 10 Filing			
A. Total Contributions from Small Contributors-R (See Instructions for definition of Small Contributor)		his Period ONLY TOTAL SECTION A	\$ 0.00		
	ngagista a alaga sa saa ahaan saa	butions from Individ	luals	es and a second construction of construction of	
Last Name Nastro		First Carl			R.
Residential Street Address 81 Cold Spring Road	City AVO	n		State CT	Zip Code 06001
Principal Occupation Attorney		Name of Employer The Metropolitan D	istrict		
	s he/she is ass	andidate for a chief executive ociated with have a contract Oyes No		', Amou	ant of Contribution
Is this contribution associated with an event reported in Section L1? If yes, list Event # 041723A O Yes Is contributor a princip of No of government the	hich branch o		e contractor? Yes No Legislative		
Method of Contribution: Cash Personal Check CCredit/Debit Card Payroll Deduction	Money Orde	Date Received 4/17/23	Aggregate Contributions \$100.00		
Last Name Snyder		^{First} Jeffrey			Mì
Residential Street Address 16 Cedar Ridge Drive	City Glas	stonbury		State CT	Zip Code 06033
Principal Occupation Principal Advisor Name of Employer First Financial Associates					
	ss he/she is ass	andidate for a chief executive cociated with have a contract Yes No		\$250	ant of Contribution .00
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Last Name Rodriguez		First Alejandro		- I	MI
Residential Street Address 81 Cromwell St.	City Har	rtford		State CT	Zip Code 06114
Principal Occupation State Employee		Name of Employer State of Connecticu	ut	L	
	ss he/she is ass	candidate for a chief executive sociated with have a contract Yes No		/, Amor	unt of Contribution
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SUBTOTAL Section B — This Page \$400.00					
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TOTAL OF ALL CONTRIBUTIONS (Enter total)		DIVIDUALS (Sections A Column A of Summary Page			

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NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)		TYPE OF REPORT	
Kelly B for Council		July 10 Filing	
A. Total Contributions from Small Contributors-Receiv (See instructions for definition of Small Contributor)	ved this Period ONLY SUBTOTAL SECTION A	\$ 0.00	
	ntributions from Indivi	duals	The second secon
Last Name Soto III	First Raymond		MI
Residential Street Address 39 Torwood St.	City Hartford		State Zip Code CT 06114
Principal Occupation OWner	Name of Employer The Gutter Shutter	of CT	
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes does contributor or business he/she valued at more than \$5,000?			Amount of Contribution \$100.00
Is this contribution associated with an event reported in Section L1? If yes, list Event # 041723A Ves Is contributor a principal of a If yes, indicate which bra of government the contra		te contractor? Yes No OLegislative	
Method of Contribution: Cash OPersonal Check OCredit/Debit Card OPayroll Deduction OMoney	Date Received 4/17/23	Aggregate Contributions \$100.00	
Last Name St. Pierre	First Ni cole		мі М.
Residential Street Address 68 Goodwin Ave	City Wethersfield		State Zip Code CT 06109
Principal Occupation Accounts Receivable	Name of Employer Plimpton Hills		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? One will be a lobbyist of \$100 or \$100 o			Amount of Contribution \$50.00
Is this contribution associated with an event reported in Section L1? If yes, list Byent # 041723A Yes Is contributor a principal of a lf yes, indicate which brateful of government the contraction.		te contractor? Yes No	
Method of Contribution: Cash OPersonal Check OCredit/Debit Card OPayroll Deduction OMoney	Date Received	Aggregate Contributions \$50.00	
Last Name St. Germain	First Debra		Mi
Residential Street Address 72 Clermont St.	City Hartford		State Zip Code CT 06106
Principal Occupation Retired	Name of Employer Retired		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? O Yes If contribution is in excess of \$400 does contributor or business he/she valued at more than \$5,000?			\$25.00
Is this contribution associated with an event reported in Section L1? If yes, list Event # 041723A Yes No If yes, indicate which bra of government the contra		€No	
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TOTAL OF ALL CONTRIBUTIONS FRO (Enter total on Line	M INDIVIDUALS (Sections e 13, Column A of Summary Page		

NAME OF COMMITTEE (Provide Complete Nam	ne as Registered with Filing Repository)		TYPE OF REPORT	Section and sectio	1527 (71)
Kelly B for Council			July 10 Filing		
A. Total Contributions from S (See instructions for definition of Small)	raine di Rick Parinte de di Salada trabilità del 1900 de 1900 trabilità de la Calenda de la Calenda de 1900 de	ed this Period O SUBTOTAL SECTI	autation destructions No.		
particular designation of the second	B. Itemized Co		Individuals		
Last Name Small		First Kimberly			A
Residential Street Address 74 Union Pl., #405		City Hartford		State CT	Zip Code 06103
Principal Occupation Office/ Data Manager		Name of Emplo The 4 C's S			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	If contribution is in excess of \$400 does contributor or business he/she valued at more than \$5,000?			ty, Amo t	unt of Contribution
Is this contribution associated with an event reported in Section L1? If yes, list Event # Q41723A	Yes Is contributor a principal of a No If yes, indicate which brai of government the contract	nch or branches	ective state contractor? Yes Executive OLegislative		
Method of Contribution:		Date Received	Aggregate Contributions		
Cash Personal Check Credit/Debit C	Card OPayroll Deduction OMoney	Order 4/17/23	\$50.00		
Last Name Torres		Pedro			MI
Residential Street Address 44 Goshen St.		City Hartford		State CT	Zip Code 06106
Principal Occupation Legislative Aide		Name of Emplo State of Co	-		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes	If contribution is in excess of \$400 does contributor or business he/she valued at more than \$5,000?			ity, Amou \$50.0	unt of Contribution 00
	Yes Is contributor a principal of a No If yes, indicate which bra of government the contra	inch or branches	pective state contractor? Ye No Executive \(\bigcup \) Legislative		
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Last Name Trial		First Martin			MI
Residential Street Address 131 Sylvan Ave.		City West Hartford		State CT	Zip Code 06107
Principal Occupation Server		Name of Emplo First & Las	-	•	
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Section B ADDITIONAL PAGE 22 of 60

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NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)	7000		TYPE OF REPORT		garanes es sentencial
Kelly B for Council		July 10 Filing			
A. Total Contributions from Small Contributors-Receiv (See Instructions for definition of Small Contributor)		is Period ONLY OTAL SECTION A	\$ 0.00		
B. Itemized Co	10.000	utions from Individ	luals	2. Pod 19. A 2. Ozuk ku 3. Ozuk ku	and the second s
Last Name Snyder		rst atricia		•••	B B
Residential Street Address 122 S. Mill Dr.	S. Gla	astonbury		State CT	Zip Code 06073
Principal Occupation Retired		Name of Employer Retired			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes of does contribution is in excess of \$400 does contributor or business he/she valued at more than \$5,000?				/, Amo	ount of Contribution
Is this contribution associated with an event reported in Section L1? If yes, list Event # 041723A Yes Is contributor a principal of a lf yes, indicate which bree of government the contraction.	anch or	branches	contractor?		
Method of Contribution: Cash Personal Check Cedit/Debit Card Payroll Deduction Mone		Date Received	Aggregate Contributions \$250.00		
Last Name Vargas	Fi	rst dwin		<u> </u>	MI
Residential Street Address 141 Douglas St.	City Hartí			State CT	Zip Code 06114
Principal Occupation Name of Employer Educator State of Connecticut					
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes does contributor or business he/she valued at more than \$5,000?				/, Amo	nunt of Contribution
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Last Name Swarr		irst Donna			MI S
Residential Street Address 8 Shultas Place	City Hart	ford		State CT	Zip Code 06114
Principal Occupation Retired	<u>l</u>	Name of Employer Retired		I.	
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Section B ADDITIONAL PAGE 23 of 60

1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1			TYPE OF REPORT		
Kelly B for Council			July 10 Filing		
A. Total Contributions from Small Confederation of Small Contributors for definition of Small Contributor		this Period ONLY TOTAL SECTION A	\$ 0.00		
			une di Palantantana 757 dan sa	15:15:0 V VV	
	B. Itemized Contri	ibutions from Individ	duals		Тмі
Last Name Wert		Megan			MI
Residential Street Address 125 Heywood Dr.	City Gla	estonbury		State CT	Zip Code 06033
Principal Occupation Account Manager		Name of Employer The Hartford	<u>-</u>		
or dependent child of a lobbyist? No does cont	ution is in excess of \$400 to a tributor or business he/she is as more than \$5,000?			, Amor	unt of Contribution
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If yes, list Event# 041723A Method of Contribution:	or government the contract is	Date Received	Aggregate Contributions	_	
OCash OPersonal Check OCredit/Debit Card OPay	roll Deduction OMoney Ord	ler 4/17/23	\$40.00		
Last Name Trujillo		First Alexander			MI M.
Residential Street Address 5 Sage Rd.	City Ro	cky Hili		State CT	Zip Code 06067
Principal Occupation Director	<u> </u>	Name of Employer Town of East Hartfo	ord		
or dependent child of a lobbyist? No does cont	Yes 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? Yes No \$200.00				
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Last Name	roll Deduction Ovioney Ord	First	·		MI
Williams		Carl			Α
Residential Street Address 101 Cromwell St.	City Ha	artford		State CT	Zip Code 06114
Principal Occupation Retired		Name of Employer Retired			
or dependent child of a lobbyist? O No does cont	oution is in excess of \$400 to a tributor or business he/she is as more than \$5,000?			y, Amo \$100	unt of Contribution
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Harrist Santan S	TOTAL of	f additional Section B	Pages \$10,040.00		
TOTAL OF ALL CON	NTRIBUTIONS FROM II (Enter total on Line 13,	NDIVIDUALS (Sections Column A of Summary Page	A + B) \$10,380.00 Totals)		

Section B ADDITIONAL PAGE 24 of 60 ____

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)			TYPE OF REPORT	VA 200331	
Kelly B for Council		July 10 Filing			
A. Total Contributions from Small Contributors-Receive (See instructions for definition of Small Contributor)		nis Period ONLY OTAL SECTION A	\$ 0.00	\$ 0.00	
B. Itemized Co	ntrib	outions from Individ	luals		
Last Name Walker	1.	yrone			V.
Residential Street Address 343 Fairfield Ave.	City Hartf	ford		State CT	Zip Code 06114
Principal Occupation Exec. Assistant	_	Name of Employer Greater Hartford Ar	ts Council		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes If contribution is in excess of \$400 does contributor or business he/she valued at more than \$5,000?				, Amoi \$50.0	int of Contribution
Is this contribution associated with an event reported in Section L1? Yes Is contributor a principal of a fyes, indicate which bra of government the contra	ınch or	branches	contractor? Yes No Clegislative		
Method of Contribution: Ocash Personal Check Ocredit/Debit Card Open Deduction Omoney	******	Date Received	Aggregate Contributions \$50.00	_	
Last Name		irst			МІ
Zelaya		Dyllen			
Residential Street Address 71 Bette Cir.	City Vern	on		State CT	Zip Code 06066
Principal Occupation CDL Driver	·	Name of Employer BJS Logistics			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes If contribution is in excess of \$400 does contributor or business he/she valued at more than \$5,000?) to a car e is asso	ndidate for a chief executive ociated with have a contract O Yes No	e officer of a municipality with said municipality	/, Amou	ont of Contribution
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Method of Contribution: OCash OPersonal Check OCredit/Debit Card OPayroll Deduction OMoney	*	Date Received	Aggregate Contributions \$200.00		
Last Name	F	îrst			MI
Wiesner	, (Christine			
Residential Street Address 20 Fernwood Rd.	East	Hampton		State CT	Zip Code 06424
Principal Occupation Social Services Manager		Name of Employer Town of East Hamp	oton		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes lateral Yes does contributor or business he/she valued at more than \$5,000?	0 to a ca e is asso	andidate for a chief executive ociated with have a contract Yes No	e officer of a municipality with said municipality	y, Amo \$25.0	unt of Contribution
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Method of Contribution: Cash Personal Check Credit/Debit Card Payroll Deduction Mone		Date Received	Aggregate Contributions \$25.00		
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TOTAL OF ALL CONTRIBUTIONS FRO (Enter total on Line		DIVIDUALS (Sections A			

Section B ADDITIONAL PAGE 25 of 60

NAME OF COMMITTEE: (Provide Complete Name as Registered with Filing Repository)		TYPE OF REPORT			
Kelly B for Council		July 10 Filing	July 10 Filing		
A. Total Contributions from Small Contributors-Receigs (See instructions for definition of Small Contributor)	ved this Period C SUBTOTAL SECT				
	ontributions from	I Individuals			
Last Name Yennie	Hyacinth		MI		
Residential Street Address 190 Cheshire St.	City Hartford		State Zip Code O6114		
Principal Occupation Retired	Name of Emplo Retired	ует			
		ef executive officer of a municipality on the contract with said municipality	Amount of Contribution \$30.00		
Is this contribution associated with an event reported in Section L1? If yes, list Event # 041723A Section L1? If yes, list Event # 041723A	anch or branches	pective state contractor?			
Method of Contribution: Cash Personal Check Credit/Debit Card Payroll Deduction OMon	ey Order Date Received 4/17/23	Aggregate Contributions \$30.00			
Last Name Galdamez	First Carlos		MI		
Residential Street Address 95 Stafford St.	City Hartford		State Zip Code CT 06106		
Principal Occupation Construction Landscape	Name of Emplo Four Seaso	_{yer} ons Landscaping	<u> </u>		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? O Yes does contribution is in excess of \$40 does contributor or business he/sl valued at more than \$5,000?	to a candidate for a chine is associated with have	ef executive officer of a municipality a contract with said municipality No	Amount of Contribution \$50.00		
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Method of Contribution: Cash Personal Check Credit/Debit Card Payroll Deduction Mon	ey Order Date Received 4/18/23	Aggregate Contributions \$50.00			
Last Name Laliberte	First Alexandra		МІ		
Residential Street Address 16 Cedar Ridge Dr.	City Glastonbury		State Zip Code CT 06033		
Principal Occupation Program Manager	Name of Emple Waste Mar	· ·			
		ief executive officer of a municipality a contract with said municipality No	y, Amount of Contribution \$250.00		
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SU	BTOTAL Section I	3—This Page \$330.00			
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TOTAL OF ALL CONTRIBUTIONS FRO	OM INDIVIDUALS (ie 13, Column A of Sum				

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Section B ADDITIONAL PAGE 26 of 60

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)		TYPE OF REPORT		
Kelly B for Council	July 10 Filing			
A. Total Contributions from Small Contributors-Receiv (See instructions for definition of Small Contributor)	ved this Period ONLY SUBTOTAL SECTION A	\$\$0.00		
B. Itemized Co	ntributions from Indivi	duals	7 (20 m) (1	
Last Name Alexandre	First Henri		MI	
Residential Street Address 29 Old Oak Court	City Bloomfield		State Zip Code CT 06002	
Principal Occupation Retired	Name of Employer Retired			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? O Yes does contribution is in excess of \$400 does contributor or business he/she valued at more than \$5,000?			\$100.00	
Is this contribution associated with an event reported in Section Li? If yes, list Event # O Yes Is contributor a principal of a If yes, indicate which bra of government the contra-	state contractor or prospective stat nch or branches ct is with:	e contractor? Yes No Legislative		
Method of Contribution: Cash OPersonal Check OCredit/Debit Card OPayroll Deduction OMoney	Date Received 4/18/23	Aggregate Contributions \$100.00		
Last Name	First		М	
Sanchez	James			
Residential Street Address 370 Freeman St.	City Hartford		State Zip Code CT 06106	
Principal Occupation Utility Sys. Camera Tech.	Name of Employer Metropolitan Distri	ct		
	No does contributor or business he/she is associated with have a contract with said municipality			
Is this contribution associated with an event reported in Section L1? Yes Is contributor a principal of a fyes, indicate which bra of government the contra		te contractor? OYes O No	_	
Method of Contribution: Cash Personal Check ©Credit/Debit Card Payroll Deduction Money	Date Received	Aggregate Contributions \$125.00		
Last Name	First	<u> </u>	MI	
Eichner	Marian			
Residential Street Address 27 Hansom Hill Rd.	Windsor		State Zip Code CT 06095	
Principal Occupation Retired	Name of Employer Retired			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes If contribution is in excess of \$400 does contributor or business he/she valued at more than \$5,000?			\$50.00 Amount of Contribution	
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Method of Contribution: Cash Personal Check Credit/Debit Card Payroll Deduction OMone	Date Received 4/18/23	Aggregate Contributions \$50.00		
SUB	TOTAL Section B — This	Page \$275.00		
TOTA	L of additional Section B	Pages \$10,105.00		
TOTAL OF ALL CONTRIBUTIONS FRO (Enter total on Line	M INDIVIDUALS (Sections : 13, Column A of Summary Page			

Section B ADDITIONAL PAGE 27 of 60 ____

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)	and the control of th	TYPE OF REPORT			
Kelly B for Council	July 10 Filing				
A. Total Contributions from Small Contributors-Receive (See instructions for definition of Small Contributor)	ed this Period ONLY UBTOTAL SECTION A	\$\$0.00			
B. Itemized Con	tributions from Individ	luals			
Last Name Gill	First Aaron			МІ	
Residential Street Address 387 Capitol Ave., #3	City Hartford			ip Code 06106	
Principal Occupation Real Estate Development	Name of Employer Wolverine Property	, LLC			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? O Yes of Contribution is in excess of \$400 to does contributor or business he/she is valued at more than \$5,000?			Amoun	at of Contribution	
Is this contribution associated with an event reported in Section L1? Yes Is contributor a principal of a st fyes, indicate which brand of government the contract		contractor? Yes No			
Method of Contribution: OCash OPersonal Check OCredit/Debit Card OPayroll Deduction OMoney	Order Date Received 4/18/23	Aggregate Contributions \$150.00			
Last Name Bermudez	First Bernard			MI	
	City		State 2	Sip Code	
	East Hartford			06108	
Principal Occupation Program Manager	Name of Employer Waste Managemen	t			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? O Yes If contribution is in excess of \$400 to does contributor or business he/she i valued at more than \$5,000?			\$25.00	nt of Contribution	
		e contractor? OYes O No			
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Weingartner	Marta				
	city Newington			Zip Code 06111	
Principal Occupation Retired	Name of Employer Retired				
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SUBT	OTAL Section B — This	Page \$200.00			
TOTAL of additional Section B Pages \$10,180.00					
TOTAL OF ALL CONTRIBUTIONS FROM		(+B) \$10,380.00			

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NAME OF COMMITTEE (Provide Complete Name as Registere	ed with Filing Repository)		TYPE OF REPORT	17 45 18 50 17 45 18 50 50 50 50 50 50 50 50 50 50 50 50 50		
Kelly B for Council			July 10 Filing			
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	B. Itemized Contrib	utions from Individ	duals	1	erede (200) 200 200 200 200 200 200 200 200 200	
Last Name Gill	Pir V	st laja			Mi	
Residential Street Address 387 Capitol Ave., #3	City Hartf	ord			Zip Code 06106	
Principal Occupation Assoc. Director Employee Relations		Name of Employer Yale University				
or dependent child of a lobbyist? No does contr	nation is in excess of \$400 to a car ributor or business he/she is associated than \$5,000?			\$50.0	nt of Contribution	
event reported in Section L1? No 1	ntributor a principal of a state co fyes, indicate which branch or lof government the contract is with	branches	e contractor? Yes No Legislative			
Method of Contribution: Cash OPersonal Check OCredit/Debit Card OPayr	roll Deduction OMoney Order	Date Received 4/19/23	Aggregate Contributions \$50.00			
Last Name Luna	Fir V	ictor		•	MI	
Residential Street Address 17 Chapin Place	City Hartf	ord			Zip Code 06114	
Principal Occupation Event Coordinator		Name of Employer Luna Ent. Prod. LLC				
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Last Name Collins		rst ustin			MI	
Residential Street Address 59 Toas St.	City Shelt	ton			Zip Code 06484	
Principal Occupation Union Carpenter		Name of Employer Local 326		<u> </u>		
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Section B ADDITIONAL PAGE ²⁹ of ⁶⁰

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NAME OF COMMITTEE (Provide Complete Name	as Registered with Filing Repository)		र किल्लाक्ष्य १८०० म्हण्याच्या १८०० १८० १८० १८० १८० १८० १८० १८० १८० १८	TYPE OF REPORT	(n. 1851)		
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Last Name Kynik		Fir Le	st eslie				MI
Residential Street Address 48 Long Hill Rd.		_{City} Wallit	ngford		State CT	Zip C 064	
Principal Occupation Accountant			Name of Employer Propark				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes No	If contribution is in excess of \$400 to does contributor or business he/she is valued at more than \$5,000?				y, Am		f Contribution
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Last Name Corto		Fir TI	st nomas	<u></u>			мі А .
Residential Street Address 289 Atlantic Court, SW		City Supp	ly		State NC	Zip (284	
Principal Occupation Retired			Name of Employer Retired			}	_
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Last Name Motes		Fii E	rst Ilzabeth				MI
Residential Street Address 67 Sleepy Hollow Rd.		City Newi	ington		State CT		Code 111
Principal Occupation HR			Name of Employer Inertia Dynamics		·	1	
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Section B ADDITIONAL PAGE 30 of 60 ____

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)			TYPE OF REPORT	String Held		Pole (25) sign Pole (4)
Kelly B for Council			July 10 Filing			
A. Total Contributions from Small Contributors-Receiv (See instructions for definition of Small Contributor)		s Period ONLY TAL SECTION A	\$\$0.00			
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Last Name Motes	Firs Da	it ive				MI
Residential Street Address 117 Bailey Rd.	city Rocky	Hill		State CT	Zip Co 0606	
Principal Occupation Acct.·Representative		Name of Employer Mack Fire Protection	n			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes If contribution is in excess of \$400 does contributor or business he/she valued at more than \$5,000?				, Amou \$250		Contribution
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Last Name Motes	Firs Ar	my		.		MI
Residential Street Address 117 Balley Rd.	City Rocky	/ Hill		State CT	Zip Co 0606	
Principal Occupation District Manager		Name of Employer Plato's Closet		•		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes 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 \$250.00					Contribution	
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Last Name Phillip	Fire Te	st erry		•		MI
Residential Street Address 242 Nathan Hale Rd.	City Cove	ntry		State CT	Zip Co 062	
Principal Occupation Technician	•	Name of Employer Health				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? O Yes O 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? O Yes O No \$50.00				Contribution		
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SUBTOTAL Section B — This Page \$550.00						
TOTAL of additional Section B Pages \$9,830.00						
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B) (Enter total on Line 13, Column A of Summary Page Totals) \$10,380.00						

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NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)			TYPE OF REPORT			
Kelly B for Council			July 10 Filing			
A. Total Contributions from Small Contributors-Receiv (See instructions for definition of Small Contributor)		Period ONLY AL SECTION A	\$\$0.00			
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Last Name Bazzano	First Joh				MI	
Residential Street Address 96 Hubbard Rd.	City Hartfor			State CT	Zip Code 06114	
Principal Occupation RetIred		Name of Employer Retired				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes Uf contribution is in excess of \$400 does contributor or business he/she valued at more than \$5,000?				, Amoi \$100	ant of Contribution	
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Last Name Concepcion	First Juli	бо			MI	
Residential Street Address 1212 Main St., #221	City Hartfor	rd		State CT	Zip Code 06103	
Principal Occupation Executive Director		Name of Employer Hartford Chamber (of Commerce			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes does contributor or business he/sh valued at more than \$5,000?				4 Amor	unt of Contribution 00	
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Last Name Szubinski	First Ma	ry Jane			Mi	
Residential Street Address 4 Grenhart St.	City West H	Hartford		State CT	Zip Code 06117	
Principal Occupation Accountant Name of Employer Eversource						
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TOTAL OF ALE CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B) \$10,380.00 (Enter total on Line 13, Column A of Summary Page Totals)						

Section B ADDITIONAL PAGE ³² of ⁶⁰

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Kelly B for Council			July 10 Filing				
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Last Name Szubinski			irst Robert				MI
Residential Street Address 4 Grenhart St.		City West	t Hartford		State CT		Code 117
Principal Occupation Painter			Name of Employer D. Sayadoff & Co.				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	If contribution is in excess of \$400 does contributor or business he/she valued at more than \$5,000?				y, A m		f Contribution
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Last Name		Fi	irst				МІ
Alers		E	Edna				
Residential Street Address 182 Roger St.		^{City} Hart	ford		State CT		Code 106
Principal Occupation Retired			Name of Employer Retired			<u> </u>	
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	If contribution is in excess of \$400 does contributor or business he/she valued at more than \$5,000?				y, Am		f Contribution
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Last Name		F	irst				MI
Enright			Michael 				
Residential Street Address 33 Baxter Rd., #5C		City Willi	ington		State CT		Code 279
Principal Occupation Communications/ Media Relations			Name of Employer University of Conn	ecticut			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	If contribution is in excess of \$400 does contributor or business he/she valued at more than \$5,000?				y, Am \$50		of Contribution
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Section B ADDITIONAL PAGE 33 of 60

			TYPE OF REPORT			
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A. Total Contributions from Small Contributors-Receiv (See instructions for definition of Small Contributor)		is Period ONLY OTAL SECTION A	\$\$0.00			
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Last Name Rapose	1	arah			1411	
Residential Street Address 811 Weaver Hill Rd.	City Cove	ntry		State RI	Zip Code 02816	
Principal Occupation		Name of Employer		<u> </u>	<u> </u>	
Town Clerk		Town of West Warw	vick			
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Last Name	Fir		<u> </u>		MI	
Harvey	C	arlene				
Residential Street Address 106 E. Harold St.	City Bloot	mfield		State CT	Zip Code 06002	
Principal Occupation Paralegal	1	Name of Employer City of Hartford				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Solution is in excess of \$400 does contributor or business he/she valued at more than \$5,000?				, Amo	ount of Contribution	
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Last Name		rst Christine	1		MI	
Hindley						
Residential Street Address 202 Captain Rd.	City Long	gmeadow		State MA	Zip Code 01106	
Principal Occupation Human Resources		Name of Employer Raytheon Technolo	ogies			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes If contribution is in excess of \$400 does contributor or business he/she valued at more than \$5,000?				1	ount of Contribution	
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SUBTOTAL Section B — This Page \$225.00						
TOTAL of additional Section B Pages \$10,155.00						
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B) \$10,380.00 (Enter total on Line 13, Column A of Summary Page Totals)						

Section B ADDITIONAL PAGE 34 of 60

NAME OF COMMITTEE (Provide Complete Name as Registere	ed with Filing Repository)	Agriculture of the second	TYPE OF REPORT	35002.044.9	THE	
Kelly B for Council			July 10 Filing			
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Last Name Schatz		^{First} Svetlana			MI	
Residential Street Address 114 Webster Ct.	City Ne	wington		State CT	Zip Code 06111	
Principal Occupation Halr Stylist		Name of Employer Miles Joseph Studio	os			
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Last Name Simmons		First Mikah		•	МІ	
Residential Street Address 158 Forest St., #902	City Ma	nchester		State CT	Zip Code 06040	
Principal Occupation Para-Educator		Name of Employer CREC - River Street	School			
or dependent child of a lobbyist? No does contr	ution is in excess of \$400 to a ributor or business he/she is as more than \$5,000?			/, Amor	unt of Contribution	
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Last Name Hennessy		Matthew			MI	
Residential Street Address 161 Tremont St.	City Ha	artford		State CT	Zip Code 06105	
Principal Occupation Managing Director		Name of Employer Tremont Public Ad	visors		•	
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TOTAL of additional Section B Pages: \$10,250.00						
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Section B ADDITIONAL PAGE 35 of 60 ____

NAME OF COMMITTEE (Provide Complete Nam	e as Registered with Filing Repository)	the Carlotte and the Carlotte	TYPE OF REPORT		
Kelly B for Council			July 10 Filing		
A. Total Contributions from Small Contributors-Received this Period ONLY (See instructions for definition of Small Contributor) SUBTOTAL SECTION A \$ \$0.00					
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Last Name Martin		First Chad		Mī	
Residential Street Address 48 Harvest Court		City Newlngton		State Zip Code CT 06111	
Principal Occupation OWNEr		Name of Employer Spark Social Sports			
Is contributor a lobbyist, spouse, Or dependent child of a lobbyist? No	If contribution is in excess of \$400 does contributor or business he/she valued at more than \$5,000?			Amount of Contribution \$50.00	
		state contractor or prospective star	te contractor? Yes No		
Method of Contribution:		Date Received	Aggregate Contributions	_	
OCash OPersonal Check OCredit/Debit C	ard OPayroll Deduction OMoney	y Order 5/17/23	\$50.00		
Last Name Fisher		First Dawn		MI	
Residential Street Address 820 Mapleton Ave.		City Suffield		State Zip Code CT 06078	
Principal Occupation Operations Director		Name of Employer MassMutual			
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Last Name Bramante		First Salvatore		MI	
Residential Street Address 328 Freeman St.		City Hartford		State Zip Code CT 06106	
Principal Occupation Retired		Name of Employer Retired		<u> </u>	
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	If contribution is in excess of \$400 does contributor or business he/she valued at more than \$5,000?			Amount of Contribution \$75.00	
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TOTAL of additional Section B Pages: \$10,205.00					
TOTAL OF A	ALL CONTRIBUTIONS FROM (Enter total on Line	M INDIVIDUALS (Sections 13, Column A of Summary Page			

Section B ADDITIONAL PAGE ³⁶ of ⁶⁰

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)			TYPE OF REPORT		
Kelly B for Council			July 10 Filing		
A. Total Contributions from Small Contributors-Received this Period ONLY (See instructions for definition of Small Contributor) SUBTOTAL SECTION A			\$\$0.00		
B. Itemized Contributions from Individuals					
Last Name Diamond		First James		MI	
		artford		State CT	Zip Code 06105
Principal Occupation Buyer		Name of Employer Coastal Tool & Supply, W. Hartford			
or dependent child of a lobbyist? No does cont	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? Yes No Amou \$50.0				unt of Contribution
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Method of Contribution: Cash Personal Check © Credit/Debit Card Payroll Deduction Money Order Date Received 5/19/23 Aggregate Contributions \$50.00					
Last Name Zimberlin	First Russell		•	Mi	
		astonbury		State CT	Zip Code 06033
Principal Occupation Attorney Name of Employer Zimberlin Law, LLC					
or dependent child of a lobbyist? No does cont	Yes 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 \$200.00				
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Last Name Cancel		First Anthony		<u> </u>	MI
Residential Street Address 122 Colby St.		L ity Hartford		State CT	Zip Code 06106
Principal Occupation Sales Manager		Name of Employer Sunrun			
or dependent child of a lobbyist? No does con	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 \$25.00				
Method of Contribution: OCash OPersonal Check OCredit/Debit Card OPayroll Deduction OMoney Order Date Received 5/21/23 Aggregate Contributions \$25.00					
SUBTOTAL Section B This Page \$275.00					
TOTAL of additional Section B Pages \$10,105.00					
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B) \$10,380.00 (Enter total on Line 13, Column A of Summary Page Totals)					

Section B ADDITIONAL PAGE ³⁷ of ⁶⁰

NAME OF COMMITTEE (Provide Complete Nam	ne as Registered with Filing Repository)		TYPE OF REPORT			
Kelly B for Council	July 10 Filing					
A. Total Contributions from S (See instructions for definition of Small)	\$\$0.00	Mary .				
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	B. Itemized Co.	ntributions from Indivi	duals			
Last Name Galdamez		First Cesar			MI	
Residential Street Address 95 Stafford St.		city Hartford			Zip Code 06106	
Principal Occupation Electronic Technician		Name of Employer Collins Aerospace				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	If contribution is in excess of \$400 does contributor or business he/she valued at more than \$5,000?			, Amour	nt of Contribution	
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Method of Contribution: Cash Personal Check Ocredit/Debit C	Card OPayroll Deduction OMoney	Date Received 5/21/23	Aggregate Contributions \$10.00			
Last Name Zeman		First Mary			MI	
Residential Street Address 43 Iroquois Rd.		city West Hartford			Zip Code 06117	
Principal Occupation Administrator		Name of Employer Bushnell Park Cons	ervancy			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	\$100.0	nt of Contribution				
	Yes Is contributor a principal of a No If yes, indicate which bra of government the contra		te contractor? Yes No			
Method of Contribution: Cash Personal Check Credit/Debit C		Date Received	Aggregate Contributions \$100.00	-		
Last Name Garcia		First Sue		1	MI	
Residential Street Address 7 Branch Rd.		City Wilbraham			Zip Code 01095	
Principal Occupation Sales Process Owner		Name of Employer Symetra Life Insura	ance Company			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes	If contribution is in excess of \$400 does contributor or business he/she valued at more than \$5,000?			/, Amou	nt of Contribution	
Is this contribution associated with an event reported in Section L1? If yes, list Event # Section L1? Is contributor a principal of a state contractor or prospective state contractor? One of government the contract is with: Executive Clegislative						
Method of Contribution: Cash Personal Check Cedit/Debit Cedit/Deb		Date Received	Aggregate Contributions \$50,00			
O Cashi O Cashia Cheek (O Cambrell	voje voje po navoje i navoje navo	TOTAL Section B — This	\$160.00	<u> </u>		
	Samuel and the company of the same	L of additional Section B	¢10,220,00			
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B) (Enter total on Line 13, Column A of Summary Page Totals) \$10,380.00						
	14-movement Alle	1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -				

Section B ADDITIONAL PAGE 38 of 60 ____

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)	TYPE OF REPORT					
Kelly B for Council	July 10 Filing					
A. Total Contributions from Small Contributors-Receive (See instructions for definition of Small Contributor).	\$\$0.00					
B. Itemized Con	tributions from Indiv	iduals	igesio (c. 15) autorio estado			
Last Name Halsey	First Anne			М		
	_{City} Middletown			Zip Code 06457		
Principal Occupation Aviation	Name of Employer CTARNG					
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes If contribution is in excess of \$400 t does contributor or business he/she i valued at more than \$5,000?		t with said municipality	/, Amou \$25.0	nt of Contribution O		
Is this contribution associated with an event reported in Section L1? Yes Is contributor a principal of a st of sevent reported in Section L1? No If yes, indicate which bran of government the contract	ch or branches	No No				
Method of Contribution: OCash OPersonal Check OCredit/Debit Card OPayroll Deduction OMoney	Date Received	Aggregate Contributions \$25.00				
Last Name	First			MI		
Lyons	Sean					
	City Long Island City		State NY	Zip Code 11106		
Principal Occupation Interior Designer	Name of Employer RH		! <u></u>			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes No Ves Valued at more than \$5,000?		et with said municipality	/, Amou \$25.0	nt of Contribution		
Is this contribution associated with an event reported in Section L1? Yes Is contributor a principal of a sevent reported in Section L1? No If yes, indicate which brar of government the contract		ate contractor?				
Method of Contribution: Cash Personal Check Ocredit/Debit Card Payroll Deduction Money	Date Received	Aggregate Contributions \$25.00				
Last Name	First			MI		
Evans	Kathy					
	city Hartford		State CT	Zip Code 06106		
Principal Occupation Development Director	Name of Employer OPMAD					
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? One will be a 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? One will be a contract with said municipality valued at more than \$5,000? Solve the contributor of the 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?						
Is this contribution associated with an event reported in Section L1? 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: Executive Legislative						
Method of Contribution: Cash Personal Check Credit/Debit Card Payroll Deduction Money	Date Received	Aggregate Contributions \$25.00				
SUBT	OTAL Section B — Th	is Page \$75.00	•			
TOTAL of additional Section B Pages \$10,305.00						
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B): (Enter total on Line 13, Column A of Summary Page Totals) \$10,380.00						

Section B ADDITIONAL PAGE ³⁹ of ⁶⁰

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)	TYPE OF REPORT	Section 1 and 1				
Kelly B for Council	July 10 Filing	July 10 Filing				
A. Total Contributions from Small Contributors-Receiv (See instructions for definition of Small Contributor)	ed this Period ONL SUBTOTAL SECTION					
B, Itemized Co	atributions from In	dividuals				
Last Name Bull	First Suzanne		MI			
Residential Street Address 25 Schoolhouse Lane	city Middle Haddam		State Zip Code CT 06456			
Principal Occupation Retired	Name of Employer Retired		•			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Ordependent child of a lobbyist?	is associated with have a co	ecutive officer of a municipality intract with said municipality No	, Amount of Contribution \$10.00			
Is this contribution associated with an event reported in Section L1? If yes, list Event # Yes Is contributor a principal of a fyves, indicate which bratefy of government the contract.	nch or branches	No				
Method of Contribution: OCash OPersonal Check OCredit/Debit Card OPayroll Deduction OMoney	Date Received	Aggregate Contributions \$10.00				
Last Name	First		MI			
Samboy	Alexander					
Residential Street Address 890 Worthington Ridge	City Berlin		State Zip Code CT 06037			
Principal Occupation License and Inspections	Name of Employer City of Hartfor	d				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes If contribution is in excess of \$400 does contributor or business he/she valued at more than \$5,000?	is associated with have a co		Amount of Contribution \$250.00			
Is this contribution associated with an event reported in Section L1? If yes, list Event # Yes Is contributor a principal of a If yes, indicate which bra of government the contra	nch or branches	ive state contractor? Yes O No cutive (Legislative				
Method of Contribution: Cash Personal Check Credit/Debit Card Payroll Deduction Money	Date Received	Aggregate Contributions \$250.00				
Last Name Cobb	First Christopher		MI			
Residential Street Address	City		State Zip Code			
1 Gold St., 14-F	Hartford		CT 06103			
Principal Occupation Attorney	Name of Employer O'Malley Dene	een				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? O Yes O 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? O Yes O No \$50.00						
event reported in Section L1?	Yes Is contributor a principal of a state contractor or prospective state contractor? Yes					
Method of Contribution: Cash Personal Check Oredit/Debit Card Payroll Deduction Omone	Date Received	Aggregate Contributions \$50.00				
SUBTOTAL Section B — This Page \$310.00						
TOTAL of additional Section B Pages \$10,070.00						
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B) (Enter total on Line 13, Column A of Summary Page Totals) \$10,380.00						

Section B ADDITIONAL PAGE 40 of 60

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)	TYPE OF REPORT					
Kelly B for Council	July 10 Filing					
A. Total Contributions from Small Contributors-Receiv (See instructions for definition of Small Contributor)	\$\$0.00					
AND SECOND SECON	ntributions from Indivi	duals	er vista Education of the second	Tra		
Last Name McAvoy	First Kate			MI 		
Residential Street Address 107 N. Beacon St.	^{City} Hartford			Zip Code 06105		
Principal Occupation Legislative Aide	Name of Employer State of Connecticu	ıt	····			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes If contribution is in excess of \$400 does contributor or business he/she valued at more than \$5,000?			\$25.0	nt of Contribution ()		
Is this contribution associated with an event reported in Section L1? If yes, list Event # Yes Is contributor a principal of a second reported in Section L1? If yes, list Event # O Yes Is contributor a principal of a second reported in Section L1?		_ • No				
Method of Contribution: OCash OPersonal Check OCredit/Debit Card OPayroll Deduction OMoney	Date Received	Aggregate Contributions \$25.00				
Last Name	First			- MI		
Deutsch	Larry					
Residential Street Address 2621 Palisade Ave.	City Bronx State NY			Zip Code 10463		
Principal Occupation Retired	Name of Employer Retired					
	or dependent child of a lobbyist? 🌀 No does contributor or business he/she is associated with have a contract with said municipality					
Is this contribution associated with an event reported in Section L1? Yes Is contributor a principal of a fyes, indicate which bra of government the contra		te contractor? Yes No				
Method of Contribution: Cash OPersonal Check Ocredit/Debit Card OPayroll Deduction OMoney	Date Received	Aggregate Contributions \$75.00				
Last Name	First			Mi		
Johnson	Margaret					
Residential Street Address 1482 Roosevelt Dr.	City Venice		State FL	Zip Code 34293		
Principal Occupation Retired	Name of Employer Retired					
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes If contribution is in excess of \$400 does contributor or business he/she valued at more than \$5,000?			\$100	nt of Contribution .00		
event reported in Section L1?	Yes 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: Executive Legislative					
Method of Contribution: Cash Personal Check Oredit/Debit Card Payroll Deduction Omone	Date Received 6/2/23	Aggregate Contributions \$100.00				
SUB	ΓΟΤΑL Section B — This	Page \$200.00				
TOTA	L of additional Section B	Pages \$10,180.00				
TOTAL OF ALL CONTRIBUTIONS FROM	M INDIVIDUALS (Sections 13, Column A of Summary Page					

Section B ADDITIONAL PAGE 41 of 60

NAME OF COMMITTEE (Provide Complete Name as	s Registered with Filing Repository)		TYPE OF REPORT		Parison Properties E	
Kelly B for Council	July 10 Filing					
	A. Total Contributions from Small Contributors-Received this Period ONLY (See instructions for definition of Small Contributor) SUBTOTAL SECTION A					
	B. Itemized Cont	tributions from Indiv	iduals			
Last Name Lewis		First Diane			MI	
Residential Street Address 69 Congress St., #C		_{ity} Hartford			Zip Code 06114	
Principal Occupation Case Manager		Name of Employer Building Trades Tr	aining Institute			
or dependent child of a lobbyist? No do	Contribution is in excess of \$400 to oes contributor or business he/she is alued at more than \$5,000?			y, Amou i \$50.00	nt of Contribution ()	
Is this contribution associated with an event reported in Section L1? If yes, list Event #	Is contributor a principal of a sta	ch or branches	ate contractor? Yes No Legislative			
Method of Contribution: Ocash OPersonal Check OCredit/Debit Card		Date Received	Aggregate Contributions \$50.00			
Last Name Reyes		First Ismael			MI	
Residential Street Address 24 Macktown Rd.		ity Windsor			Zip Code 06095	
Principal Occupation Student		Name of Employer Student				
or dependent child of a lobbyist? No do	Contribution is in excess of \$400 to oes contributor or business he/she is alued at more than \$5,000?		t with said municipality	y, Amour \$10.0	nt of Contribution 00	
Is this contribution associated with an event reported in Section L1? If yes, list Event #		ch or branches	ate contractor? OYes O No			
Method of Contribution: Cash Personal Check Credit/Debit Card		Date Received	Aggregate Contributions \$10.00			
Last Name Pattavina		First Nicole			Mi	
Residential Street Address 130 Main St., #D		City Hartford			Zip Code 06106	
Principal Occupation Dental Asst.		Name of Employer Premiere Dental o	of CT			
or dependent child of a lobbyist? No de	f contribution is in excess of \$400 to loes contributor or business he/she is valued at more than \$5,000?		ct with said municipality	ty, Amou \$100.	int of Contribution .00	
	ion associated with an Yes Is contributor a principal of a state contractor or prospective state contractor? Yes n Section L1? No If yes, indicate which branch or branches					
Method of Contribution: Cash Personal Check Ocredit/Debit Card		Date Received	Aggregate Contributions \$100.00			
SUBTOTAL Section B — This Page \$160.00						
TOTAL of additional Section B Pages \$10,220.00						
TOTAL OF AL	L CONTRIBUTIONS FROM (Enter total on Line 1:	INDIVIDUALS (Sections 3, Column A of Summary Pag				

Section B ADDITIONAL PAGE 42

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NAME OF COMMITTEE (Provide Complete Name as	s Registered with Filing Repository)		36 (35 (0) = -6 (0) = (1) 1 (1) 2 (1) 2 (1) (1) (1) 1 (1)	TYPE OF REPORT			
Kelly B for Council	July 10 Filing						
A. Total Contributions from Small Contributors-Received this Period ONLY (See instructions for definition of Small Contributor) \$\\$ \\$ \\$ \\$ \\$ \\$ \\$ \\$ \\$ \\$ \\$ \\$ \\$							
	B. Itemized Con	tribu	tions from Individ	luals			
Last Name Salito		First Ral	ph			M	11
Residential Street Address 171 Windsor Ave.		City Winds	or		State CT	Zip Cod 06095	
Principal Occupation Golf			Name of Employer Keney Park Golf Cou	urse			
or dependent child of a lobbyist? No do	Contribution is in excess of \$400 to oes contributor or business he/she is alued at more than \$5,000?	o a cand s associa	idate for a chief executive ated with have a contract Oyes ONo	officer of a municipality with said municipality	/, Ame \$50.		ontribution
Is this contribution associated with an event reported in Section L1? No If yes, list Event #		ch or br	anches	contractor? Yes No			
Method of Contribution: OCash OPersonal Check OCredit/Debit Card	Payroll Deduction OMoney		Date Received 6/12/23	Aggregate Contributions \$50.00			
Last Name Brooker		First JOS	eph			M	ſI
Residential Street Address 150 Courtney Dr.	C	Rocky	Hill		State CT	Zip Cod 0606	
Principal Occupation Owner/ President	•	- 1	Name of Employer Elite Fire Protection	•		•	
or dependent child of a lobbyist? No do	contribution is in excess of \$400 to oes contributor or business he/she is alued at more than \$5,000?				y, Amo \$250		ontribution
Is this contribution associated with an event reported in Section L1? Yes Yes No If yes, list Event #		ich or bi	ranches	e contractor? Yes No Legislative			
Method of Contribution:			Date Received 6/12/23	Aggregate Contributions \$250.00			
Ocash OPersonal Check OCredit/Debit Card	Payroll Deduction (Money (Order First	IV.	720000		Ja	Ai
Morales			gel			"	
Residential Street Address 185 Brainard Rd.		City Hartfo	ord		State CT	Zip Cod 0611	
Principal Occupation Outreach Lialson	<u></u>		Name of Employer Metropolitan Distri	ct		•	
or dependent child of a lobbyist? No de	f contribution is in excess of \$400 to loes contributor or business he/she in ralued at more than \$5,000?				y, Amo		Contribution
Is this contribution associated with an event reported in Section L1? No If yes, list Event #	Yes Is contributor a principal of a state contractor or prospective state contractor? OYes						
Method of Contribution: OCash OPersonal Check OCredit/Debit Card	Del OPayroll Deduction OMoney	Order	Date Received 6/13/23	Aggregate Contributions \$50.00			
SUBTOTAL Section B — This Page \$350.00							
TOTAL of additional Section B Pages \$10,030.00							
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B) (Enter total on Line 13, Column A of Summary Page Totals) (Section 13, Column A of Summary Page Totals)							
	(Enter war un Ethe 1	J, CUI		1 1016/	_		

Section B ADDITIONAL PAGE 43 of 60 of 60

NAME OF COMMITTEE (Provide Complete Name as Registered with filling Reposttory)	TYPE OF REPORT					
Kelly B for Council	July 10 Filing					
A. Total Contributions from Small Contributors-Receiv (See instructions for definition of Small Contributor) S	\$\$0.00					
B. Itemized Con	ntributions from Indivi	duals				
Last Name Perez			MI			
Residential Street Address 1212 Main St., #348	City Hartford		State CT	Zip Code 06103		
Principal Occupation Clinical Research Assistant	Name of Employer UConn Health					
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes of the contribution is in excess of \$400 does contributor or business he/she valued at more than \$5,000?			, Amou \$30.0	nt of Contribution		
Is this contribution associated with an event reported in Section L1? Yes Is contributor a principal of a sevent reported in Section L1? No If yes, indicate which brate of government the contract of government the government the government the government the government of government the government of government the government the government the government of government the government the government of government the government of government the government of government the government of gov		No No				
Method of Contribution: OCash OPersonal Check OCredit/Debit Card OPayroll Deduction OMoney	Order Date Received 6/14/23	Aggregate Contributions \$30.00				
Last Name	First			МІ		
Lyons	Timothy			J.		
Residential Street Address 3 Briarwood Ln.Gra	City Granby	State CT	Zip Code 06035			
Principal Occupation Automotive Technician	Name of Employer Tim's Automotive					
	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? Yes No No \$250.0					
Is this contribution associated with an event reported in Section L1? Yes No If yes, list Event # Is contributor a principal of a If yes, indicate which bra of government the contra		te contractor? Yes O No				
Method of Contribution: OCash OPersonal Check OCredit/Debit Card OPayroll Deduction OMoney	Date Received	Aggregate Contributions \$250.00	_			
Last Name	First			IM]		
Garofalo	Marc					
Residential Street Address 95 Academy Hill Rd.	City Derby		State CT	Zip Code 06418		
Principal Occupation Town Clerk	Name of Employer City of Derby	· · · · · · · · · · · · · · · · · · ·				
	No does contributor or business he/she is associated with have a contract with said municipality					
event reported in Section L1?	Yes Is contributor a principal of a state contractor or prospective state contractor?					
Method of Contribution: OCash OPersonal Check OCredit/Debit Card OPayroll Deduction OMoney	Order Date Received 6/23/23	Aggregate Contributions \$50.00				
and the state of t	FOTAL Section B — This	Page \$330.00		·		
TOTAL of additional Section B Pages \$10,050.00						
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B) \$10,380.00 (Enter total on Line 13, Column A of Summary Page Totals)						

Section B ADDITIONAL PAGE 44 of 60 of

NAME OF COMMITTEE (Provide Complete Name as Registered	with Filing Repository)		TYPE OF REPORT			
Kelly B for Council	July 10 Filing					
A. Total Contributions from Small Cont (See instructions for definition of Small Contributor)	\$\$0.00					
est to the contract of the second contract of	B. Itemized Contril	participation of the second se	duals			
Last Name Desnoyers		First Ethan		MI		
Residential Street Address 16 Cedar Ridge Dr.	City Glas	stonbury		State Zip Code CT 06033		
Principal Occupation Student		Name of Employer Student				
or dependent child of a lobbyist? No does contrib	on is in excess of \$400 to a coutor or business he/she is assore than \$5,000?			\$30.00 Amount of Contribution		
event reported in Section L1? No If y	ributor a principal of a state c ves, indicate which branch or government the contract is w	r branches	Contractor? Yes No			
Method of Contribution:		Date Received	Aggregate Contributions	1		
OCash OPersonal Check OCredit/Debit Card OPayrol	Il Deduction OMoney Orde	er 6/23/23	\$30.00			
Last Name Payton		^{riist} Wendy		MI L.		
Residential Street Address 83 Cherryfleld Dr.	City	st Hartford		State Zip Code CT 06107		
Principal Occupation Massage Therapist	I	Name of Employer Nurturing Hands, L	LC	······································		
or dependent child of a lobbyist? No does contrib	on is in excess of \$400 to a coutor or business he/she is assore than \$5,000?			, Amount of Contribution \$25.00		
event reported in Section L1? No If	tributor a principal of a state of yes, indicate which branch of government the contract is v	r branches	e contractor? Yes No			
Method of Contribution:		Date Received	Aggregate Contributions			
OCash OPersonal Check OCredit/Debit Card OPayrol	ll Deduction Money Orde	er 6/24/23	\$25.00			
Last Name Mathews		^{First} Brian		I MI		
Residential Street Address 33 Curcombe St.	City Har	tford		State Zip Code CT 06106		
Principal Occupation Director of Housing		Name of Employer City of Hartford		1		
or dependent child of a lobbyist? No does contrib	ion is in excess of \$400 to a coutor or business he/she is assore than \$5,000?			Amount of Contribution \$200.00		
Is this contribution associated with an event reported in Section L1? If yes, list Event # Is contributor a principal of a state contractor or prospective state contractor? If yes, list Event # Yes Is contributor a principal of a state contractor or prospective state contractor? One of government the contract is with: Executive Legislative						
Method of Contribution: Cash Personal Check ©Credit/Debit Card Payro	all Deduction OMoney Orde	Date Received 6/27/23	Aggregate Contributions \$200.00			
		AL Section B — This	\$255.00			
TOTAL of additional Section B Pages \$10,125.00						
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B) \$10,380,00						
	(Enter total on Line 13, C	Column A of Summary Page	1 OHUS)			

Section B ADDITIONAL PAGE 45 of 60

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)	TYPE OF REPORT					
Kelly B for Council	July 10 Filing					
A. Total Contributions from Small Contributors-Received (See instructions for definition of Small Contributor)	ed this Period ONLY SUBTOTAL SECTION A	\$\$0.00				
		⊈ing w⊈ing 5 to \$2 to \$		Autorian pagasas		
	ntributions from Individ	luals				
Last Name Winch	First rJo			MI		
	_{City} Hartford			Zip Code 06112		
Principal Occupation Retired	Name of Employer Retired					
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? O Yes of the contribution is in excess of \$400 to does contributor or business he/she valued at more than \$5,000?			\$50.0	nt of Contribution		
Is this contribution associated with an event reported in Section L1? Yes Is contributor a principal of a section L1? No If yes, indicate which brar of government the contract		contractor?				
Method of Contribution:	Date Received	Aggregate Contributions	\dashv			
OCash OPersonal Check OCredit/Debit Card OPayroll Deduction OMoney	Order 6/29/23	\$50.00				
Last Name Merchant	First David			MI		
Residential Street Address 48 Colburn Dr.	_{City} Colchester			Zip Code 06415		
Principal Occupation Retired	Name of Employer Retired					
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? One dependent child of a lobbyist?						
Is this contribution associated with an event reported in Section L1? Yes If yes, list Event # Is contributor a principal of a lf yes, indicate which bra of government the contraction.		e contractor? Yes No				
Method of Contribution: OCash OPersonal Check Ocredit/Debit Card OPayroll Deduction OMoney	Date Received	Aggregate Contributions \$230.00				
Last Name	First			MI		
Ballestras	Maurice					
Residential Street Address 373 Zion St., 1st Fl	City Hartford		State CT	Zip Code 06106		
Principal Occupation ASM	Name of Employer Marshall's					
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes If contribution is in excess of \$400 does contributor or business he/she valued at more than \$5,000?			y, Amou \$100	nt of Contribution 00		
Is this contribution associated with an event reported in Section L1? If yes, list Event # Is contributor a principal of a state contractor or prospective state contractor?						
Method of Contribution: Cash Personal Check Ocredit/Debit Card Payroll Deduction Omoney	y Order Date Received 6/30/23	Aggregate Contributions \$100.00				
SANDARANA TANÀNA TANÀNA TANÀNA TANÀNA SUBI	TOTAL Section B — This	Page \$380.00	'			
TOTAL of additional Section B Pages \$10,000.00						
TOTAL OF ALL CONTRIBUTIONS FROM (Enter total on Line	M INDIVIDUALS (Sections A 13, Column A of Summary Page		***************************************			

NAME OF COMMITTEE (Provide Complete Name at Registered with Filing Repository) TYPE OF REPORT								
Kelly B for Council July 10 Filing C1. Contributions from Other Committees								
Name of Committee		Ci. C	ontributio	ns from C	Name of Tre	Cold Delinkal algority are every and a second section of the color		
N/A					Traine of the			
Address				Is this con event repo	rted in Section l	ated with an OYes ONo L1? List Event #	Amount of Contribution	
City		State	Zip Code	Date Re		Aggregate Contributions		
Name of Committee					Name of Tre	asurer		
Address				Is this con event repo	rted in Section	ated with an Yes No L1? , list Event #	Amount of Contribution	
City		State	Zip Code	Date Re		Aggregate Contributions		
Name of Committee					Name of Tro	asurer		
Address			····	Is this con event repo	rted in Section	ated with an Yes No L1? , list Event #	Amount of Contribution	
City		State	Zip Code	Date Re		Aggregate Contributions		
Name of Committee	C2, R	eimbursemen	ts or Surpl	us Distri)	Name of Tre	m other Committees		
N/A Address				City			State Zip Code	
Date Received	Expenditure #	Payment Type					Amount of Receipt	
	(if applicable)	OReimbursem	ent for shared	expense C	Surplus Distrib	oution		
Description								
Name of Committee				ti	Name of Tre	easurer		
Address				City			State Zip Code	
Date Received	Expenditure # (if applicable)	Payment Type Reimburse	anent for share	d expense	Surplus Dist	ribution	Amount of Receipt	
Description								
	A STATE OF THE STATE OF T		SUBTO	OTAL Sect	ion C — Tl	nis Page \$0.00		
		rokoodinina.	TOTAL	of additio	nal Section (C Pages \$0.00		
	TOTAL OF ALL COMMITTEE CONTRIBUTIONS AND RECEIPTS \$0.00 (Sections C1 + C2) (Enter total on Line 14, Column A of Summary Page Totals)							

NAME OF COMMITTEE (Provide Complete Name as Registered with Fi	ling Repository)		SS 55 93 9	TYPE OF	REPORT	renden erkalisa si kan jugan germanan
Kelly B for Council J				July 10 Filing			
D.	Loans R	eceive	d this Period				
Name of Lender	Present Do Dilliggi et 1919	[3	Source of Loan:	<u> </u>	<u>, , , , , , , , , , , , , , , , , , , </u>	A Section of the Control of the Cont	Date of Receipt
N/A			OBank OCa	ndidate 🔘	Individual	Other Committee	
Street Address	City				State	Zip Code	Is there a Cosigner or Guarantor of this loan? O Yes O No
Name of Cosigner/Guarantor (if applicable)				5			Amount Received
Street Address	City				State	Zip Code	
Name of Lender			Source of Loan: OBank OCa	ndidate 🔘	Individual	Other Committee	Date of Receipt
Street Address	City				State	Zip Code	Is there a Cosigner or Guarantor of this loan? Yes No
Name of Cosigner/Guarantor (if applicable)					· <u>-</u>		Amount Received
Street Address	City				State	Zip Code	
Name of Lender	!		Source of Loan: OBank OCa	ndidate C	Individua		Date of Receipt
Street Address	City	1			State	Committee Zip Code	Is there a Cosigner or Guarantor of this loan?
Name of Cosigner/Guarantor (if applicable)			<u> </u>				O Yes O No Amount Received
Street Address	City				State	Zip Code	
			TOTAL SEC	TION D	\$0.0	0	
E. Receipts from Entities other tha	n Individ	luals c	or Other Con	nmittees	s (Referen	idum Committe	es ONLY)
Name of Entity N/A							
Street Address				Date l	Received		Amount Received
City	s	tate	Zip Code	Aggre	egate Contrit	outions	
Name of Entity	<u></u>						
Street Address				Date	Received		Amount Received
Street Address				Date	KÇCCIYCI		Amount Received
City	S	itate	Zip Code	Aggr	egate Contril	outions	
Name of Entity					***************************************		
Street Address				Date	Received		Amount Received
City	S	State	Zip Code	Aggr	egate Contril	outions	
			TOTAL SEC	TION E	\$0.0	00	<u> </u>

NAME OF COMMITTEE P	rovide Complete Name as Regist	ered with Filing Repository)		TYPE OF REPORT
Kelly B for Council				July 10 Filing
F. A	mount Transferred	from Affiliated Busines	s Treasury (Business	Entity Committees ONLY)
Date of Receipt	Is this transaction associ		, list Event#	Amount
N/A	event reported in Section	IDI! UNO		
Date of Receipt	Is this transaction associevent reported in Section	~	, list Event #	Amount
Date of Receipt	Is this transaction assoc event reported in Section		, list Event#	Amount
Date of Receipt	Is this transaction assoc event reported in Sectio		, list Event#	Amount
		For Paris the British	TOTAL SECTION F	\$0.00
G. Amount Tran	sferred from Affilia	ted Labor Union or Oth	ier Organization Ti	casury (Organization Committees ONLY)
Date of Receipt		Date of Receipt	E	Pate of Receipt
N/A				
Amo	unt	Amount		Amount
			OTAL SECTION G	\$0.00
20 27 000 28 000 000 000 000 000 000 000 000	Constitution (Constitution Constitution Constitution Constitution Constitution Constitution Constitution Const	1. 	O FAR-SECTION G	
	14-1			
	. Personal Funds of	the Candidate Received	I this Period (Candi	
Date of Receipt	Method of payment:			Amount
N/A	O Cash	Personal Check	Credit/Debit Car	d
Date of Receipt	Method of payment:			Amount
	○ Cash	Personal Check	Credit/Debit Car	d
Date of Receipt	Method of payment:			Amount
	OCash Cash	Personal Check	Credit/Debit Car	d
Date of Receipt	Method of payment:			Amount
	©Cash	Personal Check	Credit/Debit Car	d
				\$0.00
			TOTAL SECTION	(CIT)
		I. Anonymous Co	ntributions	
		1. Anonymous Co	IVI IVIIVIIO	
amoı	ınt. If a committee	, Anonymous Contribu receives an anonymou e contribution to the St	s contribution, the	campaign treasurer shall

for deposit in the General Fund.

NAME OF COMMITTEE (Provide Complete Name as Register	ed with Filing Repository)	1	YPE OF	REPORT	
Kelly B for Council		J.	aly 10 F	Report	
J. Inte	rest from Deposits in .	Authorized Accounts			
Name of Institution		sana ayaa da ka ka ka ka ka ka ka ahaa ka ka ahaa a	Date Recei	ived	Amount
N/A					
Street Address	City	Stal	te	Zip Code	
Name of Institution			Date Recei	ived	Amount
Street Address	City	Sta	te	Zip Code	
		TOTAL SECTION	J \$0	.00	
	ıs Monetary Receipts	not Considered Con	200 Arra Distriction	ranga parangang dinagan pangan ang mga pangan pangan	
Name N/A			Date	of Transaction	Amount Received
Street Address	City		State	Zip Code	
Description					
Name			Date	e of Transaction	Amount Received
Street Address	City		State	Zip Code	
Description			<u> </u>		
Name			Date	e of Transaction	Amount Received
Street Address	City		State	Zip Code	
Description					
Name			Date	of Transaction	Amount Received
Street Address	City		State	Zip Code	
Description					
A CONTROL OF THE PROPERTY OF T	T	OTAL SECTION K	\$0.00)	
SUMMARY OF O	CHER MONETARY	RECEIPTS (Sections	s D th	rough K)	
Total Loans Received this Period (Section D)				\$0.00	
Total Receipts from Entitics other than Individuals	s or Other Committees (Se	ection E)	+	\$0.00	
Total Amount Transferred from Affiliated Busines	ss Treasury (Section F)		+	\$0.00	
Total Amount Transferred from Affiliated Labor				\$0.00	
Total Amount of Personal Funds of the Candidate		tion H)	+	\$0.00	
Total Amount of Interest from Deposits in Author		on IZ)	+	\$0.00 \$0.00	
Total Miscellaneous Monetary Receipts not Considerate		on K) of Other Monetary	+ Receir		
(Add Sections D t	hrough K) (Enter total on Li	ne 15, Column A of Summary	Page Tot	\$0.00 als)	

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)	TYPE	OF REPORT				
Kelly B for Council	July 1	0 Filing				
L1. Even	t Information	e de la companya de l	g ndag i si i si si si Sa Tatangan	Control of the State of the Sta		
Event# Description		T _w	as this a fir	ndraising event?		
Date of Event Letter 041723 A First & Last - Campaign Kick-off		"	Yes	O No		
Location: Street Address	City		State	Zip Code		
939 Maple Avenue	Hartford		CT	06114		
Subpart 1: (All Committees)				<u> </u>		
Was this event hosted at a personal residence?		y and complete ro	quired infor			
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-Kin and complete required informa		Considered	Contributions		
We this fundament a sale postion on other sale of departed items	OYes (If yes, enter Total Receipts he	>				
Was this fundraiser a tag sale, auction, or other sale of donated items with purchases from an individual of up to \$100?						
	⊙ No	<u> </u>				
Subpart 2: (Party Committees, Municipal Candidates and Political Com Were there purchases of advertising space in a program book or on a sign associated with this fundraiser?	mittees other than Exploratory Comm O Yes (If yes, go to Section L3 Purch or on a Sign and complete rec No	ases of Advertisin		Program Book		
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?	OYes (If yes, enter Total Receipts he	re.) — \$				
gamering note with the state with this turningset;	O _{No}	L.				
						
Event # Description		T _v		- dua! -!0		
Date of Event Letter		l w	Yes This a Tui	ndraising event? ONo		
Location: Street Address	City		State	Zip Code		
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.)					
	O 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 he	sre.) [\$	1			
with paronages from an individual of up to \$100?	O No					
Subpart 2: (Party Committees, Municipal Candidates and Political Com Were there purchases of advertising space in a program book or on a sign associated with this fundraiser?		nses of Advertisin		i Program Book		
Subpart 3: (Town Committees ONLY)						
Did your committee sell food or beverage at a fair or similar mass	OYes (If yes, enter Total Receipts he	re.) \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \				
gathering held within the state with this fundraiser?	ONo	L				
SUBTOTAL Section L1—Subpart 1 (All Committees) Total Receipts f		age \$0.00				
	tion L1—Subpart 3 <i>(Town Committees Of</i>					
	eipts from Food Purchases — This P	age				
Address (1978) See See See See See See See See See Se	eipts from Food Purchases — This P		 .			

				tees are no longer requestasses are no longer requests			
NAME OF COMMITTEE Kelly B for Council	Provide Complete Name as Registere	d with Filling Repositor	אלי	TYPE OF REPORT	RT:		
	13. Purchases	of Advertisin	g in a Progran	n Book or on a Sign		en Santa en	en komunen di sida ili Hakisa kemalan di sida di
Name of Purchaser					Purchas	e Made By:	
N/A					OBu	siness Entity	Other
••••				1000000	OInd	lividual/Sole Pr	
Street Address			City			State	Zip Code
Date Received	Event #	Aggregate Purchases	for All Events	Amount of Program Ad Purcha	ise	Amount of Sig	n Purchase
Name of Purchaser					Purchas	se Made By:	_
				:	_	-	Other
					OInc	lividual/Sole P	
Street Address		:	City			State	Zip Code
, , , , , , ,							
Date Received	Event #	Aggregate Purchases	for All Events	Amount of Program Ad Purcha	ise	Amount of Sig	gn Purchase
Name of Purchaser					Purcha	se Made By:	
					=	siness Entity	Other
					OInc	dividual/Sole P	
Street Address			City			State	Zip Code
Date Received	Event#	Aggregate Purchases	for All Events	Amount of Program Ad Purch	ase	Amount of Sig	gn Purchase
Name of Purchaser					Purcha	se Made By:	
					OBu	usiness Entity	Other
					Oin	dividual/Sole P	roprietorship
Street Address			City			State	Zip Code
Date Received	Event#	Aggregate Purchases	for All Events	Amount of Program Ad Purch	ase	Amount of Sig	gn Purchase
Name of Purchaser					Purcha	se Made By:	
LIME OF L MORES					O Bi	usiness Entity dividual/Sole P	Other
Street Address			City		1 O m	State State	Zip Code
Shoot Address			J.I.J				-1 3337
Date Received	Event #	Aggregate Purchases	for All Events	Amount of Program Ad Purch	ase	Amount of Si	gn Purchase
	 SUBTOTAL Section La T	l otal Purchases of	Advertising in P	 rogram Book — This Page \$	0.00		
And the second s	SUBTOTAL: Secti	on L3 Total Purc	chases of Advertis	ing on a Sign — This Page \$	0.00		
			TOTAL of a	dditional Section L3 Pages \$	0.00		
ATOTA	L OF ALL PURCHASES C	F ADVERTISIN (Enter total on	IG IN A PROGRA Line 16c, Column	AM BOOK or ON A SIGN \$ A of Summary Page Totals)	0.00		

NAME OF COMMITTE	E (Provide Complete Name as Regist	ered with Filing Repository)	ers (el el vellio)	TY	PE OF REPORT	35, 1949 35, 1949			
Kelly B for Council				Jul	y 10 Filing				
	L4. In-	Kind Donations N	ot Consider	ed Contributio	ns				
Name of Donor									
N/A									
Street Address			City		11.1.1111111111111111111111111111111111		State	Zip Code	
						i			
Donation Given By:	Description of Donation					Fair N	larket Val	re of Donation	
OBusiness Entity									
Ondividual	Date Received	Event #		Aggregate Value for thi	s Event				
Sole Proprietorship									
Name of Donor			 		<u> </u>	•			
Street Address			City				State	Zip Code	
Donation Given By:	Description of Donation				T	Fair N	farket Val	ue of Donation	
Business Entity									
OIndividual	Date Received	Event #		Aggregate Value for thi	s Event				
OSole Proprietorship									
Name of Donor		· <u>-</u>		<u> </u>					
Street Address			City				State	Zip Code	
Donation Given By:	Description of Donation					Fair Market Value of Donation			
Business Entity									
OIndividual	Date Received	Event#		Aggregate Value for the	is Event				
Sole Proprietorship									
Name of Donor									
								:	
Street Address			City		···		State	Zip Code	
Donation Given By:	Description of Donation		,1			Fair N	larket Val	ue of Donation	
OBusiness Entity									
O Individual	Date Received	Event #		Aggregate value for thi	s Event				
Sole Proprietorship		1							
		CUDT	om at o	7				···	
Constitution of the Consti	Property of the second	SUBI	JIAL Section	L4 — This Page	\$0.00				
17 17 17 17 17 17 17 17 17 17 17 17 17 1	Tanana and a same and	TOTAL	of additional	Section L4 Pages	\$0.00				
en a control de la control de	900 (1300)			3	\$0.00				
TO	TAL OF ALL IN-KIND DO	NATIONS NOT CON	SIDERED CO	ONTRIBUTIONS	\$0.00				
	(Ent	er total on Line 21, Co	lumn A of Sum	mary Page Totals)	70.50				

NAME OF COMMITTEE (Prov	ide Complete Name as Registered with Filing Reposito.	ry)		TYPE OF REPORT			
Kelly B for Council				July 10 Filin	g		
L5, Ir	n-Kind Donations Not Considered	l Contributions Associa	ted with a I	Iouse Part	y		
Name of Host						e candidate or	
N/A				Yes No omplete Itemization in Addendum L5			
Street Address		City			State	Zip Code	
				_			
Description of Donation				Fair Marl	cet Value o	f Donation	
)			
Event #	Aggregate Value of this Event—all hosts	Aggregate Value of all Events—this he	ost/candidate				
Name of Host		· · · · · · · · · · · · · · · · · · ·	Is this event s	supporting mo	re than on	e candidate or	
			committee?	OYes ONo mplete Itemiza)		
Street Address		City	If yes, co	anpiete Henniza	State	Zip Code	
onov, mares		Chy					
Description of Donation				T 70 14		ED #	
Description of Donatton				Fair Mar	ket Value o	of Donation	
Event #	Aggregate Value of this Event—all hosts	Aggregate Value of all Events—this he	ost/candidate	1			
27 0 00 0							
Name of Host			Is this event	supporting mo	re than or	ne candidate or	
			committee?	OYes ON)		
			If yes, co	mplete Itemiza			
Street Address		City			State	Zip Code	
Description of Donation				Fair Mar	ket Value o	of Donation	
Event #	Aggregate Value of this Event—all hosts	Aggregate Value of all Events—this he	ost/candidate				
						x.	
Name of Host			Is this event	supporting mo	ore than or	ne candidate or	
			1	OYes ONe omplete Itemiza		lendum I 5	
Street Address		City	19 763, 66	mprote Itemazi	State	Zìp Code	
Description of Donation				T = 1 × r		8.0	
Description of Donation				Fair Mar	ket Value (of Donation	
Event #	Aggregate Value of this Event—all hosts	Aggregate Value of all Events—this h	ost/candidate	_			
Evola II	1156105410 VIIIIO OT IIIIO STVIII IIII 1100110	Transfer of the Brente Bills I					
				<u></u>			
	S	UBTOTAL Section L5 —	This Page	\$0.00			
	то	TAL of additional Section	L5 Pages	\$0.00			
TOTAL OF ASSOCIATED WITH A	ALL IN-KIND DONATIONS NOT HOUSE PARTY (Enter total on Lin	CONSIDERED CONTRI ne 22, Column A of Summary		\$0.00			
						····	

III. NONMONETARY RECEIPTS (Sections M—O)

Page 54 of 60

M. In-Kind Contributions M. In-Kind Contributions M. In-Kind Contributions M. In-Kind Contributions State Zep Code Aggregate Contribution of In-Kind Contribution Description of its Kind Contribution The Reserved Aggregate Contribution of In-Kind Contribution	NAME OF COMMITTEE (Provide Complete	Name as Re	gistered with	Filing Repository)	1263 1334	13. 11. 11. 11. 11. 11. 11. 11. 11. 11.	TYPE O	F REP	ORT		
Page Committee	Kelly B for Council						July 10	Filing)		
Type of countributer Description of the Kind Countribution Description of the Kind Countribution of the Kind Countribution Description of the Kind Countributi				M. In-Kind Co	a tr	ibutions				5 2 2 3	
Page of committees Committe	Name N/A										
Type of canaribatics Date Received					Ica					State	17in Code
Tourishator Sole Proprietorship Other	Bueel Addition					у				Diano	Lip Collo
Is contributor a lobbyist, spouse, or dependent child of a lobbyist. Spouse, and the contributor of a municipality of this Contribution associated with movement of the contributor of a lobbyist. Spouse, and the contributor of a lobbyist of the contributor of a lobbyist. Spouse of the contributor of a lobbyist. Spouse of the contributor of a lobbyist. Spouse of the contributor of principal of a state contractor or prospective state contractor? State Lorent of Committee State Lorent of Spouse State Lorent of Spouse State Contributor	'Type of contributor: Committee	Date Rece	ived	Aggregate Contributions		Description of In-Kind	Contributio	n		<u>l</u>	. !
This contribution associated with an event greated in a street of the Contribution of the Contribution associated with an event reported in Section 1.7 Se	Ondividual / Sole Proprietorship Oother										
Market Value Page of Contribution is no second of \$400 to a candidate for a chefe executive officer of a municipality of this Contribution is no second of \$400 to a candidate for a chefe executive officer of a municipality of this Contribution is no second of \$400 to a candidate for a chefe executive of the contribution accounted with and event reported in associated with an event reported list of a lobbytist, spouse, of prevention associated with an event reported in associated with an event reported list of a lobbytist, spouse, of preventions the contract is with: State Event Page Description of first Page		does cor	ntributor or l	business he/she is associa	usiness he/she is associated with have a contract with said municipality Fair Mark						
Street Address City Date Received Aggregate Contribution Description of In-Kind Contribution Description of In-Kind Contribution Description of In-Kind Contribution Description of In-Kind Contribution Pair Market Value does contributed or business heads is associated with have a contract vitil said municipality valued at more than \$5,000? Ves No No State	Is this contribution associated with an event reported in Section L1? If yes, list Event #	O Yes O No	If yes,	indicate which branch o	r br	anches	_				
Type of contributor a lobbyist; spouse, of government the contribution associated with an event reported in Section I.1? Type of contributor a lobbyist; spouse, of government the contract which are contracted with said municipality, of government the contract with said municipality. Is this contribution associated with an event reported in Section I.1? Type of contributor a lobbyist; spouse, of government the contract is with: Is contributor a lobbyist; spouse, of government the contract is with: Is contributor a lobbyist; spouse, of government the contract is with: Is contributor a lobbyist; spouse, of government the contract is with: Is contributor a lobbyist; spouse, or government the contract of prospective state contractor? Type of contributor a lobbyist; spouse, or government the contract is with: Is contributor a lobbyist; spouse, or government the contract is with: Is contributor a lobbyist; spouse, or government the contract is with said municipality, does contributor or business he/she is associated with have a contract with and municipality, does contributor or business he/she is associated with have a contract with and municipality, does contributor or business he/she is associated with have a contract with and municipality, with and at more than \$2.0000? Yes Joseph No Is this contributor associated with a mach or branches of government the contract is with: Substitute of this Contributor or prospective state contractor? Hyes, list event # Substitute of this Contributor or prospective state contractor? Hyes, list event # Substitute of this Contributor or prospective state contractor? Hyes, list event # Substitute of this Contributor or prospective state contractor? Hyes, list event # Substitute of this Contributor or prospective state contractor? Hyes, list event # Substitute of this Contributor or prospective state contractor? Hyes, list event # Substitute of this Contributor or prospective state contractor? Hyes, list event # Substitute of this Contributor or prospective	Name										
If contributor a lobbyist, spouse, or dependent child of a lobbyist Mo	Street Address	•			Cit	ty	-			State	Zip Code
If contributor a lobbyist, spouse, or dependent child of a lobbyist Mo											
does contribution associated with an event reported in Section L1? Types, indicate which the reported in Section L1? Types of committee Individual / Sole Proprietorship Other Is contribution associated with an event reported in Section L1? Types of committee Individual / Sole Proprietorship Other Is contributor a bibbyist, spouse, or dependent child of a lobbyist, spouse, or dependent child of a lobbyist. Street Address Date Received Aggregate Contributions Description of In-Kind Contribution Description of In-Kind Contribution Description of In-Kind Contribution Description of In-Kind Contribution Dindividual / Sole Proprietorship Other Is contributor a lobbyist, spouse, or dependent child of a lobbyist, spouse, or sole proprietorship of the contributor or business befelve is associated with law even contract with said municipality, of dependent child of a lobbyist of the contributor or business befelve is associated with law even contract with said municipality Jess, indicate which branch or branches No Substitutor a principal of a state contractor or prospective state contractor? Yes No Substitutor a principal of a state contractor or prospective state contractor? Yes No Substitutor a principal of a state contractor or prospective state contractor? Yes No Substitutor a principal of a state contractor or prospective state contractor? Yes No Substitutor a principal of a state contractor or prospective state contractor? Yes No Substitutor a principal of a state contractor or prospective state contractor? Yes No Substitutor a principal of a state contractor or prospective state contractor? Yes No Substitutor a principal of a state contractor or prospective state contractor? Yes No Substitutor a principal of a state contractor or prospective state contractor? Yes No TOTAL OF ALL IN-KIND CONTRIBUTIONS (Entertotal on Line 23, Column A of Summary Page Totals) Substitution A Deposit No Amount of Deposit No Date Deposit Made	Type of contributor: Committee Ondividual / Sole Proprietorship Other	Date Rece	ived	Aggregate Contributions		Description of In-Kind	Contributio	n		<u> </u>	
Is this contribution associated with an event reported in Section L1? Jyes, indicate which branch or branches of government the contractor? Street Address City State Zip Code	Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	does co	ontributor or	business he/she is assoc		with have a contract					
Street Address City State Zip Code	event reported in Section L1?	>=<	If yes,	indicate which branch o	r bra	anches	_		SYes No		
Type of contributor: Committee Individual / Sole Proprietorship Other	Name										
Type of contributor: Committee Individual / Sole Proprietorship Other					lor					I Charta	12:- C-1-
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Is this contribution associated with an event reported listed in Section L1? Is this contribution associated with an event reported listed in Section L1? Is this contribution associated with an event reported listed in Section L1? Is contributor a principal of a state contractor or prospective state contractor? If pes, indicate which branch or branches of government the contract is with: SUBTOTAL Section M — This Page \$0.00 TOTAL OF ALL TN-KIND CONTRIBUTIONS (Enter total on Line 23, Column A of Summary Page Totals) N. Refundable Deposit to Telephone Company Last Name of Individual N/A Residential Street Address City State Zip Code Amount of Deposit Amount of Deposit Amount of Deposit Street Address	Street Address					<u></u>				Siate	Zip Code
Is contributor a lobbyist, spouse, or dependent child of a lobbyist, spouse, or dependent child of a lobbyist? Is this contribution associated with an event reported listed in Section L1? Is this contribution associated with an event reported listed in Section L1? If yes, list Event # SUBTOTAL Section M — This Page SUBTOTAL OF ALL IN-KIND CONTRIBUTIONS (Enter total on Line 23, Column 4 of Summery Page Totals) No. Refundable Deposit to Telephone Company Street Address City State Zip Code Amount of Deposit Amount of Deposit Amount of Deposit Street Address		Date Rece	ived	Aggregate Contributions		Description of In-Kind	l Contributio	n			
does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? Is this contribution associated with an event reported listed in Section L1? Yes Substitute Yes No Is this contribution associated with an event reported listed in Section L1? Yes Is contributor a principal of a state contractor or prospective state contractor? If yes, list Event # Substitute Executive Legislative SUBTOTAL Section M — This Page \$0.00 TOTAL OF ALL IN-KIND CONTRIBUTIONS: (Enter total on Line 23, Column A of Summary Page Totals) \$0.00 N. Refundable Deposit to Telephone Company Last Name of Individual Pirst Mil Date Deposit Made N/A Residential Street Address City State Zip Code Amount of Deposit Street Address City State Zip Code Amount of Deposit Amount of Deposit Amount of Deposit Amount of Deposit Amount of Deposit Amount of Deposit Street Address City State Zip Code Amount of Deposit Amount of Deposit Amount of Deposit Amount of Deposit Amount of Deposit Amount of Deposit Amount of Deposit Amount of Deposit Amount of Deposit Amount of Deposit Amount of Deposit Amount of Deposit Amount of Deposit Amount of Deposit Amount of Deposit Amount of Deposit Amount of Deposit Amount of Deposit Amount of Deposit Amount of Deposit Amount of Deposit Amount of Deposit Amount of Deposit Amount of Deposit Amount of Deposit Amount of Deposit Amount of Deposit Amount of Deposit Amount of Deposit Amount of D		TC		£640044 a a	1111-	to for a chief ever until	- 66 6		:-:12 - [3. 1. X7. 1
event reported listed in Section L1? No If yes, indicate which branch or branches of government the contract is with: Executive Legislative No		does c	ontributor o	r business he/she is assoc		with have a contract					
TOTAL of additional Section M Pages \$0.00 TOTAL OF ALL IN-KIND CONTRIBUTIONS (Enter total on Line 23, Column A of Summary Page Totals) \$0.00 N. Refundable Deposit to Telephone Company Last Name of Individual N/A Residential Street Address City State Zip Code Amount of Deposit Name of Telephone Company Street Address City State Zip Code	event reported listed in Section L1?	~	If yes,	indicate which branch o	r br	anches _	_		OYes ONo		
TOTAL OF ALL IN-KIND CONTRIBUTIONS (Enter total on Line 23, Column A of Summary Page Totals) State			0.000 dau. 0.000 dau.	SUBTOTAL	Se	etion M — This Pa	ige \$0.	00		_	
TOTAL OF ALL IN-KIND CONTRIBUTIONS (Enter total on Line 23, Column A of Summary Page Totals) \$0.00 N. Refundable Deposit to Telephone Company Last Name of Individual N/A Residential Street Address City State Zip Code Amount of Deposit Street Address City State Zip Code	Have the definition of the control o			TOTAL of ad	diti	onal Section M Pa	ges \$0.	00			
Last Name of Individual N/A Residential Street Address City State Zip Code Amount of Deposit Name of Telephone Company Street Address City State Zip Code Amount of Deposit	TOTAL OF ALL IN-KIND CON	TRIBU	TIONS (ary by y h	in constant of the constant		00			
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Residential Street Address City State Zip Code Amount of Deposit Name of Telephone Company Street Address City State Zip Code	Last Name of Individual			First					Mi	Date Depo	sit Made
Name of Telephone Company Street Address City State Zip Code	N/A										
Street Address City State Zip Code	Residential Street Address			City			State	Zip (Code		
	Name of Telephone Company						1				
TOTAL SECTIONN ASS.	Street Address			City			State	Zip	Code		
・1999年によっては、1999年によって、として、1999年には、19							100	00			

Per Public Act 11-48, effective January 1, 2012 committees are no longer required to itemize receipt of organization expenditures from Legislative Leadership, Legislative Caucus or Party Committees. Section O removed.

SEEC FORM 20

IV. EXPENDITURES (Sections P—T)

Page 55 of 60

NAME OF COMMIT Kelly B for Counci	TEE (Provide Complete Name as Registered with Filing Repository)		TYPE OF REPO July 10 Filing	RT:
	P. Expenses	Paid by Committe	e	
Name of Payec			Date of Payment	Method of Payment:
First & Last Taver	n		4/29/23	© Check #089 © Debit Card ©EFT
Street Address		City		State Zip Code
939 Maple Ave.		Hartford		CT 06114
Purpose of Expenditure (by code) FNDR	Description Campaign kick-off fundraiser incl. food, location	ion rental, staff	Event # 041723A	Amount \$2,057.53
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required u None of the below Coordinated with reimbursement sought (joint expenditu Coordinated without reimbursement sought (in-kind cont	Э в		
Name of Payee			Date of Payment	Method of Payment:
Andy Hart			5/31/23	© Check #090
Street Address		City		O Debit Card O EFT State Zip Code
356 Franklin Ave.	,#B-7	Hartford		CT 06114
Purpose of Expenditure	Description		Event #	Amount
(by code) MISC	Photography - Head Shots - 5/20/23			\$200.00
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required to None of the below Coordinated with reimbursement sought (joint expenditure) Coordinated without reimbursement sought (in-kind continuous)	re) 🔘 Indepe		O D
Name of Payee			Date of Payment	Method of Payment:
Tara Cantor			6/12/23	O Check #091 Debit Card EFT
Street Address		City		State Zip Code
159 Webster Hill I	Blvd.	West Hartford		CT 06107
Purpose of Expenditure (by code) MISC	Description Graphic Design, Hourly - F&F Rate		Event #	Amount \$75.00
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required to None of the below Coordinated with reimbursement sought (joint expendit Coordinated without reimbursement sought (in-kind continue)	ure) 🔘 Indep	is checked) endent ization A B C	O D
Name of Payee			Date of Payment	Method of Payment:
Budget Printers &	& Embroiderers		6/12/23	© Check #092 © Debit Card © EFT
Street Address		City		State Zip Code
1718 Park St.		Hartford		CT 06106
Purpose of Expenditure	Description		Event #	Amount
(by code) PRNT	Business Cards - 100 ct.			\$9.25
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required to	ınless "None of the below"	is checked)	
(у аррисане)	None of the below Coordinated with reimbursement sought (joint expendite Coordinated without reimbursement sought (in-kind con		endent ization ()A () B () C	O D
		SUBTOTAL Section P	— This Page \$2,342.	37
		OTAL of additional Sec	etion P. Pages \$175.60)
1800g	TOTAL OF ALL EXP	ENSES PAID BY CO		97
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Section P. ADDITIONAL PAGE

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	of	

TYPE OF REPORT NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository) Kelly B for Council July 10 Filing P. Expenses Paid by Committee Date of Payment Method of Payment: Name of Payee Liberty Bank 5/31/23 Check # **©**EFT Debit Card Street Address Zip Code 171 Silas Deane Hwy. Wethersfield CT 06109 Purpose of Expenditure Description Event # Amount (by code) BNK Paper Statement Charge \$2.00 Expenditure # Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked) (if applicable) None of the below (does not involve another candidate or committee)
Coordinated with reimbursement sought (joint expenditure)
Coordinated without reimbursement sought (in-kind contribution) Independent Organization OA OB OC OD Method of Payment: Name of Payee Date of Payment 6/30/23 Anedot, Inc. Check # **O**EFT Debit Card Street Address Zip Code 70112 1340 Poydras Street, Suite 1770 LA **New Orleans** Purpose of Expenditure Event # Amount (by code) WEB Anedot - Online Donation Processing Fee \$173.60 Expenditure # (if applicable) Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked) None of the below (does not involve another candidate or committee) Coordinated with reimbursement sought (joint expenditure) Independent Coordinated without reimbursement sought (in-kind contribution) Organization A OBOCOD Method of Payment: Name of Payee Check # Debit Card Zip Code Street Address City Event # Purpose of Expenditure Description Amount (by code) Expenditure # (if applicable) Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked) None of the below (does not involve another candidate or committee) Coordinated with reimbursement sought (joint expenditure) Independent Coordinated without reimbursement sought (in-kind contribution) Organization OA OB OC OD Method of Payment: Date of Payment Name of Payee Check# Debit Card **O**EFT Street Address City Event # Purpose of Expenditure Description Amount (by code) Expenditure # Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked) (if applicable) None of the below (does not involve another candidate or committee) Coordinated with reimbursement sought (joint expenditure) Independent Coordinated without reimbursement sought (in-kind contribution) Organization OA OB OC OD \$175,60 SUBTOTAL Section P — This Page

IV. EXPENDITURES (Sections P—T)

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nenses Paid by Candid			
Programmy Cantur		Is reimb	ursement claimed?
			Yes O No
City	<u></u>	State	Zip Code
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			Yes No
City		State	Zip Code
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	Date of Payment	Is reiml	bursement claimed? Yes No
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	Event #		Amount
SUBTOTAL Section Q —	This Page \$0.00		
		<u> </u>	
	City City City City City City PENSES PAID BY CA	Event # Date of Payment	City State

IV. EXPENDITURES (Sections P—T)

NAME OF COMMITT	EE (Provide Complete Name as Registered with Filing Repository)		TYPE OF REPORT	14.86 SON (12.49	
Kelly B for Council			July 10 Filing		
	R. Expenses Incurre	d on Committee Cre	dit Card		
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N/A		O Visa O Master Ca	ard ODiscover OAmerica	ın Express	Other:
Name of Vendor, Person o	r Entity		<u> </u>	Date of Tr	ansaction
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NAME OF COMMIT	IEE (Provide Complete Name as Registered with Filing Repository)		TYPE OF REPORT	00000000000000000000000000000000000000	
Kelly B for Counci		and your opening to make the processory on the angle of the first the angle of the second of the sec	July 10 Filing	200000000000000000000000000000000000000	m protection for the continues of the specific production of the
	S. Expenses Incurred by Com	mittee but Not Paid		97553 (S) 7	
Name of Creditor			<u> </u>	Date Incur	red
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e sa		FOTAL of additional Sec	stion S Pages: \$0.00		
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	Previously reported Exp	enses Unpaid and still O	outstanding \$0.00		
	TOTAL OF ALL EXPENSES INCURREI (Enter total on El) BY COMMITTEE BU ne 28a, Column A of Summ			

IV. EXPENDITURES (Sections P—T)

NAME OF COMMITTE Kelly B for Council	E. (Provide Complete Name as Régistered with Filing Repositor	ע			OF REI 10 Filin				
70 F. KON-1-8-1	T. Itemization of Reiml	oursements 2	ind Secondary	y Paye	ees			678,183 B	
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Name of Vendor, Person or	Entity Paid by Committee Worker/Consultant					Section P:	Committee	Worker/Cons	ultant as
				(Chec	k #	_ () De	bit Card (OEFT
Street Address of Vendor, F	Person or Entity Paid by Committee Worker/Consultant	City		-			State	Zip Code	
Purpose of Expenditure	Description		Even	st#				Amount	
(by code)								Amount	

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				'	Chec	k#			OEFT
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