



COVER PAGE

1. NAME OF COMMITTEE			2. TYPE OF COMMITTEE		
Reddy for CT Senate			<input checked="" type="checkbox"/> Candidate Committee <input type="checkbox"/> Exploratory Committee		
3. TREASURER NAME					
First William	MI L	Last Jenkins		Suffix	
4. TREASURER ADDRESS					
Street Address 63 Ridge Rd		City Chaplin		State CT	Zip Code 06235
5. ELECTION DATE		6. OFFICE SOUGHT (Complete only if Candidate Committee)			7. DISTRICT NUMBER (if applicable)
11/05/2024		State Senator			S029
8. CANDIDATE NAME (Complete only if Candidate or Exploratory Committee)					
First Christopher	MI D	Last Reddy		Suffix	
9. TYPE OF REPORT					
January 10 Filing - Amendment					
10. PERIOD COVERED					
Beginning Date		Ending Date			
10/30/2024		thru		12/31/2024	
11. CERTIFICATION					
<input checked="" type="checkbox"/> 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.					
Electronic Filing		William Jenkins		02/23/2026 6:32:02PM	
SIGNATURE		PRINT NAME OF THE SIGNER		DATE CERTIFIED	
<p>A Person who is found to have knowingly and willfully violated any provisions of the campaign finance statutes faces a civil penalty of up to \$25,000, unless a fine of a larger amount is otherwise provided for as a maximum fine in the Connecticut General Statutes.</p>					

SEEC FORM 30

Itemized Campaign Finance Disclosure Statement

CONNECTICUT STATE ELECTIONS ENFORCEMENT COMMISSION

Revised February 2015

SUMMARY PAGE TOTALS

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT	
Reddy for CT Senate	January 10 Filing - Amendment	
	COLUMN A This Period	COLUMN B Aggregate
12. Balance on hand from day Committee was formed		\$0.00
13. Balance on hand at the beginning of Reporting Period	\$77,106.46	
14. Contributions received from Individuals (Section A and B)	\$0.00	\$19,000.00
15. Receipts from Other Committees (Sections C1 and C2)	\$0.00	\$0.00
16. Other Monetary Receipts (Section D through I)	\$1,570.68	\$175,167.32
17. Total Proceeds from Tag Sales, Auctions or Other Sales (Section J1)	\$0.00	\$0.00
18. Total Monetary Receipts (add totals for lines 14 through 17)	\$1,570.68	\$194,167.32
19. Subtotals (add totals in Line 13 + 18 in Column A and in lines 12 + 18 in Column B)	\$78,677.14	\$194,167.32
20. Expenses Paid by Committee (Section N)	\$70,349.14	\$185,839.32
21. Balance on hand at close of Reporting Period (Subtract line 20 from line 19 in both columns)	\$8,328.00	\$8,328.00
22. In-Kind Donations not Considered Contributions Received (Section J3)	\$0.00	\$0.00
23. In-Kind Donations not Considered Contributions - House Party (Section J4)	\$0.00	\$0.00
24. In-Kind Contributions Received (Section K)	\$0.00	\$0.00
25. Refundable Deposit to Telephone Company (Section L)	\$0.00	\$0.00
26. Beginning Loan Balance	\$0.00	
26a. + Loans Received (Section D)	\$0.00	\$0.00
26b. + Interest and Penalties on Loan(s)	\$0.00	\$0.00
26c. - Payments on Loan(s)	\$0.00	\$0.00
26d. Total Outstanding Loan Amount	\$0.00	
27. Campaign Expenses Paid By Candidate (Section O)	\$0.00	\$46.76
28. Expenses Incurred on Committee Credit Card (Section P)	\$0.00	\$0.00
29. Expenses Incurred by Committee During this Period but Not Paid (Section Q)	\$0.00	
29a. Total Outstanding Expenses Incurred by Committee still Unpaid (Section Q)	\$0.00	

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)		TYPE OF REPORT	
Reddy for CT Senate		January 10 Filing - Amendment	
A. Total Contributions from Small Contributors-Received this Period ONLY			For Nonparticipating Candidates ONLY
B. Itemized Contributions from Individuals			

Last Name		First		MI	Contribution ID #
Residential Street Address		City		State	Zip Code
Principal Occupation			Name of Employer		
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:			Is contributor a lobbyist, spouse, or dependent child of a lobbyist?		Amount of Contribution
Yes No Executive Legislative			Yes No		
Is this contribution associated with an event reported in Section J1?	Yes	Method of contribution:		Date Received	Aggregate Contributions
If yes, list Event #	No	Cash	Personal Check		
		Money Order	Credit/Debit Card		

Total of Section B				
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B) <i>(Total on Line 14, Column A of Summary Page)</i>				

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)				TYPE OF REPORT	
Reddy for CT Senate				January 10 Filing - Amendment	
C1. Contributions from Other Committees					
Name of Committee			Name of Treasurer		
Address			Is this contribution associated with an event reported in Section J1?		Amount of Contribution
			Yes No If yes, list Event #		
City	State	Zip Code	Date Received	Aggregate Contributions	
Total of Section C1					

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE				TYPE OF REPORT	
Reddy for CT Senate				January 10 Filing - Amendment	
C2. Reimbursements or Surplus Distributions from other Committees					
Name of Committee			Name of Treasurer		
Address				Date Received	Amount of Receipt
City	State	Zip Code	Payment Type		
			Reimbursement for shared expense Surplus distribution from exploratory committee		
Expenditure #	Description				
Total of Section C2					

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE				TYPE OF REPORT	
Reddy for CT Senate				January 10 Filing - Amendment	
D. Loans Received this Period					
Name of Lender		Source of Loan:			Date of Receipt
		Bank	Candidate	Individual	Other
Street Address		City	State	Zip Code	Is there a cosigner or Guarantor of this loan? Yes No
Name of Cosigner/Guarantor (if applicable)					
Street Address		City	State	Zip Code	Amount Received
Total of Section D					

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE	TYPE OF REPORT
Reddy for CT Senate	January 10 Filing - Amendment

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

Date of Receipt	Method of Payment	Amount
	Cash Personal Check Credit/Debit Card	
Total of Section E		

I. Monetary Receipts (Section A-I)

NAME OF COMMITTEE	TYPE OF REPORT
Reddy for CT Senate	January 10 Filing - Amendment

G. Interest from Deposits in Authorized Accounts

Name of Institution	Date Received	Amount	
Street Address	City	State	Zip Code
Total of Section G			

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE	TYPE OF REPORT
Reddy for CT Senate	January 10 Filing - Amendment

H. Public Grant Funds Received from the Citizens' Election Fund

Purpose of Grant:	Grant Cycle:	Date Received	Amount
Initial Grant Adjustment	Primary General Election Special Election		
Supplemental/Post Election Deficit			
Total of Section H			

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE				TYPE OF REPORT	
Reddy for CT Senate				January 10 Filing - Amendment	
I. Miscellaneous Monetary Receipts not Considered Contributions					
Name			Date of Transaction		Amount Received
Exact Media Services			12/27/2024		
Street Address		City	State	Zip Code	
2 Clover Ct		Avon	CT	06001	
Description					\$1,570.68
Refund for services initially paid for but not able to be performed					
Total of Section I					\$1,570.68

II. EVENT ACTIVITY (Sections J1 - J4)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)				TYPE OF REPORT		
Reddy for CT Senate				January 10 Filing - Amendment		
J1. Event Information						
Event #	Description			Was this a fundraising event?		
Date of Event	Letter				Yes	No
Location: Street Address			City	State	Zip Code	
Was this event hosted at a personal residence?			Yes	if yes, go to Section J4 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 items donated by a business entity of up to \$200 or items donated by an individual of up to \$100?			Yes	If yes, to to Section J3 In-Kind Donations not Considered Contributions and complete required information.		
			No			
Subpart 1:			Yes	(If yes, enter Total Receipts here.)		
Was this fundraiser a tag sale, auction, or other sale of donated items with purchases from an individual of up to \$100?			No			
Total of Section J1						

II. EVENT ACTIVITY (Sections J1 - J4)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Reddy for CT Senate	January 10 Filing - Amendment
J3. In-Kind Donations Not Considered Contributions	

Name of the Donor				
Street Address		City	State	Zip Code
Donation Given by:	Description of Donation			Fair Market Value of Donation
Individual	Date Received	Event #	Aggregate value for this event	
Business Entity				
Sole Proprietorship				
Total of Section J3				

II. EVENT ACTIVITY (Sections J1 - J4)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Reddy for CT Senate	January 10 Filing - Amendment
J4. In-Kind Donations Not Considered Contributions Associated with a House Party	

Name of Host	Is this event supporting more than one candidate?		
	Yes	No	If yes, complete Itemization in Addendum J4
Street Address	City	State	Zip Code
Description of Donation			Fair Market Value of Donation
Event #	Aggregate value of this Event - all hosts	Aggregate value of all Events - this host/candidate	

Total of Section J4	
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III. NONMONETARY RECEIPTS (Sections K - L)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Reddy for CT Senate	January 10 Filing - Amendment

K. In-Kind Contributions

Name				
Street Address		City	State	Zip Code
Is this contribution associated with an event reported in Section J1?	Yes No	Description of In-Kind Contribution		
If yes, list Event#				
Is Contributor a lobbyist, spouse, or dependent child of a lobbyist?	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:	Yes No	Fair Market Value of this Contribution
Type of Contributor:		Date Received	Aggregate contributions	
Individual Committee Sole Proprietorship				

Total of Section K**III. Non Monetary Receipts (Sections K - L)**

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Reddy for CT Senate	January 10 Filing - Amendment

L. Refundable Deposit to Telephone Company

Last Name of Individual	First Name	MI	Date Deposit Made
Residential Street Address	City	State	Zip Code
Name of Telephone company			
Street Address	City	State	Zip Code

Total of Section L

IV. EXPENDITURES (Sections N - S)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Reddy for CT Senate	January 10 Filing - Amendment
N. Expenses Paid By Committee	

Name of Payee Service Press		Date of Payment 10/30/2024	Method of Payment <input checked="" type="checkbox"/> Check # <u>132</u> <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 105 Day St		City Newington	State CT	Zip Code 06111
Purpose of Expend Misc *	Description (C) Direct Mailing			Amount
Is this expenditure coordinated with another candidate for which reimbursement is sought? If yes, assign an Expenditure # and complete Itemization in Addendum		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Expenditure # (if applicable)	Event #
				\$10,821.46

Name of Payee Allied Printing		Date of Payment 10/30/2024	Method of Payment <input checked="" type="checkbox"/> Check # <u>133</u> <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address PO Box 850		City Manchester	State CT	Zip Code 06045
Purpose of Expend Misc *	Description (C) Direct Mailing			Amount
Is this expenditure coordinated with another candidate for which reimbursement is sought? If yes, assign an Expenditure # and complete Itemization in Addendum		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Expenditure # (if applicable)	Event #
				\$5,767.86

Name of Payee Wendy Sears		Date of Payment 11/02/2024	Method of Payment <input checked="" type="checkbox"/> Check # <u>134</u> <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 222 Huntington Rd		City Scotland	State CT	Zip Code 06264
Purpose of Expend Misc *	Description (O) Reimbursement			Amount
Is this expenditure coordinated with another candidate for which reimbursement is sought? If yes, assign an Expenditure # and complete Itemization in Addendum		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Expenditure # (if applicable)	Event #
				\$2,641.00

IV. EXPENDITURES (Sections N - S)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Reddy for CT Senate	January 10 Filing - Amendment
N. Expenses Paid By Committee	

Name of Payee Wendy Sears		Date of Payment 11/03/2024	Method of Payment <input checked="" type="checkbox"/> Check # <u>135</u> <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 222 Huntington Rd		City Scotland	State CT	Zip Code 06264
Purpose of Expend Misc *	Description (O) Reimbursement			Amount
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, assign an Expenditure # and complete Itemization in Addendum		Expenditure # (if applicable)	Event #	\$2,939.25

Name of Payee Republican Ads LLC		Date of Payment 11/03/2024	Method of Payment <input type="checkbox"/> Check # <input checked="" type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 700 Pennsylvania Ave SE		City Washington	State DC	Zip Code 20003
Purpose of Expend Misc *	Description (A) Advertising in electronic media			Amount
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, assign an Expenditure # and complete Itemization in Addendum		Expenditure # (if applicable)	Event #	\$250.00

Name of Payee Republican Ads LLC		Date of Payment 11/03/2024	Method of Payment <input type="checkbox"/> Check # <input checked="" type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 700 Pennsylvania Ave SE		City Washington	State DC	Zip Code 20003
Purpose of Expend Misc *	Description (A) Advertising in electronic media			Amount
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, assign an Expenditure # and complete Itemization in Addendum		Expenditure # (if applicable)	Event #	\$250.00

IV. EXPENDITURES (Sections N - S)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Reddy for CT Senate	January 10 Filing - Amendment

N. Expenses Paid By Committee

Name of Payee	Date of Payment	Method of Payment
Republican Ads LLC	11/03/2024	<input type="checkbox"/> Check # <input checked="" type="checkbox"/> Debit Card <input type="checkbox"/> EFT

Street Address	City	State	Zip Code
700 Pennsylvania Ave SE	Washington	DC	20003

Purpose of Expend	Description	Amount
Misc *	(A) Advertising in electronic media	
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, assign an Expenditure # and complete Itemization in Addendum		\$250.00
	Expenditure # (if applicable)	Event #

Name of Payee	Date of Payment	Method of Payment
Capitol Resource	11/04/2024	<input type="checkbox"/> Check # <input type="checkbox"/> Debit Card <input checked="" type="checkbox"/> EFT

Street Address	City	State	Zip Code
15 Charter Oak Pl	Hartford	CT	06105

Purpose of Expend	Description	Amount
Misc *	(A) Advertising in electronic media	
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, assign an Expenditure # and complete Itemization in Addendum		\$1,837.11
	Expenditure # (if applicable)	Event #

Name of Payee	Date of Payment	Method of Payment
Sale Co	11/04/2024	<input type="checkbox"/> Check # <input type="checkbox"/> Debit Card <input checked="" type="checkbox"/> EFT

Street Address	City	State	Zip Code
15 Charter Oak Pl	Hartford	CT	06105

Purpose of Expend	Description	Amount
Misc *	(A) Advertising in electronic media	
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, assign an Expenditure # and complete Itemization in Addendum		\$26,000.00
	Expenditure # (if applicable)	Event #

IV. EXPENDITURES (Sections N - S)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Reddy for CT Senate	January 10 Filing - Amendment

N. Expenses Paid By Committee

Name of Payee Sale Co 4TW		Date of Payment 11/04/2024	Method of Payment <input type="checkbox"/> Check # <input type="checkbox"/> Debit Card <input checked="" type="checkbox"/> EFT	
Street Address 1712 Pioneer Ave Ste 500		City Cheyenne	State WY	Zip Code 82001
Purpose of Expend Misc *	Description (A) Advertising in electronic media			Amount
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, assign an Expenditure # and complete Itemization in Addendum		Expenditure # (if applicable)	Event #	\$26,000.00

Name of Payee Republican Ads LLC		Date of Payment 11/05/2024	Method of Payment <input type="checkbox"/> Check # <input checked="" type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 700 Pennsylvania Ave SE		City Washington	State DC	Zip Code 20003
Purpose of Expend Misc *	Description (P) Consultant			Amount
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, assign an Expenditure # and complete Itemization in Addendum		Expenditure # (if applicable)	Event #	\$250.00

Name of Payee Republican Ads LLC		Date of Payment 11/05/2024	Method of Payment <input type="checkbox"/> Check # <input checked="" type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 700 Pennsylvania Ave SE		City Washington	State DC	Zip Code 20003
Purpose of Expend Misc *	Description (A) Advertising in electronic media			Amount
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, assign an Expenditure # and complete Itemization in Addendum		Expenditure # (if applicable)	Event #	\$1,500.00

IV. EXPENDITURES (Sections N - S)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Reddy for CT Senate	January 10 Filing - Amendment
N. Expenses Paid By Committee	

Name of Payee Sale Co		Date of Payment 11/06/2024	Method of Payment <input type="checkbox"/> Check # <input type="checkbox"/> Debit Card <input checked="" type="checkbox"/> EFT	
Street Address 15 Charter Oak Pl		City Hartford	State CT	Zip Code 06105
Purpose of Expend Misc *	Description (A) Advertising in electronic media			Amount
Is this expenditure coordinated with another candidate for which reimbursement is sought? If yes, assign an Expenditure # and complete Itemization in Addendum		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Expenditure # (if applicable)	Event #
				\$3,000.00

Name of Payee Sale Co 4TW		Date of Payment 11/06/2024	Method of Payment <input type="checkbox"/> Check # <input type="checkbox"/> Debit Card <input checked="" type="checkbox"/> EFT	
Street Address 1712 Pioneer Ave Ste 500		City Cheyenne	State WY	Zip Code 06105
Purpose of Expend Misc *	Description (A) Advertising in electronic media			Amount
Is this expenditure coordinated with another candidate for which reimbursement is sought? If yes, assign an Expenditure # and complete Itemization in Addendum		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Expenditure # (if applicable)	Event #
				\$3,000.00

Name of Payee Michael Laber		Date of Payment 11/13/2024	Method of Payment <input checked="" type="checkbox"/> Check # 136 <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 33 Littlefield Rd		City Hampton	State CT	Zip Code 06247
Purpose of Expend Misc *	Description (P) Consultant			Amount
Is this expenditure coordinated with another candidate for which reimbursement is sought? If yes, assign an Expenditure # and complete Itemization in Addendum		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Expenditure # (if applicable)	Event #
				\$1,075.00

IV. EXPENDITURES (Sections N - S)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Reddy for CT Senate	January 10 Filing - Amendment
N. Expenses Paid By Committee	

Name of Payee The Music Lady Café		Date of Payment 11/13/2024	Method of Payment <input checked="" type="checkbox"/> Check # <u>137</u> <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 211 Lathrop Rd		City Plainfield	State CT	Zip Code 06374
Purpose of Expend Misc *	Description (M) Meals			Amount
Is this expenditure coordinated with another candidate for which reimbursement is sought? If yes, assign an Expenditure # and complete Itemization in Addendum		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Expenditure # (if applicable)	Event #
				\$1,319.85

Name of Payee David Pappas		Date of Payment 11/13/2024	Method of Payment <input checked="" type="checkbox"/> Check # <u>138</u> <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 62 N Canterbury Rd		City Canterbury	State CT	Zip Code 06311
Purpose of Expend Misc *	Description (P) Consultant			Amount
Is this expenditure coordinated with another candidate for which reimbursement is sought? If yes, assign an Expenditure # and complete Itemization in Addendum		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Expenditure # (if applicable)	Event #
				\$160.00

Name of Payee Gina Danis		Date of Payment 12/01/2024	Method of Payment <input checked="" type="checkbox"/> Check # <u>139</u> <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 538 Trumbull Hwy		City Lebanon	State CT	Zip Code 06249
Purpose of Expend Misc *	Description (P) Consultant			Amount
Is this expenditure coordinated with another candidate for which reimbursement is sought? If yes, assign an Expenditure # and complete Itemization in Addendum		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Expenditure # (if applicable)	Event #
				\$500.00

IV. EXPENDITURES (Sections N - S)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Reddy for CT Senate	January 10 Filing - Amendment

N. Expenses Paid By Committee

Name of Payee Ryan Clarke		Date of Payment 12/01/2024	Method of Payment <input checked="" type="checkbox"/> Check # <u>140</u> <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 20 Riverview Dr		City Canterbury	State CT	Zip Code 06311
Purpose of Expend Misc *	Description (P) Consultant			Amount
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, assign an Expenditure # and complete Itemization in Addendum		Expenditure # (if applicable)	Event #	\$164.00

Name of Payee Sulamith Stone		Date of Payment 12/01/2024	Method of Payment <input checked="" type="checkbox"/> Check # <u>141</u> <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 134 Gorman Rd		City Brooklyn	State CT	Zip Code 06234
Purpose of Expend Misc *	Description (P) Consultant			Amount
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, assign an Expenditure # and complete Itemization in Addendum		Expenditure # (if applicable)	Event #	\$370.00

Name of Payee Kimberly Martin		Date of Payment 12/01/2024	Method of Payment <input checked="" type="checkbox"/> Check # <u>142</u> <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 184 Brooklyn Turnlike		City Windham	State CT	Zip Code 06280
Purpose of Expend Misc *	Description (P) Consultant			Amount
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, assign an Expenditure # and complete Itemization in Addendum		Expenditure # (if applicable)	Event #	\$200.00

IV. EXPENDITURES (Sections N - S)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Reddy for CT Senate	January 10 Filing - Amendment
N. Expenses Paid By Committee	

Name of Payee Sign Professionals		Date of Payment 12/01/2024	Method of Payment <input checked="" type="checkbox"/> Check # <u>143</u> <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 303 W Main St		City Norwich	State CT	Zip Code 06360
Purpose of Expend Misc *	Description (D) Billboards			Amount
Is this expenditure coordinated with another candidate for which reimbursement is sought? If yes, assign an Expenditure # and complete Itemization in Addendum		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Expenditure # (if applicable)	Event #
				\$82.18

Name of Payee Athena Group Strategies		Date of Payment 12/17/2024	Method of Payment <input checked="" type="checkbox"/> Check # <u>144</u> <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 113 Allentown Rd		City Wolcott	State CT	Zip Code 06716
Purpose of Expend Misc *	Description (A) Advertising in electronic media			Amount
Is this expenditure coordinated with another candidate for which reimbursement is sought? If yes, assign an Expenditure # and complete Itemization in Addendum		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Expenditure # (if applicable)	Event #
				\$1,026.92

Name of Payee Service Press		Date of Payment 12/17/2024	Method of Payment <input checked="" type="checkbox"/> Check # <u>145</u> <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 105 Day St		City Newington	State CT	Zip Code 06111
Purpose of Expend Misc *	Description (C) Direct Mailing			Amount
Is this expenditure coordinated with another candidate for which reimbursement is sought? If yes, assign an Expenditure # and complete Itemization in Addendum		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Expenditure # (if applicable)	Event #
				\$7,074.51

IV. EXPENDITURES (Sections N - S)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Reddy for CT Senate	January 10 Filing - Amendment
N. Expenses Paid By Committee	

Name of Payee William Jenkins		Date of Payment 12/31/2024	Method of Payment <input checked="" type="checkbox"/> Check # <u>147</u> <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 63 Ridge Rd		City Chaplin	State CT	Zip Code 06235
Purpose of Expend Misc *	Description (P) Consultant			Amount
Is this expenditure coordinated with another candidate for which reimbursement is sought? If yes, assign an Expenditure # and complete Itemization in Addendum		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Expenditure # (if applicable)	Event #
				\$2,500.00

Name of Payee CEF		Date of Payment 12/31/2024	Method of Payment <input checked="" type="checkbox"/> Check # <u>148</u> <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 55 Farmington Ave		City Hartford	State CT	Zip Code 06105
Purpose of Expend REF	Description			Amount
Is this expenditure coordinated with another candidate for which reimbursement is sought? If yes, assign an Expenditure # and complete Itemization in Addendum		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Expenditure # (if applicable)	Event #
				\$370.00

Total of Section N**\$70,349.14**

IV. EXPENDITURES (Sections N - S)					
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)					TYPE OF REPORT
					January 10 Filing - Amendment
O. Expenses Paid By Candidate					
Name of Payee (Name of vendor who candidate paid directly)				Date of Payment	Is Reimbursement Claimed? Yes No
Street Address		City		State	Zip Code
Purpose of Expenditure (by code)	Description			Event #	Amount
Total of Section O					

IV. EXPENDITURES (Sections N - S)					
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)					TYPE OF REPORT
Reddy for CT Senate					January 10 Filing - Amendment
P. Expenses Incurred on Committee Credit Card					
Name of Issuing Institution				Type of Credit Card: Visa Master Card Discover American Express Other	
Name of Vendor				Date of Transaction	
Street Address			City		State Zip Code
Purpose of Expenditure (by code)	Description				Amount
Is this expenditure coordinated with another candidate for which reimbursement is sought?	Yes No	Expenditure # (if applicable)	Event #		
If yes, assign an Expenditure # and complete Itemization in Addendum					
Total of Section P					

IV. EXPENDITURES (Sections N - S)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Reddy for CT Senate	January 10 Filing - Amendment

Q. Expenses Incurred By Committee but Not Paid During this Period

Name of Creditor		Date Incurred	
Street Address	City	State	Zip Code
Purpose of Expenditure (bv code)	Description		Amount Incurred (Estimate or Actual)
Is this expenditure coordinated with another candidate for which reimbursement is sought?	Yes No	Expenditure # (if applicable)	Event #
If yes, assign an Expenditure # and completes Itemization in Addendum Q			

Total of Section Q	
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IV. EXPENDITURES (Sections N - S)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Reddy for CT Senate	January 10 Filing - Amendment

R. Itemization of Reimbursements and Secondary Payees

Last Name of Worker/Consultant	First	MI	Date of Payment to Vendor	Payment to Reimburse Committee Worker/Consultant as reported in Section N:
Sears	Wendy	A	11/02/2024	<input checked="" type="checkbox"/> Check # 125 <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT

Name of Vendor Paid by Committee Worker/Consultant
FLS Connect

Street Address of Vendor	City	State	Zip Code
7300 Hudson Blvd N Ste 270	Saint Paul	MN	55128

Purpose of Expenditure (by code)	Description
Misc *	(A) Advertising in electronic media

Is this expenditure coordinated with another candidate for which reimbursement is sought?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Expenditure # (if applicable)	Event #	Amount
If yes, assign an Expenditure # and completes Itemization in Addendum R				\$2,641.00

Last Name of Worker/Consultant	First	MI	Date of Payment to Vendor	Payment to Reimburse Committee Worker/Consultant as reported in Section N:
Sears	Wendy	A	11/03/2024	<input checked="" type="checkbox"/> Check # 126 <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT

Name of Vendor Paid by Committee Worker/Consultant
Meta

Street Address of Vendor	City	State	Zip Code
1 Hacker Way	Menlo Park	CA	94025

Purpose of Expenditure (by code)	Description
Misc *	(A) Advertising in electronic media

Is this expenditure coordinated with another candidate for which reimbursement is sought?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Expenditure # (if applicable)	Event #	Amount
If yes, assign an Expenditure # and completes Itemization in Addendum R				\$2,939.25

Total of Section R

\$5,580.25

IV. EXPENDITURES (Sectuibs N - S)

IV. EXPENDITURES (Sectuibs N - S)			
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)			TYPE OF REPORT
Reddy for CT Senate			January 10 Filing - Amendment
S. Surplus Distribution of Equipment and Furniture			
Name of Recipient			
Street Address	City	State	Zip Code
Description of Item			Original Purchase Amount of Item
			Total of Section S

Section J4. ADDENDUM

Section J4. ADDENDUM	
NAME OF COMMITTEE	TYPE OF REPORT
J4. In - Kind Donations Not Considered Contribution Associated with a House Party - Addendum	
Event #	
Name of Candidate	

Section N. ADDENDUM

Section N. ADDENDUM	
NAME OF COMMITTEE	TYPE OF REPORT
N. Expenses Paid By Committee - Addendum	
Expenditure #	Amount of Expenditure
Name of Candidate	Office Sought

Section P. ADDENDUM	
NAME OF COMMITTEE	TYPE OF REPORT
P. Expenses Incurred on Committee Credit Card - Addendum	
Expenditure #	Amount of Expenditure
Name of Candidate	Office Sought

Section Q. ADDENDUM	
NAME OF COMMITTEE	TYPE OF REPORT
Q. Expenses Incurred by Committee but Not Paid During this Period - Addendum	
Expenditure #	Amount of Expenditure
Name of Candidate	Office Sought

Section R. ADDENDUM	
NAME OF COMMITTEE	TYPE OF REPORT
R. Itemization of Reimbursements and Secondary Payees - Addendum	
Expenditure #	Amount of Expenditure
Name of Candidate	Office Sought