### **SEEC FORM 20**

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

2023 OCT 10 PM 4: 42

Do Not Mark in This Space For Official Use Only

COVER PAGE

1. NAME OF COMMITTEE					All the second area with			(1) (1) (1) (1) (1) (1) (1) (1) (1) (1)
Kelly B for Council								
2. TREASURER NAME			0745 TV 16709 56-151 55 (0.58		Piningtonya Piningtonya			P(1) (1)
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Ryan		Т.	McBrid	de				
3. TREASURER ADDRESS								
Street Address			City			State	Zip Co	de
1 Linden Place, Apt. #509			Hartford		a a a a a a a a a a a a a a a a a a a	СТ	0610	96
4. ELECTION/REFERENDUM DATE	5. OFFICE SOUG	HT (Complete	only if Candida	ite Conmittee)			<b>建筑电影等的有限的不管的</b>	UCT NUMBER
(mm/dd/yyyy) 11/07/2023	Council						(if applicable)	
7. CANDIDATE NAME (Complete only if	Candidate or Explorator	ry Committee)	推炼数据模					
First		МI	Last					Suffix
Kelly			Bilode	au				
8. TYPE OF REPORT (Check One Box)					davakter			
O January 10 filing	7th day preced	ling primary	<b>O</b> 7t	h day preceding referendum		nitial Cont		Disbursement
April 10 filing	30 days follow	ving primary	O45	days following referendum	`	Amendment to		
July 10 filing	7th day preced	ling election	O De	eficit	T	Type of Report:		
October 10 filing	12th day prece		n OTe	<b>O</b> Termination				
O24 Hour Independent Expenditure Primary Election	O45 days follow not held in No	ving election						
9. PERIOD COVERED								
	Beginning Dat	te		Ending Date				
7	7/1/2023		thru	9/30/2023				
<del>-</del>			-					
10, CERTIFICATION				The state of the s	48 64 (13) (20)	10 S SU 120		ing tengah s
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.								
72 Mas	<u>)                                    </u>	R	tyan T. McB	ride			10/10/20	023
TREASURER OR DEPUTY TREASURE	er (SIGNATURE)	P	PRINT NAME	OF SIGNER			DATE (n	nm/dd/yyyy)
					10.00	Ng saysak tak	A Lorent Description	
A person who is j	found to have kno	owingly and	l willfully v	iolated any provisions of th	не сатг	oaign finai	nce statut	es

faces a civil penalty or imprisonment or both.

Page 1 of 29

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 October 10 Filing	
	COLUMN A This Period	COLUMN B Aggregate
11. Balance on hand January 1 of current year for ongoing and party committees OR Balance on hand from day committee was formed for all other committees		\$0.00
12. Balance on hand at the beginning of Reporting Period	\$7,862.03	
13. Contributions Received from Individuals (Sections A and B)	\$2,495.00	\$12,875.00
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)	\$2,495.00	\$12,875.00
18. Subtotals (add totals in Line 12 + 17 in Column A; and in Line 11 + 17 in Column B)	\$10,357.03	\$12,875.00
19. Expenses Paid by Committee (Section P)	\$2,728.62	\$5,246.59
20. Balance on hand at close of Reporting Period (Subtract Line 19 from Line 18 in both Columns)	\$7,628.41	\$7,628.41
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)	\$70.88	\$70.88
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	

						A CONTRACTOR AND A CONT
Kelly B For Council			October 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	ontri	ibutions from Individ	luals 44.4			200 (1974) 201 (1974)
Last Name	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	First			der and and	МІ
Stewart		Troy				
Residential Street Address	City		····	State	Zip (	Code
182 Harold St.	Har	rtford		СТ	061	112
Principal Occupation		Name of Employer				
Retired		Retired				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes does contributor or business he/sh valued at more than \$5,000?					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 Ifyes, indicate which bra of government the contra	anch o		_ <b>©</b> No			
Method of Contribution:			Aggregate Contributions	_		
Cash Personal Check OCredit/Debit Card Payroll Deduction OMone	y Orde	er 7/7/2023	\$250.00			
Last Name		First				МІ
Calderon		Raquel				
Residential Street Address	City			State	Zip C	'ode
163 Adelaide St., 2nd Floor	Har	tford		CT	061	14
Principal Occupation	1	Name of Employer		•••	. <b></b>	
Educator		Hartford Board of Ed	lucation			
	or dependent child of a lobbyist? On does contributor or business he/she is associated with have a contract with said municipality				Amount of Contribution \$20.00	
event reported in Section L1?  If yes, list Event # 071323A  No  If yes, indicate which bra of government the contra	anch o	with: Executive (	No Legislative			
Method of Contribution:		1	Aggregate Contributions			
OCash OPersonal Check OCredit/Debit Card OPayroll Deduction OMone	y Orde	er 7/13/2023	\$45.00			
Last Name		First				MI
Diaz		Jason —————————			T-: 0	
Residential Street Address 203 Fairfield Ave	City Hart	tford		State CT	Zip C 061	į
Principal Occupation	T LG			<u> </u>	001	
Firefighter		Name of Employer City of Hartford				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes No Valued at more than \$5,000?				, Amo		Contribution
Is this contribution associated with an event reported in Section L1?  If yes, list Event # 071323A  Section L1?  No  Yes Is contributor a principal of a If yes, indicate which bra of government the contra	nch or		contractor? Yes No			
Method of Contribution:  Cash Personal Check Credit/Debit Card Payroll Deduction Money	y Orđe	1	Aggregate Contributions \$50.00			
SUBTOTAL Section B — This Page \$320.00						
TOTAL of additional Section B Pages: \$2,175.00					-	
TOTAL OF ALL CONTRIBUTIONS FROM		DIVIDUALS (Sections A olumn A of Summary Page To				

### Section B ADDITIONAL PAGE 4\_\_\_\_

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of	

NAME OF COMMITTEE: (Provide Complete Name as	s Registered with Filing Repository)	・ では、 ・ ・ ・ ・ ・ ・ ・ ・ ・ ・ ・ ・ ・ ・ ・ ・ ・ ・ ・	TYPE OF REPORT	The state of the s		
Kelly B for Council			October 10 Filing			
A. Total Contributions from Sma (See instructions for definition of Small Con		ed this Period ONLY UBTOTAL SECTION A	\$\$0.00			
	B. Itemized Con	tributions from Individ	duals and	1		
Last Name Hayes		First Christopher		R R		
Residential Street Address 65 Cumberland St.	ļc F	City Hartford		State Zip Code O6106		
Principal Occupation Director of Operations		Name of Employer Riverfront Recaptur	e			
or dependent child of a lobbyist?    No do	contribution is in excess of \$400 to bes contributor or business he/she is dued at more than \$5,000?			Amount of Contribution \$20.00		
Is this contribution associated with an event reported in Section L1?  If yes, list Event # 071323A	Is contributor a principal of a sta	ate contractor or prospective state ch or branches is with:  ©Executive	contractor? Yes No			
Method of Contribution:  Cash Personal Check Credit/Debit Card	OPayroll Deduction OMoney O	Date Received	Aggregate Contributions \$120.00			
Last Name Hernandez		First Stephanie		MI		
Residential Street Address 100 Forest St.	Ci E	East Hartford		State Zip Code CT 06118		
Principal Occupation  Executive Secretary  Name of Employer State of Connecticut						
or dependent child of a lobbyist? 🌘 No 🏻 doo	contribution is in excess of \$400 to es contributor or business he/she is lued at more than \$5,000?			Amount of Contribution \$50.00		
is this contribution associated with an event reported in Section L1?  **Myes, list Event # 071323A*  **Open contribution associated with an event with a even with a event with a event with a event with a event with a even with a event with a event with a event with a event with a even with a event with a event with a event with a event with a even with a event with a event with a event with a event with a even with a event with a event with a event with a event with a even with a event with a event with a event with a event with a even with a event with a event with a event with a event with a even with a event with a event with a event with a event with a even with a event with a event with a event with a event with a even with a event with a event with a event with a event with a even with a event with a event with a event with a event with a even with a event with a event with a event with a event with a even	Is contributor a principal of a sta If yes, indicate which branc of government the contract		e contractor?			
Method of Contribution:			Aggregate Contributions	_		
ORash OPersonal Check OCredit/Debit Card	OPayroll Deduction OMoney O	Order 7/13/23	\$50.00			
Last Name Hernandez		First Amilcar		Mi		
Residential Street Address 332 Freeman St.		ity Hartford		State Zip Code CT 06106		
Principal Occupation Controller		Name of Employer Our Piece of the Pie	, Inc.			
or dependent child of a lobbyist? No doe	contribution is in excess of \$400 to es contributor or business he/she is lued at more than \$5,000?		1 "	Amount of Contribution \$25.00		
this contribution associated with an ent reported in Section L1?  Section L1?  No Section L1?  Section L1?  Section L1?  Section L1?  Section L1?  Section L2:  Section L3:  S						
Method of Contribution: Cash Personal Check ©Credit/Debit Card (	Payroll Deduction OMoney O	7/12/22	Aggregate Contributions \$25,00			
SUBTOTAL Section B — This Page \$95.00						
Property April 200 comment of the co	TOTAL of additional Section B Pages \$2,400.00					
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A +: B) \$2,495.00  (Enter total on Line 13, Column A of Summary Page Totals)						

## Section B ADDITIONAL PAGE 5 of 29

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)			TYPE OF REPORT			
Kelly B for Council			October 10 Filing			
A. Total Contributions from Sma (See instructions for definition of Small Con			is Period ONLY STAL SECTION A	\$ 0.00		
		n forteer Character			N, es e la richia de la Casa de l La casa de la Casa de	
	B. Itemized Co	*******	utions from Indivi	duals = 1		English Barre
Last Name Holloway		Fir. G	eorgiana			MI
Residential Street Address 14 Farimount St.		City Hartfo	ord		State CT	Zip Code 06120
Principal Occupation Retired			Name of Employer Retired			
or dependent child of a lobbyist?   No do	contribution is in excess of \$400 bes contributor or business he/she blued at more than \$5,000?				y, Ame \$50	ount of Contribution
Is this contribution associated with an event reported in Section L1?  If yes, list Event # 071323A	Is contributor a principal of a s	nch or b	ntractor or prospective state	No		
Method of Contribution:  Cash Personal Check CCredit/Debit Card	OPayroll Deduction OMoncy	Order	Date Received 7/13/2023	Aggregate Contributions \$50.00		
Last Name Jaroenkom		Firs Je	nnifer			MI
Residential Street Address 100 Forest St.		City East H	lartford		State CT	Zip Code 06118
Principal Occupation Retirement and Benefits Officer			Name of Employer State of Connecticu	t	•	
or dependent child of a lobbyist?   No doc	contribution is in excess of \$400 tes contributor or business he/she lued at more than \$5,000?				/, Amo	unt of Contribution
Is this contribution associated with an event reported in Section L1?  If yes, list Event # 071323A	Is contributor a principal of a suffyes, indicate which brand of government the contract	nch or b	ranches	e contractor? Yes No Legislative		
Method of Contribution:  Cash Personal Check Credit/Debit Card	OPayroll Deduction OMoncy	Order	Date Received 7/13/23	Aggregate Contributions \$50.00		
Last Name LUNA		Firs Vic	et ctor M.			MI
Residential Street Address 17 Chapin Place		City Hartfo	ord		State CT	Zip Code 06114
Principal Occupation Ent. Festivals	<b></b>		Name of Employer Luna Ent. Prod. LLC			1
or dependent child of a lobbyist? ONO doe	contribution is in excess of \$400 tes contributor or business he/she lued at more than \$5,000?				, Amo \$100	unt of Contribution
Is this contribution associated with an event reported in Section I.1?  If yes, list Event # 071323A	Is contributor a principal of a s  If yes, indicate which bran of government the contrac	ich or bi	ranches	e contractor? OYes No		
Method of Contribution:  Cash Personal Check Credit/Debit Card (			Date Received 7/13/23	Aggregate Contributions \$200.00		
Total processor of the second	SUBT	ОТАІ	Section B — This	Page \$200.00	•	
The state of the s	TOTAL	of ad	ditional Section B P	\$2,295.00		
TOTAL OF ALL	CONTRIBUTIONS FROM (Enter total on Line 1		VIDUALS (Sections A mn A of Summary Page I			

# Section B ADDITIONAL PAGE 6 of 29

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NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)			TYPE OF REPORT			
	October 10 Filling					
ved this Period ONLY SUBTOTAL SECTION A	\$ 0.00		<del></del>			
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	luals 👬		Mi			
Jacqueline						
City Hartford			Cip Code 06106			
Name of Employer Bank of America						
		\$30.00	Amount of Contribution \$30.00			
inch or branches	No					
ı	Aggregate Contributions \$155.00	7				
First			MI			
		[-				
City Hartford			ip Code )6112 			
Name of Employer State of Connecticut	l					
contributor a lobbyist, spouse, 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?  Yes   No			t of Contribution			
nch or branches	No No					
Date Received	Aggregate Contributions	1				
Older			137			
Ellen			MI			
City Hartford			ip Code 06115			
Name of Employer Retired		l				
		Amount \$25.00	t of Contribution			
nch or branches	No					
OTAL Section B — This I	985.00	<u> </u>				
of additional Section B Pa	ses \$2,410.00					
	Antributions from Individual First Jacqueline  City Hartford  Name of Employer Bank of America  to a candidate for a chief executive is associated with have a contract vortex is with:  Date Received 7/13/23  First Monique  City Hartford  Name of Employer State of Connecticute is associated with have a contract vortex Nortex Norte	Aggregate Contributions  City Hartford  City Hartford  Date Received 7/13/23  Tirst Monique  City Hartford  Name of Employer State contractor or prospective state contractor? State of Connecticut  to a candidate for a chief executive officer of a municipality, is associated with have a contract with said municipality Order  Pirst Monique  City Hartford  Aggregate Contributions  State of Connecticut  to a candidate for a chief executive officer of a municipality, is associated with have a contract with said municipality, is associated with have a contract with said municipality is associated with have a contract with said municipality.  Press No  State contractor or prospective state contractor? State of Connecticut  To a candidate for a chief executive officer of a municipality, is associated with have a contract with said municipality.  Press No  State contractor or prospective state contractor? Order  First Ellen  City Hartford  Name of Employer Retired  To a candidate for a chief executive officer of a municipality, is associated with have a contract with said municipality, is associated with have a contract with said municipality, is associated with have a contract with said municipality, is associated with have a contract with said municipality.  Press No  State contractor or prospective state contractor?  Press No  State contractor or prospective	October 10 Filling  red this Period ONLY SUBTOTAL SECTIONA  SUBTOTAL SECTIONA  Intributions from Individuals  First Jacqueline  City Hartford  City Bank of America  to a candidate for a chief executive officer of a municipality, is associated with have a contract with said municipality Order  Date Received Aggregate Contributions First Monique  City Hartford  City			

### Section B ADDITIONAL PAGE 7 of 29

NAME OF COMMITTEE: (Provide Complete Name as Registered with Filing Repository)			TYPE OF REPORT October 10 Filing				
Kelly B for Council	ser shikharker kusi i		October 10 ming				
A. Total Contributions from Small Contributors-Received (See instructions for definition of Small Contributor)							
	Z9.932.930	e e e e e e e e e e e e e e e e e e e		aranganicia.	Existensistes	okan kada kingga sa Seder	
1185 A 201 SEC 10 10 10 10 10 10 10 10 10 10 10 10 10	N. N. D. G. D. S. S.	b <b>utions from Indivi</b> <sub>First</sub>	duals		48 (E)	MI	
Last Name Panazza	1	Frank					
Residential Street Address 131 Nefield Ave.	City Hart	tford		State CT		Code 106	
Principal Occupation Semi-Retired	•	Name of Employer Hartford Board of E	ducation				
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	Amount of Contribution \$200.00		
Is this contribution associated with an event reported in Section L1?  If yes, list Event # 071323A  Secontributor a principal of a lf yes, indicate which bra of government the contra	anch or	branches	e contractor?				
Method of Contribution:		Date Received 7/13/23	Aggregate Contributions \$200.00	1			
OCash OPersonal Check OCredit/Debit Card OPayroll Deduction OMone		<u> </u>	\$200.00			T	
Last Name Parker		irst Lillie				В	
Residential Street Address 26 Douglas St.	City Hart	ford		State CT	Zip ( 061		
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?				y, Amor \$25.		f Contribution	
Is this contribution associated with an event reported in Section L1?  If yes, list Event # 071323A  Section Section L1?  No ls contributor a principal of a lf yes, indicate which bra of government the contra	anch or	branches	e contractor? Yes No Legislative				
Method of Contribution:  Cash Personal Check Credit/Debit Card Payroll Deduction Money	y Order	7/12/22	Aggregate Contributions \$25.00				
Last Name Pattavina		irst Vicole				MI	
Residential Street Address 130 Main St., Apt. D	City Hart	ford		State CT	Zip (		
Principal Occupation Dental Asst.		Name of Employer Premiere Dental of	СТ				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes No University No Valued at more than \$5,000?				7, Amor \$50.0		f Contribution	
Is this contribution associated with an event reported in Section L1?  If yes, list Event # 071323A  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	y Order	7/13/23	Aggregate Contributions \$150.00				
SUBTOTAL Section B — This Page \$275.00							
TOTAL	la of a	dditional Section B P	\$2,220.00				
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B) (Enter total on Line 13, Column A of Summary Page Totals)  \$2,495.00							

## Section B ADDITIONAL PAGE 8 of 29

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)			TYPE OF REPORT		0.434V5E		
Kelly B for Council			October 10 Filing				
A. Total Contributions from Small Contributors-Received this Period ONLY (See instructions for definition of Small Contributor)  SUBTOTAL SECTIONA  \$0.00			\$ <sup>0.00</sup>	0			
		butions from Indivi	duals <u>t</u>	15.15.5	erighess of the res		
Last Name Petit		First Uranla				MI 	
Residential Street Address 35 Pembroke St.	City Hart	tford		State CT		Code 112	
Principal Occupation Unemployed		Name of Employer Unemployed					
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, Am \$25		of Contribution	
Is this contribution associated with an event reported in Section L1?  If yes, list Event # 071323A  Yes   Is contributor a principal of a   If yes, indicate which bra of government the contra	anch or	branches	e contractor?				
Method of Contribution:  Cash Personal Check Credit/Debit Card Payroll Deduction Mone	y Orde	Date Received 7/13/23	Aggregate Contributions \$25.00				
Last Name Reis		rirst Kurt				МІ	
Residential Street Address 346 Fairfield Avenue	City Hart	ford		State CT		Code 114	
Principal Occupation Teacher		Name of Employer CSDNB					
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?  Yes No					Amount of Contribution \$50.00		
Is this contribution associated with an event reported in Section L1?  If yes, list Event # 071323A  Section L1?  O No  If yes, indicate which bra of government the contra	anch or	r branches	e contractor? Yes No				
Method of Contribution:  Cash Personal Check Cedit/Debit Card Payroll Deduction Money	y Order	Date Received 7/13/23	Aggregate Contributions \$50.00				
Last Name Renfro		irst Kelsey				MI	
Residential Street Address 163 Sisson Ave	City Hart	ford		State CT		Code 105	
Principal Occupation  Dir. of Events  Name of Employer  Lumi Hospitality							
s contributor a lobbyist, spouse, or dependent child of a lobbyist?  Yes a lf 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			´	Amount of Contribution \$50.00			
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 # 071323A  Section L1?  No  Of government the contract is with:  Office the principal of a state contractor or prospective state contractor?  Office the principal of a state contract or prospective state contractor?  Office the principal of a state contract or prospective state contractor?  Office the principal of a state contract or prospective state contractor?  Office the principal of a state contract or prospective state contractor?  Office the principal of a state contract or prospective state contractor?  Office the principal of a state contractor or prospective state contractor?  Office the principal of a state contractor or prospective state contractor?  Office the principal of a state contractor or prospective state contractor?  Office the principal of a state contractor or prospective state contractor?  Office the principal of a state contractor or prospective state contractor?  Office the principal of a state contractor or prospective state contractor?  Office the principal of a state contractor or prospective state contractor?  Office the principal of a state contractor or prospective state contractor?  Office the principal of a state contractor or prospective state contractor?  Office the principal of a state contractor or prospective state contractor?  Office the principal of a state contractor or prospective state contractor?  Office the principal of a state contractor or prospective state contractor?  Office the principal of a state contractor or prospective state contractor?  Office the principal of a state contractor or prospective state contractor?  Office the principal of a state contractor or prospective state contractor?  Office the principal of a state contractor or prospective state contractor?  Office the principal of a state contractor or prospective state contractor or prospective state contractor or prospective st							
Method of Contribution:  Cash Personal Check Cedit/Debit Card Payroll Deduction Money	y Order	7/12/22	Aggregate Contributions \$50.00				
SUBTOTAL Section B — This Page \$125.00							
TOTAL of additional Section B Pages \$2,370.00							
TOTAL OF ALL CONTRIBUTIONS FROM (Enter fofal on Line		DIVIDUALS (Sections A lumn A of Summary Page I					

## Section B ADDITIONAL PAGE 9 of 29

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository) Kelly B for Council	TYPE OF REPORT October 10 Filing				
A. Total Contributions from Small Contributors-Receiv (See instructions for definition of Small Contributor)					
and Switches and the Commission of the Commissio	ntributions from Individual	duals			
Lest Name Rhoden	First Kerry			MI	
Residential Street Address 11 Old Meadow Rd	City West Hartford			Zip Code 06117	
Principal Occupation Educator	Name of Employer CREC				
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. \$25.0	nt of Contribution ()	
Is this contribution associated with an event reported in Section L1?  If yes, list Event # 071323A  Yes   Is contributor a principal of a   If yes, indicate which bra of government the contra	state contractor or prospective state nch or branches et is with:	contractor? Yes No Legislative			
Method of Contribution:  OCash OPersonal Check OCredit/Debit Card OPayroll Deduction OMoney	Date Received	Aggregate Contributions \$50.00			
Last Name	First			MI	
Rhoden	Kerry				
Residential Street Address 11 Old Meadow Rd	City West Hartford			Zip Code 06117	
Principal Occupation Educator	Name of Employer CREC				
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?			\$25.00	nt of Contribution ()	
Is this contribution associated with an event reported in Section L1?  If yes, list Event # 071323A  Section L1?  No If yes, indicate which bra of government the contra		contractor? Yes No			
Method of Contribution:  OCash OPersonal Check OCredit/Debit Card OPayroll Deduction OMoney	7/12/22	Aggregate Contributions \$50.00			
Last Name Rodriguez	First Alex Me			MI	
Residential Street Address 81 Cromwell St	City Hartford				
Principal Occupation Retired Name of Employer Retired					
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?  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  No  No  Yes  No  No  Yes  No  No  No  No  No  No  No  No  No  N					
s this contribution associated with an event reported in Section L1?  Yes No No Section L1?  Is contributor a principal of a state contractor or prospective state contractor? Yes If yes, list Event # 071323A  Is contributor a principal of a state contractor or prospective state contractor? One of yes If yes, list Event # 071323A  Is contributor a principal of a state contractor or prospective state contractor? One of yes If yes, list Event # 071323A  Is contributor a principal of a state contractor or prospective state contractor? One of yes If yes, list Event # 071323A  Is contributor a principal of a state contractor or prospective state contractor? One of yes If yes, list Event # 071323A					
Method of Contribution:  Cash Personal Check © Credit/Debit Card Payroll Deduction Money Order  Date Received 7/13/23  Aggregate Contributions \$25.00					
SUBTOTAL Section B — This Page \$75.00					
TOTAL of additional Section B Pages \$2,420.00					
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B) (Enter total on Line 13, Column A of Summary Page Totals)  \$2,495.00					

# Section B ADDITIONAL PAGE 10 of 29

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NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository	<b>y)</b>	TYPE OF REPORT	0005005500	
Kelly B for Council	October 10 Filing			
A. Total Contributions from Small Contributors-Reco	eived this Period ONLY SUBTOTAL SECTION A	\$ <sup>0.00</sup>		<u></u>
			The state of the s	
Last Name	Contributions from Indivi	duals	CERTAINER CO.	MI
Rojas	David			
Residential Street Address 27 Pleasant St.	City Windsor			Zip Code 06095
Principal Occupation Multimedia Instructor	Name of Employer Our Piece of the Pie	2		
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?	100 to a candidate for a chief executive she is associated with have a contract	e officer of a municipality, with said municipality	, Amour	nt of Contribution ()
Is this contribution associated with an event reported in Section L1?  If yes, list Event # 071323A  Yes Is contributor a principal of If yes, indicate which the of government the contributor of government the contributor aprincipal of Is contribut		e contractor? Yes No Legislative		
Method of Contribution:  Cash Personal Check Credit/Debit Card Payroll Deduction Mon	Date Received 7/13/23	Aggregate Contributions \$50.00		
Last Name Rosado	First Maly		<u>'</u>	МІ
Residential Street Address 134 Forster St	City Hartford			Zip Code 06106
Principal Occupation Exec. Assistant	Name of Employer Housing Authority	•		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes does contributor or business he/s valued at more than \$5,000?	Amoun \$50.00	nt of Contribution		
Is this contribution associated with an event reported in Section L1?  If yes, list Event # 071323A  Section L1?  No  Is contributor a principal of If yes, indicate which the of government the contributor apprincipal of If yes, indicate which the of government the contributor apprincipal of If yes, indicate which the of government the contributor apprincipal of If yes, indicate which the of government the contributor apprincipal of If yes, indicate which the of government the contributor apprincipal of If yes, indicate which the of government the contributor apprincipal of If yes, indicate which the of government the contributor apprincipal of If yes, indicate which the of government the contributor apprincipal of If yes, indicate which the of government the contributor apprincipal of If yes, indicate which the of government the contributor apprincipal of If yes, indicate which the of government the contributor apprincipal of If yes, indicate which the of government the contributor apprincipal of If yes, indicate which the of government the contributor apprincipal of If yes, indicate which the of government the contributor apprincipal of If yes, indicate which the of government the contributor apprincipal of If yes, indicate which the of government the contributor apprincipal of If yes, indicate which the of government the contributor apprincipal of If yes, indicate which is the indica		e contractor? Yes No		
Method of Contribution:	Date Received	Aggregate Contributions	1	
OCash OPersonal Check OCredit/Debit Card OPayroll Deduction OMor	ney Order 7/13/23	\$50.00		
Last Name Sanchez	First James			P P
Residential Street Address 370 Freeman St.	City Hartford			Lip Code 06106
Principal Occupation Utility Service Monitoring Tech. 1	Name of Employer MDC	•		
	00 to a candidate for a chief executive the is associated with have a contract Yes No		Amoun \$50.00	nt of Contribution
Is this contribution associated with an event reported in Section L1?  If yes, list Event # 071323A  Yes  No  If yes, indicate which both of government the contributor of government the	_	Contractor? Yes No		
Method of Contribution:  Cash Personal Check Orcdit/Debit Card Payroll Deduction Omor	7/11/01	Aggregate Contributions \$175.00		
1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	BTOTAL Section B = This	Page \$150.00		
Total Principle Principle Total	AL of additional Section B P	\$2,345.00		
TOTAL OF ALL CONTRIBUTIONS FRO	OM INDIVIDUALS (Sections A ne 13, Column A of Summary Page 1	ESSENS 1 1 0 0 0 0		

## Section B ADDITIONAL PAGE 11

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NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repositor	יין (עיוי		TYPE OF REPORT			
Kelly B for Council	October 10 Filing					
A. Total Contributions from Small Contributors-Rec (See instructions for definition of Small Contributor)		is Period ONLY OTAL SECTION A	\$ <sup>0.00</sup>			
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Last Name Surgeon		rst hirley				MI
Residential Street Address 160 Adams st	City Hartf	ord		State CT	Zip ( 061	
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 \$4 does contributor or business he/ valued at more than \$5,000?				y, <b>A</b> mo		f Contribution
Is this contribution associated with an event reported in Section L1?  When the section L1 is the contribution associated with an event reported in Section L1?  When the section L1 is the contribution associated with an event reported in Section L1?  When the section L1 is the contribution associated with an event reported in Section L1?  No if yes, indicate which of government the contribution associated with an event reported in Section L1?	branch or	branches	contractor?			
Method of Contribution:  Cash Personal Check Cedit/Debit Card Payroll Deduction OMC	oney Order	Date Received 7/13/23	Aggregate Contributions \$50.00			
Last Name VIIIa	Fir A	st lex				MI
Residential Street Address 111 Bushnell St.	City Hartf	ord		State CT	Zip C 061	
Principal Occupation Tech.		Name of Employer Stanley Steemer				
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?				, Amo \$100		Contribution
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Method of Contribution:  OCash OPersonal Check OCredit/Debit Card OPayroll Deduction OMo			Aggregate Contributions \$100.00			
Last Name Kot	Fir M	st lichael				МІ
Residential Street Address 135 Midwell Rd	City Weth	ersfield		State CT	Zip C 061	
Principal Occupation Retired		Name of Employer Retired			<u> </u>	
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes lf contribution is in excess of \$4 does contributor or business he/s valued at more than \$5,000?				, <b>Amo</b>		Contribution
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:  C Executive C Legislative						
Method of Contribution:  Cash Personal Check © Credit/Debit Card Payroll Deduction Moderate Payroll Deduction	oney Order		Aggregate Contributions \$400.00			
Control of the Contro	BTOTA	L Section B—'This	Page \$350.00			
TOTAL	'AL of ad	lditional Section B P	ages \$2,145.00			
TOTAL OF ALL CONTRIBUTIONS FRO		VIDUALS (Sections A				

## Section B ADDITIONAL PAGE 12 of 29

NAME OF COMMITTEE (Provide Complete Name	as Registered with Filing Repository)	lawy a wy	100 ( <b>在199</b> 0年)	TYPE OF REPORT		(Mater	14-30-36 (1) (1)
Kelly B for Council	October 10 Filing						
A. Total Contributions from Sm (See instructions for definition of Small Co	\$0.00	······································					
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	Rultemized Co.	ntrih	utions from Indivi	duals	\$142×69×6		
Last Name	D. Remized Co	5036636	rst	uuais		100	М
Segarra		E:	stela				
Residential Street Address 74 Haddam St.		<sup>City</sup> Hartf	ord		State CT		Code 106
Principal Occupation Program Specialist			Name of Employer Adult Ed.	<del>-</del> ·			
or dependent child of a lobbyist?	ff contribution is in excess of \$400 does contributor or business he/she valued at more than \$5,000?				y, Am		of Contribution
Is this contribution associated with an event reported in Section L1?  If yes, list Event #		nch or l	branches	e contractor?			
Method of Contribution:  Cash Personal Check Credit/Debit Card	d OPayroll Deduction OMoney	Order	Date Received 7/15/23	Aggregate Contributions \$25.00			
Last Name Pawlik		Fir Li	st Sa		<del>-</del>		MI
Residential Street Address 367 Colt Hwy.		City Farm	ington		State CT		Code 032
Principal Occupation Grant Writer			Name of Employer Mercy Housing & Sh	nelter Corp.			
or dependent child of a lobbyist?   No dependent child of a lobbyist?	f contribution is in excess of \$400 to loes contributor or business he/she ralued at more than \$5,000?				, Amo		f Contribution
Is this contribution associated with an event reported in Section 1.1? Yes No 1f yes, list Event #		nch or l	branches	e contractor? Yes No			
Method of Contribution:	- 8		Date Received	Aggregate Contributions			
OCash OPersonal Check OCredit/Debit Card	Payroll Deduction Money	Order	7/16/23	\$70.00			
Last Name Arulampalam		Fir El	st Izabeth				MI
Residential Street Address 112 Hungerford St.		City Hartfo	ord		State CT		Code 106
Principal Occupation Senior Minister			Name of Employer Center Church				
or dependent child of a lobbyist?	f contribution is in excess of \$400 t loes contributor or business he/she i alued at more than \$5,000?				, Amo		f Contribution
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 #  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:  © No  Executive © Legislative							
Method of Contribution:  Cash Personal Check Credit/Debit Card			Date Received	Aggregate Contributions \$100.00			
11.25	SUBT	OTA	L Section B — This	Page \$145.00			
	TOTAL	of ac	lditional Section B P	ages \$2,350.00			
TOTAL OF ALI	L CONTRIBUTIONS FROM (Enter total on Line 1		VIDUALS (Sections A min A of Summary Page I				

## Section B ADDITIONAL PAGE $\frac{13}{2}$

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NAME OF COMMITTEE (Provide Complete Name as Registered with Fill	ng Repository)	TYPE OF REPORT	A PENNSON NAMED AND A PROPERTY OF THE PENNSON NAMED AND ADDRESS OF		
Kelly B for Council	October 10 Filing	October 10 Filing			
A. Total Contributions from Small Contribut (See instructions for definition of Small Contributor)	<b>\$</b> 0.00				
	emized Contributions from Indiv	iduals (September 1997)			
Last Name Nasto	First Carl		K		
Residential Street Address 81 Cold Sprint Rd.	City Avon		State Zip Code CT 06001		
Principal Occupation Attorney	Name of Employer MDC				
	excess of \$400 to a candidate for a chief executionsiness he/she is associated with have a contract \$5,000?	et with said municipality	Amount of Contribution \$100.00		
event reported in Section L1? No If yes, indic	principal of a state contractor or prospective state which branch or branches arent the contract is with:	ate contractor? Yes O No			
Method of Contribution:  Cash Personal Check Credit/Debit Card Payroll Deduction	tion OMoney Order Date Received 8/3/23	Aggregate Contributions \$200.00			
Last Name Stoddard	First Joanne		MI		
Residential Street Address 558 Forest St.	City East Hartford		State Zip Code CT 06118		
Principal Occupation Retired	Name of Employer Retired				
Is contributor a lobbyist, spouse, O Yes or dependent child of a lobbyist? O No loss contributor or b valued at more than \$\frac{1}{2}\$	Amount of Contribution \$100.00				
event reported in Section L1?   No If yes, indic	principal of a state contractor or prospective state which branch or branches ent the contract is with:	ate contractor? Yes No			
Method of Contribution:  Cash Personal Check Occdit/Debit Card Payroll Deduct	Date Received	Aggregate Contributions \$100.00			
Last Name Wilson	First Linda		MI T		
Residential Street Address 220 East Rd.	City Broad Brook		State Zip Code CT 06016		
Principal Occupation RetIred	Name of Employer Retired				
	xcess of \$400 to a candidate for a chief executi usiness he/she is associated with have a contrac \$5,000? Yes No		Amount of Contribution \$50.00		
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, indicate which branch or branches of government the contract is with:  Executive Legislative					
Method of Contribution:  Cash Personal Check Credit/Debit Card Payroll Deduct	ion OMoney Order Date Received 8/11/23	Aggregate Contributions \$50.00			
	SUBTOTAL Section B — This	Page \$250.00			
	TOTAL of additional Section B	Pages \$2,245.00			
	ONS FROM INDIVIDUALS (Sections total on Line 13, Column A of Summary Page				

### Section B ADDITIONAL PAGE 14

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NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Reposito	יעי):	promodina	TYPE OF REPORT	5186 ( <u>61</u> 4 <u>)</u>	
Kelly B for Council	October 10 Filing				
A. Total Contributions from Small Contributors-Rec (See instructions for definition of Small Contributor)	ceived this Per SUBTOTAL		\$ 0.00		
				- 1. January 1975 - 9 may	
	Contributions	from Indiv	iduals -	10 J.	
Last Name Boucher	First Kristen				K.
Residential Street Address 133 Cumberland St.	City Hartford			State CT	Zip Code 06106
Principal Occupation RN Nurse Educator		f Employer ord Healthcar	e at Home	<u></u>	
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes If contribution is in excess of \$\ does contributor or business he valued at more than \$5,000?	/she is associated wij			y, Amo \$75.	ount of Contribution .00
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 of government the co	branch or branches	_	te contractor? Yes OLegislative		
Method of Contribution:  OCash OPersonal Check OCredit/Debit Card OPayroll Deduction OM	oncy Order Date Re		Aggregate Contributions \$75.00		
Last Name Plessy-Cloud	First Nicole		<del></del>		МІ
Residential Street Address 86 Bloomfield Ave.	City Hartford			State CT	Zip Code 06105
Principal Occupation Asst. Plan Administrator		Employer f Hartford			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?  Yes If contribution is in excess of \$\frac{1}{2}\$ does contributor or business he valued at more than \$\frac{1}{2}\$,000?	y, Amo \$100	unt of Contribution 0.00			
Is this contribution associated with an event reported in Section L1?  Yes Is contributor a principal of Mo If yes, indicate which of government the co	branch or branches		te contractor? Yes No		
Method of Contribution:	Date Rec	eived	Aggregate Contributions	1	
OCash OPersonal Check OCredit/Debit Card OPayroll Deduction OM	oney Order 9/8/2	3	\$100.00		
Last Name Flemming	First Janice				MI
Residential Street Address 141 Ridgefield St.	City Hartford			State CT	Zip Code 06112
Principal Occupation Lobbylst		Employer gic Outreach	Solutions		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?  O Yes If contribution is in excess of \$4 does contributor or business help valued at more than \$5,000?	she is associated wit			7, Amor \$250	unt of Contribution
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:  O Executive O Legislative					
Method of Contribution:  Cash Personal Check Credit/Debit Card Payroll Deduction Mo	oney Order Date Rec		Aggregate Contributions \$250.00		
Control of the Contro	BTOTAL Secti	on B — This	Page \$425.00		
TOTAL	AL of additions	l Section B I	ages \$2,070.00		
TOTAL OF ALL CONTRIBUTIONS FR (Enter total on Li	OM INDIVIDUA ine 13, Column A of	LS (Sections ) Summary Page	X+B) \$2,495.00 Totals)		

NAME OF COMM Kelly B for Counc	ITTEE <i>Pr</i> ovide Complet Cil			NAME OF THE PERSON	man and an and a second		TYPE OF REPORT October 10 Filing		
STATES	SECURITY OF SECURITY	Cı. C	ontributio	ns fron	en a betalanten an en en en	TECHNOLOGICAL SPACE			
Name of Committee					Nar	ne of Treasu	rer		
Address				Is this c	ontribution eported in S	associated Section L17 If yes, lis	with an OYes ONo	Amount	of Contribution
City	-	State	Zip Code	Date	Received		Aggregate Contributions	_	
Name of Committee					Nau	ne of Treasur	er		
Address				Is this c	ontribution ported in S	associated Section L1? If yes, list	with an Yes No	Amount	of Contribution
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11124 DELT	C2. R	eimbursements	or Surpl	us Distr	ibution	s from	other Committees		
Name of Committee					Nam	e of Treasur	er		
Address				City	7			State	Zip Code
Date Received	Expenditure # (if applicable)	Payment Type  OReimbursement	nt for shared e	xpense	Surplus	Distributio	n	Amoun	t of Receipt
Description		l							
Name of Committee					Nam	e of Treasur	er		
Address				City	, I <u></u> -			State	Zip Code
Date Received	Expenditure # (if applicable)	Payment Type  Reimbursem	ent for shared	expense	Surplu	ıs Distribut	ion	Amoun	t of Receipt
Description									
			SUBTO	TAL Sec	tion C -	— This P	<b>age</b> \$0.00		
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NAME OF COMMITTEE (Provide Complete Name as Registered with Fi	iling Reposi	itory)	1000000000000000000000000000000000000		OF REPORT	(1) (1) (1) (1) (1) (1) (1) (1) (1) (1)
Kelly B for Council	Octob	oer 10 Filing				
MANAGEMENT TO A CONTROL OF THE STATE OF THE	. Loans	Receiv	ed this Period	The second second		Section (among the first term) (Section (among term)) (Section (amon
Name of Lender N/A			Source of Loan: OBank O Candi	idate 🔘 Individ	dual Other	Date of Receipt
Street Address	City			State	Zîp 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	<u> </u>		Source of Loan:  Bank Candid	date 🔘 Individ	Iual 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)				L		Amount Received
Street Address	City			State	Zip Code	
Name of Lender	<u> </u>		Source of Loan: OBank Candid	date O Individ	lual Other	Date of Receipt
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)						Amount Received
Street Address	City			State	Zip Code	
Construction of the second of		Personal Control	TOTAL SECTIO	)N D \$0	0.00	
E. Receipts from Entities other tha	n Indiv	iduals	or Other Comm	ittees (Refer	endum Committe	es ONLY)
N/A						
Street Address				Date Received		Amount Received
City		State	Zip Code	Aggregate Cont	ributions	
Name of Entity		<u> </u>		1		
Street Address				Date Received		Amount Received
City		State	Zip Code	Aggregate Cont	ributions	
Name of Entity						
Street Address		<u></u>		Date Received		Amount Received
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	Ť.	1 (1 (1 (1 (1 (1 (1 (1 (1 (1 (1 (1 (1 (1	TOTAL SECTIO	)NE \$0	.00	

NAME OF COMMITTEE <i>(Prov</i> Kelly B for Council	ide Complete Name as Regis	tered with Filing Rep	pository) -		Parliculation of the Control of the		OF REPORT Ober 10 Filing
F. Am	ount Transferred	from Affilia	ited Bu	siness J	reasury (Busi	ness Enti	ity Committees ONLY)
Date of Receipt N/A	Is this transaction assoc event reported in Section		OYes O No	<i>If yes</i> , lis	Event #		Amount
Date of Receipt	Is this transaction assoc event reported in Section		OYes No	<i>If yes</i> , lis	Event #		Amount
Date of Receipt	Is this transaction assoc event reported in Section		O Yes No	If yes, list	Event#		Amount
Date of Receipt	Is this transaction assoc event reported in Section		OYes No	If yes, list	Event #		Amount
CONTRACTOR OF THE CONTRACTOR O	サイン・大阪が大阪が大阪の大阪の大阪の大阪の大阪の大阪の大阪の大阪の大阪の大阪の大阪の大阪の大阪の大	THE WELLS		ТО	TAL SECTIO	ŇF	\$0.00
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G. Amount Transfe	erred from Affilia	ted Labor U	nion or	Other	Organization	Treasi	ary (Organization Committees ONLY)
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Allering of Control of	A Company	A Line Section 1 to the section of t		тот	AL SECTION	<b>G</b> \$	0.00
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P	ersonal Funds of	the Candida	ite Rece	ived th	is Period <i>(Cai</i>	ndidate C	ommittees ONLY)
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Date of Receipt	Method of payment:  Cash	O Per	sonal Chec	k	Credit/Debit	Card	Amount
Date of Receipt	Method of payment:						Amount
	Cash	O Pers	sonal Chec	k	Credit/Debit	Card	
Date of Receipt	Method of payment:						Amount
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amount.	Public Act 11-48, If a committee ediately remit the	receives an	anonyn	ious co	ntribution, th	ie camp	paign treasurer shall

for deposit in the General Fund.

NAME OF COMMITTEE (Provide Complete Name a	is Registered with Filing Repository).	12	PE OF	REPORT	rentalis entra
Kelly B for Council	on the contraction of the contra	Oc	tober	10 Report	
1	J. Interest from Deposits in Author	and the property of the second section of the section of th		THE RESERVE STATE OF THE STATE	
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			4- D	1	
Name of Institution		Da	te Recei	yea	Amount
Street Address	City	State		Zip Code	
	TOI	AL SECTION J	\$0.	00	
K. Miscel	laneous Monetary Receipts not Co	nsidered Conti	ibuti	ons	
Name	eminimikalising pelangan seriotok kambulum pelangan pelangan pelangan kambulum pelangan pelangan pelangan pela Pelangan pelangan pelangan seriotok kambulum pelangan pelangan pelangan pelangan pelangan pelangan pelangan pe		Date	of Transaction	Amount Received
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Name		<u>,</u>	Date	of Transaction	Amount Received
Street Address	City	S	tate	Zip Code	
Description					
Name		······································	Date	of Transaction	Amount Received
Street Address	City	S	tate	Zip Code	
Description					
Name			Date	of Transaction	Amount Received
Street Address	City	S	tate	Zip Code	
Description					
	TOTALS	ECTIONK	0.00		
SUMMARY O	OF OTHER MONETARY RECEL	PTS (Sections I	) thre	ough K)	
Total Loans Received this Period (Section D	))			\$0.00	
Total Receipts from Entities other than Individuals or Other Committees (Section E)				\$0.00	
Total Amount Transferred from Affiliated Business Treasury (Section F)				\$0.00	
Total Amount Transferred from Affiliated Labor Union or Other Organization Treasury (Section G)				\$0.00	
Total Amount of Personal Funds of the Can-	+		\$0.00		
Total Amount of Interest from Deposits in A	authorized Accounts (Section J)	+		\$0.00	
Total Miscellaneous Monetary Receipts not	Considered Contributions (Section K)	-	-	\$0.00	
Add Section	Total of Others D through K) (Enter total on Line 15, Column	r Monetary Re			

	(Provide Complete Name as Registered with Filing Repository)		TYPE OF REPORT	NISHBIC CONTRACTOR				
Kelly B for Council			October 10 Filing					
		t Information						
Event # Date of Event Letter 071323 A	KBARR - Kelly B for Council - Campaign Ev	ent		Was this a fur Yes	ndraising event No			
Location: Street Address	<u> </u>	City		State	Zip Code			
2071 Park St.		Hartford		СТ	06106			
Subpart 1: (All Committe Was this event hosted at a	•	☐ Yes (If yes, go to Section L:  Associated with a Hor purchases made by hos  No	ise Party and complete	e required info	rmation for any			
	e goods or services donated by a business entity nated by an individual of up to \$100?	Yes (If yes, go to Section L4 In-Kind Donations not Considered Con and complete required information.)  No						
Was this fundraiser a tag s with purchases from an in	sale, auction, or other sale of donated items dividual of up to \$100?	OYes (If yes, enter Total Rec	eipts here.)	\$				
	ittees, Municipal Candidates and Political Communication of the distribution of the di	mittees other than Exploratory  Yes (If yes, go to Section La  or on a Sign and comp	3 Purchases of Adverti		Program Book			
Subpart 3: (Town Comm. Did your committee sell figathering held within the	ood or beverage at a fair or similar mass	OYes (If yes, enter Total Reco	eipts here.)	\$				
Event# Date of Event Letter	Description			Was this a fur OYes	ndraising event?			
Location: Street Address		City		State	Zip Code			
Subpart 1: (All Committee Was this event hosted at a		OYes (If yes, go to Section L5 Associated with a Hou purchases made by host ONo	se Party and complete	required infor				
	goods or services donated by a business entity ated by an individual of up to \$100?	Yes (If yes, go to Section Land complete required in No		ot Considered	Contributions			
Was this fundraiser a tag s with purchases from an ine	rale, auction, or other sale of donated items dividual of up to \$100?	OYes (If yes, enter Total Reco	eipts here.)	\$				
Subpart 2: (Party Commi Were there purchases of ac sign associated with this for	ttees, Municipal Candidates and Political Comn dvertising space in a program book or on a undraiser?	nittees other than Exploratory of Yes (If yes, go to Section L3 or on a Sign and comp	Purchases of Advertis		Program Book			
Subpart 3: (Town Committee sell for gathering held within the s	od or beverage at a fair or similar mass	OYes (If yes, enter Total Reco	ipts here.)	\$				
SUBTOTAL Section	L1—Subpart 1 (All Committees) Total Receipts fro	om Sale of Donated Items — 1	This Page \$0.00					
		on L1—Subpart3 <i>(Town Commit</i> t pts from Food Purchases — T	5900 900 900 800 900 900 800 800 800 1 1 1 1 1 1 1 1 1 1 1 1 1	<del></del> ,,				
AND		TOTAL of additional Section	Li Pages \$0.00	· · · · · · · · · · · · · · · · · · ·				
Developer 1917 Properties 1917		PTS FROM SMALL PUR						

				ittees are no longer requ or a sale of donated item			
NAME OF COMMITTEE	(Provide Complete Name as Registe	red with Filing Reposite	no)	TYPE OF REPO	PΓ		a de citaçõe
Kelly B for Council				October 10 F	iling		
15 (10 (10 (10 (10 (10 (10 (10 (10 (10 (10	L3. Purchase	s of Advertisi	ng in a Progra	m Book or on a Sign			13.565 F-1 0.110 AMERICA 158 AMERICA
Name of Purchaser	and the state of t				١.	se Made By:	
N/A					1 =	usiness Entity	Other
Street Address			City		] () In	dividual/Sole P	Zip Code
Stron Additions			Chy			Giano	Lip Socio
Date Received	Event#	Aggregate Purchases	for All Events	Amount of Program Ad Purch	ase	Amount of Si	gn Purchase
Name of Purchaser					Purcha	se Made By:	
					<b>⊘</b> Bι	siness 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 Purchs	ase	Amount of Sig	gn Purchase
Name of Purchaser					Purcha	se Made By:	
					1 I	isiness Entity dividual/Sole P	Other roprietorship
Street Address			City			State	Zip Code
Date Received	Event #	Aggregate Purchases	for All Events	Amount of Program Ad Purch	ese	Amount of Sig	gn Purchase
Name of Purchaser		<u> </u>			Purchas	se Made By:	
. (,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,						siness Entity	Other
					O Inc	lividual/Sole P	roprietorship
Street Address			City			State	Zip Code
Date Received	Eyent#	Aggregate Purchases	for All Events	Amount of Program Ad Purcha	ise	Amount of Sig	n Purchase
Name of Purchaser	<u> </u>	<u> </u>			Purchas	e Mađe By:	
					Ξ	siness Entity	Other
			C.		OInd	lividual/Sole Pr	
Street Address			City			State	Zip Code
Date Received	Event #	Aggregate Purchases	for All Events	Amount of Program Ad Purcha	se .	Amount of Sig	n Purchase
Control Contro	SUBTOTAL Section La To	otal Purchases of	Advertising in Pr	ogram Book — This Page \$0	0.00		
The second of th	SUBTOTAL Secti	on La Tôtal Purcl	hases of Advertisi	ng on a Siga — This Page \$(	00.0		
	TOTAL	Part of the second seco	TOTAL of ac	Iditional Section L3 Pages \$(	0.00		
TOTAL	OF ALL PURCHASES O			M BOOK or ON A SIGN \$0 Lof Summary Page Totals)	0.00		

NAME OF COMMITTI	EE (Provide Complete Name as Regi	istered with Filing Repository)	The second secon	<u> </u>	YPE OF REPORT	li aj de	449.50 to 13	Determination
Kelly B for Council				0	ctober 10 Filin	g	<u></u>	
	L4. In	-Kind Donations N	ot Conside	red Contribut	ions		1 0000	
Name of Donor								
N/A			T***:			_	1	T
Street Address			City				State	Zip Code
	To the soul	***************************************						
Donation Given By:  Business Entity	Description of Donation					Fair I	Market Val	ue of Donation
O Individual	Date Received	Event#		Aggregate Value for t	his Event			
O Sole Proprietorship	Date Recorred	Eyek II		- 18Broguit + utus 101 (				
Name of Donor				<u> </u>	· · · · · ·			
Street Address			City			-	State	Zip Code
Donation Given By:  Business Entity	Description of Donation					Fair I	Market Val	ue of Donation
Olndividual	Date Received	Event #		Aggregate Value for t	bic Event			
OSole Proprietorship	Date Received	Even #		Aggregato vario ic	IIIS EVOIT			
Name of Donor	<u> </u>			<u></u>	I			
Street Address		* *************************************	City				State	Zip Code
Donation Given By:	Description of Donation					Fair N	Market Val	ue of Donation
Business Entity								
O Individual O Sole Proprietorship	Date Received	Event #		Aggregate Value for the	his Event			
Name of Donor								
Street Address			City				State	Zip Code
ovov radios			<i>-</i> y				21	
Donation Given By:	Description of Donation					Fair M	l Iarket Vali	l ie of Donation
OBusiness Entity								
O Individual	Date Received	Event #		Aggregate value for th	is Event			
O Sole Proprietorship								
Antick Area Person	The second secon	University of the second secon	TAL Section	L4—This Page	\$0.00			-
		2000年展刊表示的1700年 2000年月1900年	and the second					
		TOTAL	of additional 3	Section L4 Pages	\$0.00			
TOT	AL OF ALL IN-KIND DO				\$0.00			-
	(Ente	er total on Line 21, Colu	mn A of Sumn	nary Page Totals)	ψ0.00			

NAME OF COMMITTEE PRO	ovide Complete Name as Registered with Filing Rep	positóry)			TYPE OF RE	PÖRT :	
Kelly B for Council					October 10		
L5. J	In-Kind Donations Not Conside	ered Co	ontributions Associa	AND THE PERSON NAMED IN COLUMN			
Name of Host N/A				committee?	supporting me OYes ON omplete Itemiza	o	ne candidate or dendum L5
Street Address			City			State	Zip Code
Description of Donation					Fair Mar	ket Value (	of Donation
Event#	Aggregate Value of this Event—all hosts	Aggre	regate Value of all Events— <i>this he</i>	ost/candidate			
Name of Host		,		committee?	supporting mo OYes ONo omplete Itemiza	o	ne candidate or lendum L5
Street Address		C	City			State	Zip Code
Description of Donation					Fair Mar	ket Value o	of Donation
Event #	Aggregate Value of this Event—all hosts	Aggre	egate Value of all Events—this ho	ost/candidate			
Name of Host				committee?	supporting mo OYes ONo mplete Itemiza	0	e candidate or lendum L5
Street Address		C	City	1		State	Zip Code
Description of Donation					Fair Mar	ket Value o	f Donation
Event #	Aggregate Value of this Event—all hosts	Aggre	cgate Value of all Events—this ho				
Name of Host				committee?	supporting mo OYes ONo mplete <b>Itcmiza</b>	)	e candidate or
Street Address		C	City	<u> </u>	-	State	Zip Code
Description of Donation					Fair Marl	ket Value o	f Donation
Event #	Aggregate Value of this Event—all hosts	Aggre	egate Value of all Events— <i>this ho</i> e	st/candidate			
		SUBTO	OTAL Section L5 — T	This Page	\$0.00		
Tropics Or			of additional Section		\$0.00		
ASSOCIATED WITH A	ALL IN-KIND DONATIONS NO HOUSE PARTY (Enter total on )		NSIDERED CONTRIE Column A of Summary P		\$0.00		<b></b>

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

NAME OF COMMITTEE (Provide Complete	Name as Re	egistered with	Filing Reposito	לעני	agran aviot Elen			DF REPO	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	######################################	Control of the second
Kelly B for Council		· · · · · · · · · · · · · · · · · · ·		and the second state and the second s		EXTENSION SERVICES SERVICES	Octob	er 10 Fil	ling	erment er men en graft statte.	Madeirane i data hata mana angga manasa
	Total States	EBRETHE S	M. In-K	Kind Con	tri	butions			(1) (1) (1) (1) (4) (1) (2)		CONTRACTOR OF STREET
Name										<del></del>	
N/A										<b></b>	Ter 63
Street Address					City	7				State	Zip Code
Type of contributor: OCommittee	Date Recei	ived	Aggregate Con	ntributions		Description of In-Kind	l Contributio	m			
OIndividual / Sole Proprietorship OOther					_						
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes	does cor		business he/sh		ted w	for a chief executive with have a contract w					Market Value Contribution
Is this contribution associated with an event reported in Section L1?  **If yes*, list Event #**	8 Yes No	If yes, i	tor a principal indicate which rnment the cor	h branch or	bra	actor or prospective s inches Executive	_		SYes No		
Name							<del>-</del>		1		
Street Address					City	,				State	Zip Code
Type of contributor: Committee	Date Recei	ived	Aggregate Con	ntributions	Ц,	Description of In-Kind	Contributio				
O Individual / Sole Proprietorship Oother	1	100	**06**0	112.0		B0001-p					
Is contributor a lobbyist, spouse,  Yes	If contr					for a chief executive with have a contract v					Market Value Contribution
or dependent child of a lobbyist? No		at more than			(	Yes No					
Is this contribution associated with an event reported in Section L1?  If yes, list Event #	Yes No	If yes, in	tor a principal indicate which inment the con	h branch or l	brar	nctor or prospective st nches Executive		1	OYes No		
Name					_	<u> </u>	<u> </u>				
Street Address				İ	City		**			State	Zip Code
Type of contributor:	Date Receiv	ved	Aggregate Cont	tributions		Description of In-Kind	Contribution	n		<b>L_</b>	
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	does co		business he/sh		ted v	for a chief executive with have a contract v					Market Value Contribution
Is this contribution associated with an event reported listed in Section L1?		Is contribute	or a principal on the or a principal of the	a branch or b	ontrac bran	ctor or prospective sta		(	OYes No		
If yes, list Event #	Manager School of the Control of the	of govern	nment the con	tract is with	i.	© Executive	Legisia	itive			
		em danasa - 25 1945 - 1865 - 1866 - 1866	SUF	STOTAL S	Sect	tion M — This Pa	ge\$0.0	)O			· · · · · · · · · · · · · · · · · · ·
		kiloteraki najigo najigo zvada jarikovalencija	TOT/	AL of addi	itioi	nal Section M Pag	es \$0.0	00			
TOTAL OF ALL IN-KIND CON	TRIBUT	(IONS Œ	iter total on Li	ine 23, Colui	mn z	4 of Summary Page To	otats) \$0.0	00			
	N.	Refund	able Dep	osit to Te	ele	phone Compan	ıy			10 Th 17 12 Mary 1	Velocity of
Last Name of Individual		Section and the section of the secti		First	<u> </u>	-	AR Stee Super-time	М	ı Ti	Date Deposit	Made
N/A											
Residential Street Address	<u></u>		City	ļ	—		State	Zip Code	<u> </u>		F
								-		· ·	Amount of Deposit
Name of Telephone Company	<b></b>							<del>-1-,</del>			
m 1 14			City				O+n+a	Trin Code	-	4	
Street Address			City				State	Zip Code	9		
							21 1 1 1 2 1 E				
TOTAL SE	CTION	N (Enter to	ital on Line 2	4, Column /	A of	Summary Page Tota	<i>us)</i> \$0.0	)0			

SEEC FORM

#### IV. EXPENDITURES (Sections P—T)

Page 24 of 29

NAME OF COMMIT						
Kelly B for Counci			October 10 Filing			
	P. Expenses	Paid by Committee				
Name of Payee		<u> </u>	Date of Payment	Method of .  Check		
KBARR			7/18/23	Check		
Street Address		City		State	Zip Code	
2071 Park St.		Hartford		СТ	06106	
Purpose of Expenditure	Description		Event#		Amount	
(by code) FNDR	Campaign Event Incl. food, location rental		071323A	\$443.7	'4	
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required uni	less "None of the below" is c	hecked)			
	None of the below Coordinated with reimbursement sought (joint expenditure Coordinated without reimbursement sought (in-kind contril					
Name of Payee	Coordinated Mithout terminalscales a sought (m-king country	Organizati	Date of Payment	Method of I	Pavment:	
•	atic Town Committee		8/14/23	© Check #094		
	THE TOWN COMMITTEE		0/14/25	O Debit		
Street Address		City		State	Zip Code	
823 Wethersfield /		Hartford		СТ	06114	
Purpose of Expenditure (by code)	Description  Contribution to the Hartford Democratic Town		Event #		Amount	
CNTRB		\$1,500.00				
Expenditure #	1					
(if applicable)						
Name of Payee			Date of Payment	Method of P	-	
Artwurks Unlimite	d, LLC		9/6/23	Check		
Street Address		City		Debit (	Zip Code	
423 Main St.		Hartford		СТ	06103	
Purpose of Expenditure	Description		Event #		Amount	
(by code) MISC	30 Campaign T-Shirts and Fees		!	\$690.00		
Expenditure #	Type of Expenditure (Hemization in Addendum P Required un	iless "None of the below" is c	checked)	-		
(if applicable)	None of the below	·				
İ	Coordinated with reimbursement sought (joint expenditure					
	Coordinated without reimbursement sought (in-kind contri	ibution) Organizat	tiorOAOBOCOD	1 1.02		
Name of Payee			Date of Payment	Method of P  Check	'ayment: #095	
Kelly Bilodeau			9/5/23	O Debit (		
Street Address		City		State	Zip Code	
97 Roslyn St.		Hartford		СТ	06106	
Purpose of Expenditure	Description	J	Event #		Amount	
(by code) RMB	Reimbursement for T-Shirt order		l	\$70.88		
Expenditure #	Type of Expenditure (Itemization in Addendum P Required unl	less "None of the below" is c	hecked)			
(if applicable)	O None of the below					
	Coordinated with reimbursement sought (joint expenditure) Coordinated without reimbursement sought (in-kind contrib		ent ion <b>()</b> A () B () C () D	 		
1976 177 177 177 177 177 177 177 177 177 1	The second of the second secon	UBTOTAL Section P —				
	TO	PAL of additional Section	P Pages \$24.00			
	TOTAL OF ALL EXPEN		Company Company			
The state of the s		19, Column A of Summary P				

# Section P. ADDITIONAL PAGE 25 of 29

25	29	
	of	

NAME OF COMMI	ITEE (Provide Complete Name as Registered with Filling Repository)			TYPE OF REPORT	Negros (2003)	Circumstance Connection
Kelly B for Counc	<u></u>			October 10 Filin	ıg	
96 : 3 2 3 3 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	P. Expenses	Paid by C	ommittee .	(1) (1) (1) (1) (1) (1) (1) (1) (1) (1)	ente	SERVER STREET
Name of Payee		)-1:		Date of Payment	1 -	f Payment:
Anedot Inc.				9/30/23	Chec	
Street Address		City			Debi State	it Card <b>©</b> EFT Zip Code
1340 Poydras St.,	Suite 1770	New Orlea	nns		LA	70112
Purpose of Expenditure (by code) WEB	Description Anedot processing fee		Event	#	\$24.0	Amount
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required u.  None of the below (does not involve another candidate or co Coordinated with reimbursement sought (joint expenditure) Coordinated without reimbursement sought (in-kind continuous)	ommittee) sre)	The below" is checke  Independent  Organization		D	
Name of Payee				Date of Payment	• Chec	
Street Address		City			O Debi	t Card OEFT Zip Code
Purpose of Expenditure (by code)	Description		Event #	· ·		Amount
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required und None of the below (does not involve another candidate or concordinated with reimbursement sought (joint expenditure) Coordinated without reimbursement sought (in-kind control	mmittee) re)		0 4 <b>О</b> В <b>О</b> С <b>О</b> 1	D	
Name of Payce				Date of Payment	Method of Chec Debit	k#
Street Address		City		- W	State	Zip Code
Purpose of Expenditure (by code)	Description		Event #	!		Amount
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required u  None of the below (does not involve another candidate or or Coordinated with reimbursement sought (joint expenditu Coordinated without reimbursement sought (in-kind cont	ommittee) ire)	Independent Organization		JD	
Name of Payee				Date of Payment	Method of Check	k#
Street Address		City			State	Zip Code
Purpose of Expenditure (by code)	Description	<b>-</b>	Event #			Amount
Expenditure # (If applicable)	Type of Expenditure (Itemization in Addendum P Required un  None of the below (does not involve another candidate or co Coordinated with reimbursement sought (joint expenditure) Coordinated without reimbursement sought (in-kind contra	ommittee) re)	Independent	0 a Ob Oc O	D	
And the content and the conten		SUBTOTALS	Section P — This	\$24.00 Page		

#### IV. EXPENDITURES (Sections P—T)

NAME OF COMMIT	TEE_(Provide Complete Name as Registered with Filing Repositor								
Kelly B for Council			0	October 10 Filing					
	Q. Campaign Exp	oenses Paid by Cand	idate -		Archini				
Name of Payee (Name of	Vendor, Person or Entity who candidate paid directly)		Da	ate of Payment	Is reimb	ursement claimed?			
Rush Order Tees			9	/5/23	©	Yes O No			
Street Address		City			State	Zip Code			
2727 Commerce V	Nay	Philadelphia			PA	19154			
Purpose of Expenditure (by code)	Description		Event #			Amount			
Misc.	1 - T-Shirt w/ design plus shipping costs				\$70.88				
Name of Payee (Name of )	Vendor, Person or Entity who candidate paid directly)		Da	ate of Payment	Is reimbursement cla				
					O Yes O N				
Street Address		City			State	Zip Code			
Purpose of Expenditure (by code)	Description		Event #			Amount			
Name of Payee (Name of I	Vendor, Person or Entity who candidate paid directly)		Da	ate of Payment	Is reimb	ursement claimed?			
					O Yes O No				
Street Address		City			State	Zip Code			
			_						
Purpose of Expenditure (by code)  Description						Amount			
Name of Payee (Name of V	endor, Person or Entity who candidate paid directly)		Da	te of Payment	Is reimb	ursement claimed?			
					0 7	es No			
Street Address		City ,			State	Zip Code			
Purpose of Expenditure (by code)	Description	<u> </u>	Event #			Amount			
Name of Paves (Name of V	endor, Person or Entity who candidate paid directly)		Dat	te of Payment	Is reimbi	rrsement claimed?			
Tayoo (Tayoo )	5.00, 1.00,					es O No			
Street Address		City			State	Zip Code			
Purpose of Expenditure (by code)	Description		Event #			Amount			
Name of Payee (Name of V	endor, Person or Entity who candidate paid directly)		Dat	te of Payment	_	rsement claimed? Tes No			
Street Address		City			State	Zip Code			
Purpose of Expenditure by code)	Description		Event #		A	Amount			
Figure 1 to 1 to 1 to 1 to 1 to 1 to 1 to 1 t	19 (19 (19 (19 (19 (19 (19 (19 (19 (19 (	SUBTOTAL Section Q ==	This Pa	ge \$70.88					
	The state of the s	TAL of additional Section	n Q Pag	és \$0.00					
	TOTAL OF AGL EXP	ENSES PAID BY CAN e 26, Column A of Summary							

### IV. EXPENDITURES (Sections P—T)

NAME OF COMMITT Kelly B for Council	BL. (Provide Complete Name as Registered with Filing Repositor)	) or Toda	(c) (c) (25, 49, 0)		3 OF REPORT	Part Service	
	R. Expenses Incurre	ed on Com	mittee Gre	dit Card			The state of the s
Name of Issuing Insti		Type of Cree	And the second of Children with the Court of				
N/A		O Visa	Master Ca	ard 🔘 Dis	cover OAmerica	an Express	Other:
Name of Vendor, Person o	ar Entity					Date of T	ransaction
Street Address		City				State	Zip Code
Purpose of Expenditure (by code)	Description		-	Event #			Amount
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum R Required None of the below Coordinated with reimbursement sought (joint expend Coordinated without reimbursement sought (in-kind co	liture)	Indeper	ndent	)		
Name of Vendor, Person o	r Entity				·····	Date of T	ransaction
Street Address		City				State	Zip Code
Purpose of Expenditure (by code)	Description			Event #			Amount
Expenditure # (if opplicable)	Type of Expenditure (Itemization in Addendum R Required None of the below Coordinated with reimbursement sought (joint expend Coordinated without reimbursement sought (in-kind or	iture)	Indeper	ndent	Эв Ос Ор		
Name of Vendor, Person or	Entity					Date of Tr	ransaction
Street Address		City				State	Zip Code
Purpose of Expenditure (by code)	Description			Event #			Amount
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum R Required  None of the below  Coordinated with reimbursement sought (joint expend)  Coordinated without reimbursement sought (in-kind co	iture)	Independent	dent	)в <b>О</b> с Ор		
	SUPPLEMENTAL STATE OF THE STATE	JBTOTAL S	ection R — T	his Page	\$0.00		
の できません。 の できまなななななななななななななななななななななななななななななななななななな	The second secon	AL of additi	onal Section	R Pages	\$0.00		
TO	TAL OF ALL EXPENSES INCURRED ON (Enter total on Line				\$0.00		
					_		

NAME OF COMMIT	TEE (Provide Complete Name as Registered w	ith Filing Repository)	TYPE OF REPOI	RT - Table - T	
Kelly B for Counc			October 10 Fi	ling	
100 mg (1 mg) (2	S. Expenses Incu	rred by Committee but Not I	Paid During this Period		
Name of Creditor				Date Incu	rred
N/A					
Street Address		City		State	Zip Code
Purpose of Expenditure (by code)	Description		Event #		nount Incurred
Expenditure # (f/ applicable)	Type of Expenditure (Itemization in Adda None of the below Coordinated with reimbursement s Coordinated without reimbursement	endum S Required unless "None of the bootonght (joint expenditure) nt sought (in-kind contribution)	elow" is checked) Independent Organization: OA OB OC	O D	_
Name of Creditor				Date Incur	rred
Street Address		City		State	Zip Code
Purpose of Expenditure (by code)	Description		Event #		neunt Incurred timate or Actual)
Expenditure # (if applicable)	Type of Expenditure (Itemization in Adde  None of the below Coordinated with reimbursement so Coordinated without reimbursement	ought (joint expenditure)	elow" is checked) Independent Organization: A B C	O D	
Name of Creditor				Date Incur	red
Street Address	,	City		State	Zip Code
Purpose of Expenditure (by code)	Description	<u></u>	Event #		ount Incurred timate or Actual)
Expenditure # (if applicable)	Type of Expenditure (Itemization in Adde None of the below Coordinated with reimbursement so Coordinated without reimbursement	ought (joint expenditure)	Independent	O D	
	The second secon	SUBTOTAL Sec	ction S-This Page \$0.00		
A STATE OF THE STA		TOTAL of additions	al Section S Pages \$0.00		
TOTAL OF ALL P	XPENSES INCURRED BY COM	MITTEE DURING THIS PERIOD (Enter total on Line 28, Column A of S			
And the second s	Previous	ly reported Expenses Unpaid and s	till Outstanding \$0.00		
		ES INCURRED BY COMMITTEE (Enter total on Line 28a, Column A of St			

#### IV. EXPENDITURES (Sections P—T)

	EE (Provide Complete Name as Registered with Filing Reposito	(עי			MEN VIVE TO THE TOTAL						
Kelly B for Council						Oc	tober	10	Filing		
THE STATE OF THE S	T. Itemization of Reim	bu	rsements	and Se	con	dary Pa	yees				HCS-03 Francis Blacks Biggins
Last Name of Worker/Cons	sultant	Fi	rst						МІ	Date of Person of	Payment to Vendor, or Entity
N/A										1 0,001, 0	n Entry
Name of Vendor, Person or	r Entity Paid by Committee Worker/Consultant									Committee	Worker/Consultant as
	•						reporte	d in	Section P:	_	_
Ctrant Address of Vendor I	Person or Entity Paid by Committee Worker/Consultant		City				O	nec	К#	State	ebit Card CEFT
Sheel Address or venues, 1	Terson of Emily Fail by Committee Worker Consistent		City							Giaic	Zip Coas
			<u> </u>							<u> </u>	
Purpose of Expenditure (by code)	Description					Event #					Amount
(0) 0000)	*										
Expenditure #	Type of Expenditure (Itemization in Addendum T Requir	red i	unless "None	of the bel	ดรง" เ	s checked)	 				
(if applicable)	O None of the below		***************************************	-							
	Coordinated with reimbursement sought (joint expe			O In	deper	ndent O	0	C	0	]	
	Coordinated without reimbursement sought (in-kind	l con	itribution)	O O	rgani	zation: O A	OВ	0	СОР		
Last Name of Worker/Cons	ultant	Fir	:st						MI	Date of I Person o	Payment to Vendor, or Entity
									I		<b>,</b>
Name of Vendor, Person or	Entity Paid by Committee Worker/Consultant	1								Committee 1	Worker/Consultant as
							reporte		Section P:	O De	ebit Card CEFT
Street Address of Vendor P	Person or Entity Paid by Committee Worker/Consultant		City					Hec.	K #	State	Zip Code
Sheet Admess of Fonder, .	CISOR OF EMRIT 1 and by Committee in Other Committee		City							Butto	124) OV
										<b></b>	
Purpose of Expenditure (by code)	Description					Event #					Amount
(6) 0000)											
Expenditure #	Type of Expenditure (Hemization in Addendum T Require	ed i	ınless "None	of the belo	าง" i	s checked)					
(if applicable)	None of the below										
	Coordinated with reimbursement sought (joint expert) Coordinated without reimbursement sought (in-kind)			Q In	depe	ndent O	0	0	0		
		COL	шиноп	<b>O</b> r	ganiz	ation: o A	• В	٥	C o D	<u> </u>	
Last Name of Worker/Cons	ultant	Fit	st					1	MI	Date of I Person o	Payment to Vendor, or Entity
									ı		
Name of Vendor, Person or	Entity Paid by Committee Worker/Consultant	<u></u>								Committee 1	Worker/Consultant as
							reporte C C		Section P: k #	O De	bit Card CEFT
Street Address of Vendor, P	Person or Entity Paid by Committee Worker/Consultant	_	City				<u> </u>	110		State	Zip Code
- 4-,						H			1		
Purpose of Expenditure (by code)	Description					Event #					Amount
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum T Require	ed u	nless "None i	f the belo	w" is	checked)					
() approximo	O None of the below			_							
	Coordinated with reimbursement sought (joint exper					ident O	0	0	0		
	Cooldinated without religious entent sorigin (in-knig	COR	I I BULIOSE)	Or Or	ganiz	ation: OA	о В	0	$\mathbf{C} \circ \mathbf{D}$		
		ç	UBTOTAL	Section	${f T}$	This Pa	ge SC	0.00	)		
	を表現を表現しています。 ・ は、これでは、これでは、これでは、これでは、これでは、これでは、これでは、これで						APRILA EDGE SOME				
To the Christian of the	TOTAL TOTAL	TC	OTAL of add	litional	Secti	on T Pag	es \$(	).O	0		
7. (1.5) (1.5) (1.5) (1.5) (1.5) (1.5) (1.5) (1.5) (1.5) (1.5) (1.5) (1.5) (1.5) (1.5) (1.5) (1.5) (1.5) (1.5)	ESCHERARIO DE CONTRA DE CO		d Obligania								
TOTAL OF ALL	REIMBURSEMENT TO COMMITTEE V	VΟ	RKERS A	ND CO	NSI	JLTAN'	rs s	0.00	)		
			Garden and Co.			3500 Sept. 3					