SEEC FORM 20

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

Tour Clerk
10/28/2021 (p

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Do Not Mark in This Space For Official Use Only

COVER PAGE

1. NAME OF COMMITTEE		Mars.			A CONTRACTOR				
Bobby Valentine for Stamford									
2. TREASURER NAME		(July 102)	5,52,557,653,65		or on our sample and	0637457454	1000 B 100	2010 BING	Section And Advantage
First	V-PSage E, C. I.S. Blook	MI	Last	COLLEGE SEE				Suffix	
Rissa			Gerych						
3. TREASURER ADDRESS			100000000000000000000000000000000000000	(1723 - 51 (F)		Visit Visit	Name of the		
Street Address		Ť	City	U-1004			CESTING TO THE	State	Zip Code
26 Arnold Drive		s	Stamford					СТ	06905
4. ELECTION/REFERENDUM DATE	5. OFFICE SOU	GHT	(Complete only	if Candid	late Committee)	6. DISTI	RICT NUMBI	ER	
(mm/dd/yyyy)						(if applic	able)		
11/02/2021	Мауог					О			
7. CANDIDATE NAME (Complete only	y if Candidate or Exp	loratory	Committee)					150	
First		MI	Last					Suffix	
Bobby			Valentine						
8. TYPE OF REPORT (Check One B	ox)		10/11/00/12		Mind Windows	7700350		gratia	
January 10 filing April 10 filing July 10 filing October 10 filing 24 Hour Independent Expenditure Primary Election	7th day preceding p 30 days following p 7th day preceding e 12th day preceding (State Central Com 45 days following e held in November	orimary election election mittees	Only)		receding referendur ollowing referendur ion	m(A	itial Contribut PAC's ONLY) mendment to pe of Report:	lon of Di	soursement
9. PERIOD COVERED	MANAGER OF THE SAME			AG E	refugion in				新剧 性制
Be	ginning Date				Ending Date				
10/	01/2021		thru	1	10/24/2021				
10. CERTIFICATION	STATE OF THE PARTY OF THE	\$150 mg	in thoughton	90%	An Size Avidos	d 1977 th is	STATISTICS.	81/180E	Republic
I hereby certify and state, under per Campaign Finance Disclosure States of the Campaign Finance Disclosure Finance Disclosure Finance Disclosure Finance Disclosure Finance Disclosure Finance	tatement for the p			ue, accu			5]	9 • 26 • 21 ATE (mm	/dd/yyyy)
		Egyl)E		Siffs (k)				100	MF1911
A person who is four	id to have knowing statutes faces a					campaign f	linance		

SEEC FORM 20

Itemized Campaign Finance Disclosure Statement CONNECTICUT STATE ELECTIONS ENFORCEMENT COMMISSION

Revised January 2015

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SUMMARY PAGE TOTALS

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)	TYPE OF REPORT				
Bobby Valentine for Stamford	7th day preceding election				
	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	\$348,062.51				
13. Contributions received from Individuals (Section A and B)	\$44,719.00	\$556,814.21			
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)					
17. Total Monetary Receipts (add totals for lines 13-16c)	\$44,719.00	\$556,814.21			
18, Subtotals (add totals in Line 12 + 17 in Column A; and in Line 11 + 17 in Column B)	\$392,781.51	\$556,814.21			
19. Expenditures Paid by Committee (Section P)	\$238,022.63	\$410,605.33			
20. Balance on hand at close of Reporting Period (Subtract Line 19 from Line 18 in both Columns)	\$154,758.88	\$146,208,88			
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)	\$250.00	\$12,100.00			
23. In-kind Contributions Received (Section M)	\$25.00	\$75.00			
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	h z			
26. Campaign Expenses Paid by Candidate (Section Q)	\$0.00	\$0.00			
27. Expenses Incurred on Committee Credit Card (Section R)	\$0.00	\$0.00			
28. Expenses Incurred by Committee During this Period but Not Paid (Section S)	\$57,712.56				
28a, Total Outstanding Expenses Incurred by Committee still Unpaid (Section S)	\$57,712.56				

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NAME OF COMMITTEE (Provide Complete Name as Registered with Fi	ling Reposi	itory)		TYPE OF REPORT	HOUSE		75.
Bobby Valentine for Stamford				7th day preceding	election		
A. Total Contributions from Small Contributors - Received this	Period O	NLY					
(See instructions for definition of Small Contributor)			Subtotal Section A				\$0.00
B. Itemized C	Contributi	ons f	rom Individuals	March Charles (A.A.)		远后超过岭	
Last Name		First					M.I.
Flynn		Sea	an				
Residential Street Address	City				State	Zip Code	
221 S Lake Dr	Stamfor				СТ	06903-	1032
Principal Occupation Finance			of Employer Sigma Securities	;			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? If contribution is in excess of municipality does contributor municipality valued at more the specific process.	or business I				Amoun	it of Cont	ribution
Is this contribution associated with an event reported in Section L1? If yes, list Event # Is contributor a principal of a stat If yes, indicate which branch or branches of government the contract is with:	r	or pros		✓ No			\$500.00
Method of contribution: Cash Personal Check ✓ Credit/Debit Card Payroll Deduction	Money Orde	ег	Date Received 10/06/2021	Aggregate contributions \$1,000.00			
Last Name		First	t .				M.I.
Marchetti		Mic	chael				
Residential Street Address	City				State	Zip Code	
29 Carriage Dr S	Stamfor				СТ	06902-1	1501
Principal Occupation restaurant owner		ı	of Employer Imbus Park Tratto	oria			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes If contribution is in excess of municipality does contributor municipality valued at more that	or business l				Amoun	t of Cont	ribution
Is this contribution associated with an event reported in Section L1? If yes, list Event # Is contributor a principal of a state of the section L1? If yes, indicate which branch of branches of government the contract is with:	ī —	or pros		✓ No			\$100.00
Method of contribution:	Money Orde	er	Date Received 10/08/2021	Aggregate contributions \$150.00			
Last Name		First					M,I.
Leydon		Joh	nn Jr.				
Residential Street Address	City Stamfor	rd			State	Zip Code 06902-	1222
222 Roxbury Rd Principal Occupation	Starrior		of Employer		01	1 00302	1222
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes If contribution is in excess of municipality does contributor municipality valued at more than the contributor as	or business l				Amour	ıt of Cont	ribution
Is this contribution associated with an event reported in Section L1? If yes, list Event # Is contributor a principal of a state of the section L1? If yes, list Event #	or	or pros		✓ No			\$400.00
Method of contribution:	Money Ord		Date Received 10/08/2021	Aggregate contributions \$400.00			

SUBTOTAL Section B - This Page	\$1,000.00
TOTAL of Section B Pages	\$44,719.00
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B) (Enter total on Line 13, Column A of Summary Page	\$44,719.00

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NAME OF COMMITTEE (Provide Complete Name as Register	red with Fil	ling Reposi	itory)		TYPE OF REPORT		astrial	AT MARK
Bobby Valentine for Stamford					7th day preceding	election	THE RESERVE OF THE PARTY OF THE	
A. Total Contributions from Small Contributors - Recei	ived this	Period O	NLY		1			
(See instructions for definition of Small Contributor)				Subtotal Section	A			\$0.00
B. Ite	emized C	ontributi	ons f	rom Individuals				
Last Name			First					M.I.
Clements			And	drew				i i
Residential Street Address		City	-			State	Zip Code	
111 Towne St, Apt 108		Stamfor	d			СТ	06902-	5969
Principal Occupation				of Employer				
Investor			Melc	dy Investment A	dvisors			
	contributor (or business h		committee for a chief s associated with have Yes		Amour	it of Cont	ribution
Is this contribution associated with an event reported in Section L1? Yes Is contributor a princi			or pros	pective state contracto	r? Yes	1		\$20.00
If yes, list Event # No branches of government is with:			ecutiv	eLegisl	ative No			r
Method of contribution: Cash Personal Check Credit/Debit Card Payroll De	eduction	Money Orde	er	Date Received 10/06/2021	Aggregate contributions \$20.00			
Last Name			First					M,I.
Moore			Bru	ce				Т
Residential Street Address		City				State	Zip Code	
89 West Trl		Stamfor				CT	06903-	2411
Principal Occupation Retired				of Employer ern Land Manag	ement			
	contributor (or business h		committee for a chief s associated with have	executive officer of a a contract with said	Amour	it of Cont	ribution
event reported in Section L1? If yes, indicate which branches of government #	ich branch or		or pros	pective state contracto	∐ Yes ✓ No			\$300.00
Method of contribution: Cash Credit/Debit Card Payroll Debit Card	eduction [Money Orde		Date Received	Aggregate contributions \$1,050.00			
Last Name			First		1 4.,555.00			M.I.
Pascarella			Cle	ment				
Residential Street Address		City				State	Zip Code	
296 Main St		New Ca				СТ	06840-	5836
Principal Occupation CPA			ı	of Employer Professional Ass	sociates PC			
	contributor	or business h		committee for a chief s associated with have	executive officer of a contract with said No	Amour	nt of Cont	ribution
Is this contribution associated with an covent reported in Section L1? Yes Is contributor a principle of the Franches of government of the Franches of gove	ich branch or	_			∐ Yes ✓ No			\$800.00
If yes, list Event # contract is with:		Ex∈	ecutiv		ative			
Method of contribution: ☐ Cash ☐ Personal Check ✓ Credit/Debit Card ☐ Payroll Debit Card ☐	eduction	Money Orde	er	Date Received 10/09/2021	Aggregate contributions \$1,100.00			

\$1,120.00	SUBTOTAL Section B - This Page
\$44,719.00	TOTAL of Section B Pages
04474000	TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B)
\$44,719.00	(Enter total on Line 13, Column A of Summary Page

Page	5	of	102
Luge		O.	102

NAME OF COMMITTEE (Provide Compl	ete Name as Registered with Fi	ling Repos	itory)		TYPE OF REPORT			in in the
Bobby Valentine for Stamford					7th day preceding	election		
A. Total Contributions from Small Co		Period O	SSM158445	S-14-4-18-4-				00.00
(See instructions for definition of Small Con			STATE OF	Subtotal Section		GI PARAN	SOURCES	\$0.00
Last Name	B. Itemized C	ontribut	First	rom Individuals				
								M.L
Mattaboni			Lois	3				
Residential Street Address 87 E Cross Rd		City Stamfor	rd			State CT	Zip Code 06907-	1106
Principal Occupation			Name	of Employer				
Administrative manager			Tram	imo, Inc				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	If contribution is in excess of municipality does contributor municipality valued at more the	or business				Amoun	nt of Cont	ribution
Is this contribution associated with an event reported in Section L1?	Is contributor a principal of a state of yes, indicate which branch or		or pros	pective state contracto	r?			\$200.00
If yes, list Event #	branches of government the contract is with:	☐ Ex	ecutive	eLegisl	ative			
Method of contribution: ☐ Cash ☐ Personal Check ✓ Credit/Deb	it Card Payroll Deduction	Money Ord	ег	Date Received 10/08/2021	Aggregate contributions \$350.00			
Last Name			First					M.I.
Burke			Mik	e				
Residential Street Address		City				State	Zip Code	
18 Woolsley Ave		Trumbu	ıll			СТ	06611-4	1422
Principal Occupation Executive search				of Employer e & Associates				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	If contribution is in excess of municipality does contributor municipality valued at more th	or business				Amoun	nt of Cont	ribution
Is this contribution associated with an event reported in Section L1?	Is contributor a principal of a stat If yes, indicate which branch of branches of government the	г			∐ Yes √No			\$500.00
If yes, list Event #	contract is with:	Ex	ecutive	eLegisl	ative			
Method of contribution: ☐ Cash Personal Check ✓ Credit/Deb	it Card Payroll Deduction	Money Ord	er	Date Received 10/04/2021	Aggregate contributions \$750.00			
Last Name			First					M.I.
Levine			Dav	⁄id				
Residential Street Address 695 Atlantic St, Unit 212		City Stamfo	rd			State CT	Zip Code 06902-9	9322
Principal Occupation		Otanno		of Employer			00002	7022
Lawer				office of Daniel N	Ne			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	If contribution is in excess of municipality does contributor municipality valued at more the	or business				Amoun	it of Cont	ribution
Is this contribution associated with an event reported in Section L1?	Is contributor a principal of a stat If yes, indicate which branch or		or prosi	pective state contracto	res			\$36.00
If yes, list Event #	branches of government the contract is with:	Ex	ecutivo					
Method of contribution: ☐ Cash ☐ Personal Check ✓ Credit/Deb	it Card Payroll Deduction	Money Ord	ler	Date Received 10/20/2021	Aggregate contributions \$156.00			

	SUBTOTAL Section B - This Page	\$736.00
	TOTAL of Section B Pages	\$44,719.00
CONTROL OF THE PROPERTY OF THE	ONS FROM INDIVIDUALS (Sections A + B) If on Line 13, Column A of Summary Page	\$44,719.00

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NAME OF COMMITTEE (Provide Complete Name as Registered with	h Filing Repos	sitory)		TYPE OF REPORT	S BURN		2 - 12 - 12 B
Bobby Valentine for Stamford			NAME OF TAXABLE PARTY.	7th day preceding	election		
A. Total Contributions from Small Contributors - Received the	his Period C	DNLY		71			
(See instructions for definition of Small Contributor)	TO THE REAL PROPERTY.	STEELS:	Subtotal Section	8			\$0.00
B. Itemize	d Contribut	HEROTECON,	om Individuals		# E 1000	-24	φ0.00
Last Name		First		Harrison States	NI STATE	400	M.I.
Battinelli-colucci		Line	la				1 200
Residential Street Address	City	Line			State	Zip Code	
79 Cross Country Trl	Stamfo	ord			CT	06903-3	3339
Principal Occupation		Name	of Employer				
Retired		Retire	ed				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes If contribution is in excess municipality does contribution in the contribution is in excess municipality does contribution in the contribution is in excess municipality valued at most a contribution is in excess municipality valued at most a contribution is in excess municipality valued at most a contribution is in excess municipality and in the contribution is in excess municipality does contribution is in excess municipality and in the contribution is in excess municipality.	utor or business	he/she is			Amour	ıt of Cont	ribution
Is this contribution associated with an event reported in Section L1? Yes Is contributor a principal of a If yes, indicate which branch branches of government the	ch or	or prosp	pective state contractor	r?			\$100.00
If yes, list Event # V No branches of government the contract is with:	☐ Ex	kecutive	Legisl	ative			
Method of contribution: Cash Personal Check ✓ Credit/Debit Card Payroll Deduction	Money Ord	der	Date Received 10/17/2021	Aggregate contributions \$500.00			
Last Name		First					M.I.
Huebner		Step	ohen				
Residential Street Address	City				State	Zip Code	-
3535 Longwood Dr	Toano				VA	23168-9	9621
Principal Occupation Retired		Name o Retire	of Employer ed				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes If contribution is in excess municipality does contribution in the contribution is in excess municipality does contribution in the contribution is in excess municipality valued at mo	ator or business	he/she is	committee for a chief is associated with have	executive officer of a a contract with said	Amoun	it of Cont	ribution
Is this contribution associated with an event reported in Section L1? If yes, list Event # Is contributor a principal of a If yes, indicate which branches of government the contract is with:	ch or	or prosp		✓ No			\$100.00
Method of contribution: Cash Personal Check Credit/Debit Card Payroll Deduction	Money Ord	der	Date Received 10/11/2021	Aggregate contributions \$400.00			
Last Name		First					M.I.
Nizolek		Kev	in				
Residential Street Address	City	-1			State	Zip Code	-
104 Sanford Ln	Stamfo	rd			CT	06905-2	2820
Principal Occupation Sales			of Employer ese of Bridgeport	t			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes If contribution is in excess municipality does contribution in the contribution is in excess municipality valued at more than the contribution is in excess municipality valued at more than the contribution is in excess municipality valued at more than the contribution is in excess municipality valued at more than the contribution is in excess municipality valued at more than the contribution is in excess municipality does contribution.	itor or business	he/she is	committee for a chief is associated with have Yes	executive officer of a a contract with said	Amoun	t of Cont	ribution
Is this contribution associated with an event reported in Section L1? If yes, list Event # Is contributor a principal of a If yes, indicate which brane branches of government the contract is with:	ch or	or prosp	_	✓ No			\$25.00
Method of contribution: Cash Personal Check Credit/Debit Card Payroll Deduction	Money Ord	ler	Date Received 10/05/2021	Aggregate contributions \$75.00			

SUBTOTAL Section B - This Page	\$225.00
TOTAL of Section B Pages	\$44,719.00
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B)	C44.740.00
(Enter total on Line 13, Column A of Summary Page	\$44,719.00

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NAME OF COMMITTEE (Provide	Complete	Name as Registered with Fi	ling Reposi	itory)		TYPE OF REPORT	10.5		Ser S
Bobby Valentine for Stamford						7th day preceding	election		
A. Total Contributions from Sm (See instructions for definition of Sme	NET OF THE	BENEFIT OF COLUMN STATES	Period O	est company	Subtotal Section	A			\$0.00
位 医侧侧 医皮肤性胸膜性寒炎	ANTE DE L	B. Itemized C	ontributi	ons fr	om Individuals		89747		2 NY 1236
Last Name				First					M.I.
healy				todo	d				
Residential Street Address			City Stamfor	·4			State	Zip Code	2047
66 Maple Tree Ave, Apt 4			Starrior		CF I		CI	06906-2	2217
Principal Occupation Personal Trainer				Kend	of Employer Ial on Hudson				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	✓ Yes ✓ No	If contribution is in excess of a municipality does contributor municipality valued at more th	or business h				Amour	nt of Cont	ribution
Is this contribution associated with an event reported in Section L1? If yes, list Event #	No	s contributor a principal of a state If yes, indicate which branch or branches of government the contract is with:		or prosp		∐ Yes ✓No			\$5.00
Method of contribution: ☐ Cash ☐ Personal Check ✓ Cree		10.800.223947	Money Orde		Date Received 10/08/2021	Aggregate contributions \$80.00			
Last Name				First					M.I.
ELLIS				JOH	łN				
Residential Street Address			City				State	Zip Code	2005
24 Saltus Dr			Old Say				СТ	06475-2	2305
Principal Occupation Consultant				SELF	of Employer				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	✓ Yes	If contribution is in excess of s municipality does contributor municipality valued at more th	or business h				Amoun	it of Cont	ribution
event reported in Section L1?	1168	s contributor a principal of a state If yes, indicate which branch or		or prosp	pective state contractor	r? ☐ Yes ✓ No			\$50.00
If yes, list Event #	_	branches of government the contract is with:	Ext	ecutive	Legisl	ative			
Method of contribution: ☐ Cash ☐ Personal Check ✓ Cre	edit/Debit Ca	ard Payroll Deduction	Money Ordo	er	Date Received 10/13/2021	Aggregate contributions \$445.00			
Last Name				First					M.I.
Rennie				Neil					
Residential Street Address 199 Red Fox Rd			City Stamfor	d			State CT	Zip Code 06903-4	1620
Principal Occupation Manager		•			of Employer dian Serivices				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	Yes ✓ No	If contribution is in excess of S municipality does contributor municipality valued at more th	or business h				Amoun	t of Cont	ribution
event reported in Section E1?] Yes	s contributor a principal of a state If yes, indicate which branch or branches of government the				∟ Yes ✓No			\$50.00
If yes, list Event #		contract is with:	☐ Exc	ecutive		ative			
Method of contribution: Cash Personal Check Cre	edit/Debit Ca	ard Payroll Deduction	Money Orde	er	Date Received 10/15/2021	Aggregate contributions \$150,00			

SUBTOTAL Section B - This Page	\$105.00
TOTAL of Section B Pages	\$44,719.00
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B) (Enter total on Line 13, Column A of Summary Page	\$44,719.00

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NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)				TYPE OF REPORT				
Bobby Valentine for Stamford		- 4514			7th day preceding	election	The second section	
A. Total Contributions from Small Con	ntributors - Received this	Period O	NLY	DESCRIPTION OF THE PARTY OF	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			
(See instructions for definition of Small Conti	ributor)			Subtotal Section	Š.			\$0.00
	B. Itemized C	Contribut	ions f	rom Individuals		Marie San	the street of	AUDIAN - IO
Last Name		THE ROLL	Firs				DESCRIPTION OF THE	M.I.
Powers			I VVII	liam				144.2.
Residential Street Address		City		nam		State	Zip Code	L
25 Forest St		Stamfor	rd			CT	06901-	1850
Principal Occupation		-	Name	of Employer				
Finance			Ban	k of America				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	If contribution is in excess of municipality does contributor municipality valued at more that	or business				Amour	it of Cont	ribution
Is this contribution associated with an event reported in Section L1? If yes, list Event #	Is contributor a principal of a state If yes, indicate which branch o branches of government the	r			∐ Yes ✓No			\$10.00
Method of contribution: Cash Personal Check Credit/Debit	contract is with:	Money Ord	ecutiv	Date Received	Aggregate contributions \$60.00			
Last Name		1	Firs		\$60.00	1		1 1/1
								M,I.
Powers		Lat	VVII	liam		,	,	
Residential Street Address 25 Forest St		City Stamfor	rd			State	Zip Code	1050
Principal Occupation		Starrilo	_	of Employer		CI	06901-1	1850
Finance			1	k of America				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	If contribution is in excess of municipality does contributor municipality valued at more the	or business i	ndidate he/she	committee for a chief is associated with have Yes	executive officer of a a contract with said	Amoun	t of Cont	ribution
Is this contribution associated with an event reported in Section L1? If yes, list Event #	Is contributor a principal of a stat If yes, indicate which branch or branches of government the contract is with:	r _	or pros	_	∐ Yes ✓ No			\$50.00
Method of contribution: ☐ Cash ☐ Personal Check ✓ Credit/Debit		Money Ord	er	Date Received 10/22/2021	Aggregate contributions \$60.00			
Last Name			Firs		L.			M.I.
Pierce			Kai	ren				
Residential Street Address 150 Southfield Ave, Apt 1207		City Stamfor	rd.			State CT	Zip Code 06902-7	7750
Principal Occupation		o tarinio.	Name	of Employer		01	00302-7	730
Program Manager			TGN	1 Apartments				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	muminimality does contribute and unique by the little of t				Amoun	t of Cont	ribution	
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						\$50.00	
If yes, list Event #	branches of government the contract is with: Executive Legislative							
Method of contribution: Cash Personal Check Credit/Debit	Card Payroll Deduction	Money Ord	ег	Date Received 10/13/2021	Aggregate contributions \$145.00			

SUBTOTAL Section B - This Page	\$110.00
TOTAL of Section B Pages	\$44,719.00
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B) (Enter total on Line 13, Column A of Summary Page	\$44,719.00

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NAME OF COMMITTEE (Provide Complete Name as Registered with	Filing Repos	itory)		TYPE OF REPORT		\$10 m/s to	STEP ASS
Bobby Valentine for Stamford			Designation of the last of the	7th day preceding	election		
A. Total Contributions from Small Contributors - Received thi (See instructions for definition of Small Contributor)	s Period O	NLY	Subtotal Section	4			\$0.00
B. Itemized	Contribut	ions f	rom Individuals	Metal of the state of	10 (ju	Sixforte	MALE .
Last Name		Firs	t		272-251100		M.I.
Moore		Ch	eryl				
Residential Street Address	City				State	Zip Code	
89 West Trl	Stamfo	rd			СТ	06903-2	2411
Principal Occupation Executive			of Employer tern Land Manag	ement			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes If contribution is in excess of municipality does contribute municipality valued at more	or or business				Amoun	it of Cont	ribution
Is this contribution associated with an event reported in Section L1? If yes, list Event # Is contributor a principal of a st If yes, indicate which branch branches of government the contract is with:	ог	or pros		∐ Yes ✓ No			\$500.00
Method of contribution: Cash Personal Check Credit/Debit Card Payroll Deduction	Money Ord	ler	Date Received 10/14/2021	Aggregate contributions \$1,000.00			
Last Name		Firs					M.I.
Lupinacci Jr		Ma	rc				
Residential Street Address	City				State	Zip Code	
374 Eden Rd	Stamfo				СТ	06907-1	1013
Principal Occupation Reinsurance Analyst			of Employer Isverse Insurance	e Services			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes If contribution is in excess of municipality does contribute municipality valued at more	or or business				Amoun	t of Cont	ribution
Is this contribution associated with an event reported in Section L1? If yes, list Event # 101121a Is contributor a principal of a st If yes, indicate which branch branches of government the contract is with:	or	or pros		✓ No	\$800.00		
Method of contribution: ☐ Cash ☐ Personal Check ✓ Credit/Debit Card ☐ Payroll Deduction ☐	Money Ord	er	Date Received 10/07/2021	Aggregate contributions \$850.00			
Last Name		Firs					M.I.
Brown		The	omas				E
Residential Street Address 115 Pine Hill Ave	City Stamfor	rd			State CT	Zip Code 06906-1	1523
Principal Occupation Retired		Name Reti	of Employer red				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes If contribution is in excess o municipality does contribute municipality valued at more	or or business				Amoun	it of Conti	ribution
event reported in Section L1? If yes, indicate which branch	If yes, indicate which branch or					\$20.00	
If yes, list Event #	Ex	ecutiv	eLegisl	ative No			
Method of contribution: Cash Personal Check ✓ Credit/Debit Card Payroll Deduction	Money Ord	ег	Date Received 10/21/2021	Aggregate contributions \$20.00			

	SUBTOTAL Section B - This Page	\$1,320.00
	TOTAL of Section B Pages	\$44,719.00
THE SERVICE OF THE PROPERTY OF	IS FROM INDIVIDUALS (Sections A + B) on Line 13, Column A of Summary Page	\$44,719.00

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NAME OF COMMITTEE (Provide Complete Name as Registered with Fi	ling Reposi	itory)		TYPE OF REPORT	NEW COL	1100	DESCRIPTION OF THE PARTY OF THE
Bobby Valentine for Stamford				7th day preceding	election		200
A. Total Contributions from Small Contributors - Received this (See instructions for definition of Small Contributor)	Period O	NLY	Subtotal Section A				\$0.00
B. Itemized C	ontributi	ions f	rom Individuals	THE REAL PROPERTY.	San Carlos	A STURM	TO 18 18 18
Last Name		First		CONCERNATION OF PERSONS	PERMIT	DATE OF THE PARTY	M.1.
Catanzaro		Har	old				A
Residential Street Address	City				State	Zip Code	
96 View St W	Greenw	/ich			CT	06830-	5932
Principal Occupation		Name	of Employer				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes If contribution is in excess of municipality does contributor municipality valued at more than the contribution is in excess of municipality valued at more than the contribution is in excess of municipality valued at more than the contribution is in excess of municipality valued at more than the contribution is in excess of municipality valued at more than the contribution is in excess of municipality valued at more than the contribution is in excess of municipality does contributed in the contribution is in excess of municipality does contributed in the contribution is in excess of municipality does contributed in the contribution is in excess of municipality does contributed in the contribution is in excess of municipality does contributed in the contribution is in excess of municipality does contributed in the contribution is in excess of municipality does contributed in the contribution is in excess of municipality does contributed in the contribution is in excess of municipality does contributed in the contribution is in excess of municipality does contributed in the contribution is in excess of municipality and in the contribution is in excess of municipality and in the contribution is in excess of municipality and in the contribution is in excess of municipality and in the contribution is in excess of municipality and in the contribution is in excess of municipality and in the contribution is in excess of municipality and in the contribution is in excess of municipality and in the contribution is in excess of municipality and in the contribution is in excess of municipality and in the contribution is in excess of municipality and in the contribution is in excess of municipality and in the contribution is in excess of municipality and in the contribution is in excess of municipality and in the contribution is in excess of municipality and in the contribution is in excess of municipality and in the contribution is in excess of mu	or business I				Amour	it of Cont	ribution
Is this contribution associated with an event reported in Section L1? Yes Is contributor a principal of a state event reported in Section L1?		or pros	pective state contracto	r? Yes	1		¢ E0.00
If yes, list Event # If yes, list Event # If yes, indicate which branch or branches of government the contract is with:		ecutiv	eLegisl	ative No			\$50.00
Method of contribution: Cash Personal Check Credit/Debit Card Payroll Deduction	Money Orde	ег	Date Received 10/24/2021	Aggregate contributions \$50.00			
Last Name		First					M.I.
Tooher		Jos	eph				J
Residential Street Address	City		·		State	Zip Code	
8 Mitzi Rd	Stamfor	rd			CT	06905-2	2515
Principal Occupation		Name	of Employer				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes If contribution is in excess of municipality does contributor municipality valued at more the	or business I	ndidate he/she i	committee for a chief s associated with have Yes	executive officer of a a contract with said No	Amour	it of Cont	ribution
Is this contribution associated with an event reported in Section L1? Yes Is contributor a principal of a state		or pros	pective state contractor	Y es			\$750.00
If yes, list Event # contract is with:	Ex	ecutive					
Method of contribution: Cash Personal Check Credit/Debit Card Payroll Deduction	Money Orde	er	Date Received 10/19/2021	Aggregate contributions \$750.00			
Last Name		First					M.I.
Guilfoyle		Der	nis				
Residential Street Address	City				State	Zip Code	
208 Stamford Ave	Stamfor				СТ	06902-8	3034
Principal Occupation Self Employed			of Employer Employed				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes If contribution is in excess of municipality does contributor municipality valued at more the	or business h	ndidate ne/she i	committee for a chief s associated with have Yes	executive officer of a a contract with said	Amoun	ıt of Cont	ribution
Is this contribution associated with an event reported in Section L1? If yes, list Event # Is contributor a principal of a stat If yes, indicate which branch or branches of government the		or pros		∐ Yes ✓ No			\$900.00
Method of contribution:	,		Date Received	Aggregate contributions			
Cash Personal Check Credit/Debit Card Payroll Deduction	Money Orde	ег	10/21/2021	\$900.00			

SUBTOTAL Section B - This Page	\$1,700.00
TOTAL of Section B Pages	\$44,719.00
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B) (Enter total on Line 13, Column A of Summary Page	\$44,719.00

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age	11	OI	102

NAME OF COMMITTEE (Provide Complete Name as Registered with	TYPE OF REPORT			6/8/3/16			
Bobby Valentine for Stamford				7th day preceding	election)	
A. Total Contributions from Small Contributors - Received this Period ONLY				9			
(See instructions for definition of Small Contributor)		Edin	Subtotal Section	A			\$0.00
B. Itemized	l Contribut	ions f	rom Individuals		King tipity	Us EVENI	home in
Last Name		Firs	t			100000000000000000000000000000000000000	M.I.
Flynn		Fre	ed				
Residential Street Address	City	1			State	Zip Code	1
123 Harbor Dr, Apt 302	Stamfo	rd			СТ	06902-	7461
Principal Occupation			of Employer				
Executive		Saci	red Heart Univers	sity			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes If contribution is in excess municipality does contribution in the contribution is in excess municipality valued at more than the contribution is in excess municipality at more than the contribution is in excess municipality at more than the contribution is in excess municipality at more than the contribution is in excess municipality.	tor or business	he/she			Amoui	nt of Cont	tribution
Is this contribution associated with an event reported in Section L1? Yes No Is contributor a principal of a If yes, indicate which brance branches of government the	h or	•		☐ Yes			\$200.00
If yes, list Event # contract is with:	Ex	ecutiv	e Legisl	ative]		
Method of contribution: Cash Personal Check Credit/Debit Card Payroll Deduction	Money Ord	ler	Date Received 10/15/2021	Aggregate contributions \$450.00			
Last Name		First					M,I,
Dilorenzo		Jes	sica				
Residential Street Address	City	*******			State	Zip Code	
6 Shadow Ridge Rd	Stamfo				СТ	06905-	1809
Principal Occupation Vessel operator		1	of Employer orld Shipping Se	rvices			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes If contribution is in excess municipality does contribution in excess municipality does contribution in excess municipality valued at more	tor or business				Amour	ıt of Cont	ribution
Is this contribution associated with an event reported in Section L1? If yes, list Event # Is contributor a principal of a second liftyes, indicate which branches of government the	h or	or pros	_	∐ Yes ✓ No			\$5.00
Method of contribution: Cash Personal Check Credit/Debit Card Payroll Deduction		-	Date Received 10/07/2021	Aggregate contributions \$25.00			
Last Name		First					M.I.
Caggainello		Gre	g g				
Residential Street Address 100 Scarlet Oak Dr	City Wilton				State	Zip Code 06897-	1015
Principal Occupation Cfo		Name Recl	of Employer (SON				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes If contribution is in excess municipality does contributed municipality valued at more	tor or business l				Amour	nt of Cont	ribution
event reported in Section L1?	17 yes, indicate which branch of					\$500.00	
If yes, list Event # V No branches of government the contract is with:	Ex	ecutiv					
Method of contribution: ☐ Cash ☐ Personal Check ✓ Credit/Debit Card ☐ Payroll Deduction	Money Ord	er	Date Received 10/05/2021	Aggregate contributions \$1,000.00			

	SUBTOTAL Section B - This Page	\$705.00
	TOTAL of Section B Pages	\$44,719.00
To provide the control of the contro	ROM INDIVIDUALS (Sections A + B) Line 13, Column A of Summary Page	\$44,719.00

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NAME OF COMMITTEE (Provide Complete Nam	me as Registered with Fili	ng Reposi	tory)		TYPE OF REPORT			
Bobby Valentine for Stamford					7th day preceding			
A. Total Contributions from Small Contribu (See instructions for definition of Small Contributor)		eriod Ol	155	Subtotal Section A				\$0.00
PRODUMENTAL STATE OF THE STATE OF	B. Itemized Co	ntributio	ons fro	om Individuals	Confress of the Confress	100 Miles	and a second	north St
Last Name			First			NAME OF BRIDE	STREET, SELECT SERVICES	M.I.
Sciarretta			Pete	r				
Residential Street Address		City				State	Zip Code	
996 Rock Rimmon Rd		Stamfor	d			CT	06903-1	1220
Principal Occupation General contractor				f Employer ngway construct	ion			
dependent child of a lobbyist?	contribution is in excess of \$4 unicipality does contributor of unicipality valued at more tha	r business h				Amour	nt of Cont	ribution
event reported in Section L1? If ye If ye	ntributor a principal of a state es, indicate which branch or naches of government the		or prospe	ective state contractor	∐ Yes ✓ No			\$50.00
Method of contribution: Cash Personal Check ✓ Credit/Debit Card	tract is with:	Money Orde		Date Received 10/08/2021	Aggregate contributions \$60.00			
Last Name			First					M.I.
Van Nostrand			Suza	anne				
Residential Street Address		City				State	Zip Code	
1 Rogers Rd		Stamfor				СТ	06902-8	3225
Principal Occupation Buyer				of Employer Rich Co				
dependent child of a lobbyist?	contribution is in excess of \$4 unicipality does contributor or unicipality valued at more tha	r business h				Amour	it of Cont	ribution
event reported in Section L1?	ntributor a principal of a state	contractor of	or prosp	ective state contractor	? Yes ✓ No		\$	1,000.00
	nches of government the struct is with:	Exe	ecutive	Legisla	ative VINO			
Method of contribution: Cash Personal Check ✓ Credit/Debit Card	Payroll Deduction	Money Orde		Date Received 10/23/2021	Aggregate contributions \$1,000.00			
Last Name			First					M.I.
Moltumyr			Mary	/				
Residential Street Address		City				State	Zip Code	
11852 Redwood Dr W		Brandyv				MD	20613-7	7663
Principal Occupation Unemployed				of Employer oployed				
dependent child of a lobbyist?	contribution is in excess of \$4 nunicipality does contributor o nunicipality valued at more tha	r business h				Amour	it of Cont	ribution
event reported in Section L1? If you list Event !! If you list Event !!	ntributor a principal of a state es, indicate which branch or nches of government the		or prosp	ective state contractor	∐ Yes ✓ No			\$20.00
Method of contribution: ☐ Cash ☐ Personal Check ✓ Credit/Debit Card	Iract is with:	Money Orde		Date Received 10/22/2021	Aggregate contributions \$40.00	-		

SUBTOTAL Section B - This Page	\$1,070.00
TOTAL of Section B Pages	\$44,719.00
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B) (Enter total on Line 13, Column A of Summary Page	\$44,719.00

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B		••	,

NAME OF COMMITTEE (Provide Complete Name as Registered with Fi	ling Repos	itory)	是 国家国的现代	TYPE OF REPORT	1200		
Bobby Valentine for Stamford				7th day preceding	election		
A. Total Contributions from Small Contributors - Received this (See instructions for definition of Small Contributor)	Period O	NLY	Subtotal Section A				\$0.00
B. Itemized C	ontributi	ions fi	rom Individuals		is her	TO SKING	02/411/5
Last Name		First					M.L.
McGregor		Jac	k				Е
Residential Street Address	City				State	Zip Code	-
401 Market St	Mifflinb				PA	17844-	1248
Principal Occupation		Name	of Employer				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes If contribution is in excess of municipality does contributor municipality valued at more the specific production of the specific produ	or business l				Amour	it of Cont	ribution
Is this contribution associated with an event reported in Section L1? Yes Is contributor a principal of a state of the section L1? No branches of government the	r		_	∐ Yes ✓ No			\$100.00
## ## ## ## ## ## ## ## ## ## ## ## ##	Money Ord	ecutive er	Date Received 10/19/2021	Aggregate contributions \$350.00			
Last Name		First					M.I.
Melton		Gra	ice				
Residential Street Address	City				State	Zip Code	
1020 Newfield Ave	Stamfor	rd			СТ	06905-2	2534
Principal Occupation research			of Employer Heritage Founda	tion			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? If contribution is in excess of municipality does contributor municipality valued at more that	or business l				Amour	it of Cont	ribution
Is this contribution associated with an event reported in Section L1? If yes, list Event # Is contributor a principal of a state of the section L1? If yes, list Event # Is contributor a principal of a state of the section L1? If yes, list Event #	г	or pros		✓ No			\$5.00
Method of contribution:	Money Ord		Date Received 10/13/2021	Aggregate contributions \$15.00			
Last Name		First					M.I.
Zichichi		S.F	abrizio				
Residential Street Address	City				State	Zip Code	1007
214 Westover Rd	Stamfor		CF 1		CT	06902-1	1927
Principal Occupation Manager			of Employer FO LLC				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes If contribution is in excess of municipality does contributor municipality valued at more to	or business l han \$5,000?	he/she i	s associated with have	a contract with said No	Amour	it of Cont	ribution
Is this contribution associated with an event reported in Section L1? Yes Is contributor a principal of a star flyes, indicate which branch of branches of government the		or pros	_	✓ No			\$250.00
If yes, list Event # branches of government the contract is with:	Ex	ecutive	e Legisl	ative			
Method of contribution: Cash Personal Check ✓ Credit/Debit Card Payroll Deduction	Money Ord	ler	Date Received 10/13/2021	Aggregate contributions \$750.00	4		

	SUBTOTAL Section B - This Page	\$355.00
	TOTAL of Section B Pages	\$44,719.00
	IS FROM INDIVIDUALS (Sections A + B) on Line 13, Column A of Summary Page	\$44,719.00

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NAME OF COMMITTEE (Provide Complete	e Name as Registered with Fi	ling Reposi	tory)	OR SAME	TYPE OF REPORT	The same	5000000	Tana.
Bobby Valentine for Stamford					7th day preceding	election		
A. Total Contributions from Small Con-	tributors - Received this	Period O	NLY	ELANT TO AND AND				
(See instructions for definition of Small Contra	ibutor)			Subtotal Section	V.			\$0.00
	B. Itemized C	ontributi	ons f	rom Individuals				通過的經
Last Name		The state of the s	First		THE RESERVE OF THE SHAPE	CHIEF COLOR WITH		M.I.
Gildersleeve			Dic	k				
Residential Street Address		City				State	Zip Code	
88 Southfield Ave, Ph		Stamfor	ď			СТ	06902-7	7698
Principal Occupation			Name	of Employer				
Restaurateur			Crab	Shell				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	If contribution is in excess of municipality does contributor municipality valued at more the	or business l				Amoun	t of Cont	ribution
Is this contribution associated with an event reported in Section L1?	Is contributor a principal of a state If yes, indicate which branch of branches of government the		or pros	pective state contracto	r? Yes			\$5.00
If yes, list Event #	contract is with:	Ex	ecutiv	eLegisl	ative	ļ		
Method of contribution: ☐ Cash ☐ Personal Check ✓ Credit/Debit (Card Payroll Deduction	Money Orde	er	Date Received 10/12/2021	Aggregate contributions \$55.00			
Last Name			First					M.I.
Morelli			Sus	san				
Residential Street Address		City				State	Zip Code	
258 Willowbrook Ave		Stamfor	d			СТ	06902-7	7022
Principal Occupation Realtor			ı	of Employer well Banker Rea	lty			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Ves	If contribution is in excess of municipality does contributor municipality valued at more the	or business I				Amoun	it of Cont	ribution
event reported in Section L1?	Is contributor a principal of a state If yes, indicate which branch of branches of government the	г			∐ res ✓No			\$100.00
If yes, list Event#	contract is with:	Ex	ecutiv	e Legisl	ative			
Method of contribution: Cash Personal Check ✓ Credit/Debit	Card Payroll Deduction	Money Ord	er	Date Received 10/08/2021	Aggregate contributions \$100.00			
Last Name			First					M.I.
Griswold			Joh	in				
Residential Street Address		City				State	Zip Code	
36 Carriage Dr S		Stamfor				СТ	06902-1	1503
Principal Occupation Director				of Employer Herbst Group				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes V No	If contribution is in excess of municipality does contributor municipality valued at more the	or business l				Amour	it of Cont	ribution
Is this contribution associated with an event reported in Section L1? Yes V No	Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the Executive Legislative					\$50.00		
Method of contribution:	contract is with:		CCULIV	Date Received	Aggregate contributions	-		
Cash Personal Check Credit/Debit	Card Payroll Deduction	Money Ord	ег	10/08/2021	\$350.00			

SUBTOTAL Section B - This Page	\$155.00
TOTAL of Section B Pages	\$44,719.00
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B) (Enter total on Line 13, Column A of Summary Page	\$44,719.00

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NAME OF COMMITTEE (Provide Complete Na	me as Registered with Fi	ling Repos	itory)		TYPE OF REPORT			
Bobby Valentine for Stamford					7th day preceding	election		
A. Total Contributions from Small Contrib (See instructions for definition of Small Contribute		Period O	NLY	Subtotal Section A				\$0.00
the form of the state of the st	B. Itemized C	Contributi	ions f	rom Individuals				452
Last Name			First					M.1.
Gargiulo			Gei	rald				
Residential Street Address		City				State	Zip Code	
1 Strawberry Hill Ct, Apt 7A		Stamfor				СТ	06902-2	2521
Principal Occupation Psychoanslyst			Name Self	of Employer				
dependent child of a lobbyist?	f contribution is in excess of a nunicipality does contributor nunicipality valued at more the	or business l				Amoui	nt of Cont	ribution
event reported in Section L1? Yes If you list Event #	entributor a principal of a stat ves, indicate which branch or unches of government the atract is with:		or pros	_	∐ res ✓ No			\$100.00
Method of contribution: Cash Personal Check ✓ Credit/Debit Card	Payroll Deduction	Money Ord	er	Date Received 10/24/2021	Aggregate contributions \$150.00			
Last Name			First					M.I.
Tehrani			Mic	hael				
Residential Street Address		City				State	Zip Code	
838 High Ridge Rd		Stamfor				СТ	06905-1	1913
Principal Occupation Real Estate Developer				of Employer Employed				
dependent child of a lobbyist?	f contribution is in excess of nunicipality does contributor nunicipality valued at more the	or business l				Amour	nt of Cont	ribution
event reported in Section L1? If y V No If y bra	ntributor a principal of a statuses, indicate which branch or inches of government the	· _	or prosp		✓ No			\$125.00
Method of contribution: Cash	Payroll Deduction	Money Orde		Date Received	Aggregate contributions \$275.00			
Last Name			First		42.0.00			M.I.
Talbot			Ste	ve				
Residential Street Address		City	-			State	Zip Code	
596 Glenbrook Rd, Apt 17		Stamfor	rd			СТ	06906-1	1423
Principal Occupation	-		Name	of Employer			,	
dependent child of a lobbyist?	f contribution is in excess of nunicipality does contributor nunicipality valued at more the	or business l				Amour	nt of Cont	ribution
event reported in Section L1? If yes list Event # If y bra	ontributor a principal of a stat ves, indicate which branch or unches of government the atract is with:	r	or prosp		∐ res			\$25.00
Method of contribution: Cash Personal Check Credit/Debit Card		Money Ord	сг	Date Received 10/06/2021	Aggregate contributions \$25.00			

SUBTOTAL Section B - This Page	\$250.00
TOTAL of Section B Pages	\$44,719.00
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B) (Enter total on Line 13, Column A of Summary Page	\$44,719.00

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NAME OF COMMITTEE (Provide Compl	ete Name as Registered with Fi	ling Repos	itory)		TYPE OF REPORT	111111111111111111111111111111111111111		11/2/3/3/11
Bobby Valentine for Stamford					7th day preceding	election		may to expens
A. Total Contributions from Small Co	ntributors - Received this	Period O	NLY	STOLEN BE	1			
(See instructions for definition of Small Con	tributor)	112 8		Subtotal Section				\$0.00
	B. Itemized C	Contributi	ions f	rom Individuals		To set to se		North a
Last Name			Firs		ALTERNATION OF THE PARTY AND	THE REAL PROPERTY.	Hanzerst	M.L
Reinhard			Ke	nneth				0.8
Residential Street Address		City	1			State	Zip Code	
5427 E Lake Rd		Sheffield Lake				OH	44054-	1902
Principal Occupation			Name	of Employer				
Retired			Reti	red				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	If contribution is in excess of municipality does contributor municipality valued at more the	or business				Amour	nt of Cont	ribution
Is this contribution associated with an event reported in Section L1? Yes V No	Is contributor a principal of a state If yes, indicate which branch o branches of government the	т	·	_	✓ No			\$20.00
If yes, list Event #	contract is with:	Ex	ecutiv	e Legisl	ative			
Method of contribution: Cash Personal Check ✓ Credit/Deb	it Card Payroll Deduction	Money Ord	ет	Date Received 10/13/2021	Aggregate contributions \$40.00			
Last Name			Firs	t .	-			M.I.
Yeremeev			Igo	Γ				
Residential Street Address		City				State	Zip Code	-
27 Ridge Tree Ln		Stamfo	rd			СТ	06903-	2827
Principal Occupation Banker				of Employer Financial Service	es LLC			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	If contribution is in excess of municipality does contributor municipality valued at more to	or business				Amour	nt of Cont	ribution
Is this contribution associated with an event reported in Section L1? If yes, list Event #	Is contributor a principal of a stat If yes, indicate which branch o branches of government the contract is with:	τ	or pro		✓ No			\$75.00
Method of contribution: Cash Personal Check Credit/Deb	11	Money Ord	ег	Date Received 10/03/2021	Aggregate contributions \$125.00			
Last Name			Firs	t e				M.I.
Franceski			Jos	eph				
Residential Street Address 320 Strawberry Hill Ave, Apt 39		City Stamfor	rd			State	Zip Code 06902-2	2580
Principal Occupation Attorney				of Employer Employed				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes V No	If contribution is in excess of municipality does contributor municipality valued at more than the contribution of the contribution of the contribution of the contribution is in excess of municipality valued at more than the contribution is in excess of municipality does not contribute the contribution of the contribution is in excess of municipality does contribute the contribution is in excess of municipality does contribute the contribution is in excess of municipality does contribute the contribution is in excess of municipality does contributed the contribution is in excess of municipality does contributed the contribution is in excess of municipality does contributed the contribution is in excess of municipality does contributed the c	or business				Amour	it of Cont	ribution
Is this contribution associated with an event reported in Section L1?	If yes, indicate which branch o						\$75.00	
If yes, list Event #	branches of government the contract is with:	Ex	ecutiv					
Method of contribution: ☐ Cash	it Card Payroll Deduction	Money Ord	ег	Date Received 10/05/2021	Aggregate contributions \$185.00			

SUBTOTAL Section B - This Page	\$170.00
TOTAL of Section B Pages	\$44,719.00
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B) (Enter total on Line 13, Column A of Summary Page	\$44,719.00

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Bobby Valentine for Stamford								
					7th day preceding	election		WH-III, W. WILL
A. Total Contributions from Small Contri	butors - Received this	Period O	NLY	BONE SHOUL IN				
(See instructions for definition of Small Contribu	itor)			Subtotal Section	A			\$0.00
POLICE THE SERVICE STREET, NO. 10 P. S. C.	B. Itemized C	ontributi	ions f	rom Individuals		Figure 1	a hay his a	(43V/V)(0V2)
Last Name	ACTUAL DOCUMENTS OF THE PARTY O	- A Company	Firs	t to the second				M.I.
Shanker			Ala	ın				
Residential Street Address		City				State	Zip Code	1
82 Barrett Ave		Stamfor	rd			CT	06905-	3211
Principal Occupation				of Employer			1	
vetertinarian			bull's	s head pet hospit	al			
dependent child of a lobbyist?	If contribution is in excess of S municipality does contributor o municipality valued at more th	or business I				Amour	nt of Cont	ribution
event reported in Section L1?	contributor a principal of a state fyes, indicate which branch or ranches of government the	_	·		∐ Yes ✓ No			\$10.00
Method of contribution: Cash Personal Check ✓ Credit/Debit Card	ontract is with:	Money Orde	ecutiv	Date Received	Aggregate contributions \$60.00			
Last Name			First		\$00,00	1		M.I.
Dimitroglou			1	nna				IVIE
Residential Street Address		City	lua	IIIIa		State	Zip Code	
184 Bouton St W		Stamfor	d			CT	06907-	1319
Principal Occupation			Name	of Employer			1	
Adult probation officer			State	of CT Judicial				
dependent child of a lobbyist?	If contribution is in excess of \$ municipality does contributor of municipality valued at more that	or business h	ndidate ne/she i	committee for a chief is associated with have Yes	a contract with said No	Amoun	t of Cont	ribution
event reported in Section L1?	contributor a principal of a state fyes, indicate which branch or		or pros	pective state contractor	Y es			\$5.00
If yes, list Event #	ranches of government the ontract is with:	☐ Exe	ecutive	eLegisla	ative No			
Method of contribution: Cash Personal Check Credit/Debit Card	d Payroll Deduction	Money Orde	er	Date Received 10/08/2021	Aggregate contributions \$15.00			
Last Name			First					M.I.
Hallenbeck			Ged	orge				
Residential Street Address 22 Van Rensselaer Ave		City Stamfor	d			State CT	Zip Code 06902-8	3020
Principal Occupation Retired			Name Retir	of Employer red				
dependent child of a lobbyist?	If contribution is in excess of S municipality does contributor o municipality valued at more that	r business h	didate ie/she i	committee for a chief of a sassociated with have	executive officer of a a contract with said	Amoun	t of Cont	ribution
event reported in Section L1?	contributor a principal of a state yes, indicate which branch or	contractor (or pros	pective state contractor	Yes			\$20.00
if yes, list Event #	ranches of government the ontract is with:	Exe	cutive					
Method of contribution: ☐ Cash ☐ Personal Check ✓ Credit/Debit Card	d Payroll Deduction	Money Orde	er	Date Received 10/17/2021	Aggregate contributions \$71.00			

	SUBTOTAL Section B - This Page	\$35,00
	TOTAL of Section B Pages	\$44,719.00
· 在大月後,大海上的大海上的大海里的海洋,在北京的大海里的大海里的大海里的大海里的大海里的大海里的大海里的大海里的大海里的大海里	FROM INDIVIDUALS (Sections A + B) In Line 13, Column A of Summary Page	\$44,719.00

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NAME OF COMMITTEE (Provide Complete Name as Registered wi	ith Filing Repos	itory)		TYPE OF REPORT		20, 30	TO THE
Bobby Valentine for Stamford				7th day preceding	election		
A. Total Contributions from Small Contributors - Received	this Period O	NLY		ž.			
(See instructions for definition of Small Contributor)			Subtotal Section	A.			\$0.00
B. Itemize	ed Contributi	ions f	rom Individuals	CHARLE SEE	100		St. Co. St. St. St. St. St. St. St. St. St. St
Last Name		First				THE WAY IN SOME	M.I.
Hallenbeck		Ge	orge				
Residential Street Address	City	1			State	Zip Code	L
22 Van Rensselaer Ave	Stamfor	rd			CT	06902-8	3020
Principal Occupation			of Employer				
Retired		Retir	red				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Ves If contribution is in excemunicipality does contribution is in excemunicipality does contribution.	butor or business				Amoun	t of Cont	ribution
Is this contribution associated with an Yes Is contributor a principal of		or pros	pective state contracto	r? Yes	1		£40.00
event reported in Section L1? If yes, indicate which bra branches of government the			_	✓ No			\$10.00
If yes, list Event # contract is with:	Ex	ecutiv		ative			
Method of contribution: Cash Personal Check ✓ Credit/Debit Card Payrol! Deduction	on Money Ord	er	Date Received 10/20/2021	Aggregate contributions \$71.00			
Last Name		First		'			M.I.
Hallenbeck		Ge	orge				
Residential Street Address	City				State	Zip Code	-
22 Van Rensselaer Ave	Stamfo				СТ	06902-8	3020
Principal Occupation Retired		Name Retir	of Employer ed				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Ves If contribution is in excemunicipality does contribution is in excemunicipality does contribution.	butor or business				Amoun	t of Cont	ribution
Is this contribution associated with an event reported in Section L1? Yes If yes, indicate which bra		or pros	pective state contracto	Y es	1		\$10.00
If yes, list Event # So branches of government the contract is with:	he Ex	ecutiv					
Method of contribution: ☐ Cash ☐ Personal Check ✓ Credit/Debit Card ☐ Payroll Deduction	on Money Ord	ег	Date Received 10/24/2021	Aggregate contributions \$71.00			
Last Name		First					M,I.
Sandor		Jar	et				
Residential Street Address 18 Hale St	City Stamfo	rd			State CT	Zip Code 06902-6	5240
Principal Occupation Name of Employer							
Accountant/Controller			et Capital LLC		041		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes If contribution is in execution in the contribution in the contribution is in execution in the contribution in the contribution is in execution in the contribution in the contribution is in execution in the contribution in the contribution is in execution in the contribution in the contribution is in execution in the contribution in the contribution in the contribution is in execution in the contribution in the	ibutor or business				Amoun	t of Cont	ribution
august separated in Castian I 12					1,000.00		
if yes, indicate which bia	branches of government the					Ψ	.,500.00
Method of contribution: Cash Personal Check Credit/Debit Card Payroll Deduction	on Money Ord	ler	Date Received 10/16/2021	Aggregate contributions \$1,000.00			

SUBTOTAL Section B - This Page \$1,020.00
TOTAL of Section B Pages \$44,719.00
IBUTIONS FROM INDIVIDUALS (Sections A + B) \$44,719.00 ter total on Line 13, Column A of Summary Page

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NAME OF COMMITTEE (Provide Compl	ete Name as Registered with Fi	iling Repos	itory)		TYPE OF REPORT		0/4/26	1886 (31)
Bobby Valentine for Stamford					7th day preceding	election		
A. Total Contributions from Small Co	ntributors - Received this	Period O	NLY					
(See instructions for definition of Small Con	tributor)			Subtotal Section	A			\$0.00
TO THE A SECRETARY SERVICE OF THE SECRETARY SERVICES.	B. Itemized C	Contributi	ions f	rom Individuals	ESCHALL BUYLEN	-W-1/5		288719
Last Name			First					M.I.
Tolkachev			Pav	/el				
Residential Street Address		City				State	Zip Code	_
85 Weed Hill Ave		Stamfor	rd			СТ	06907-	1526
Principal Occupation				of Employer				
Engineer			IB					
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	If contribution is in excess of municipality does contributor municipality valued at more the	or business l				Amour	nt of Cont	ribution
Is this contribution associated with an Yes	Is contributor a principal of a stat		or pros	pective state contracto	γr? Yes]		\$50.00
event reported in Section L17	If yes, indicate which branch o branches of government the			_	✓ No			φ50.00
If yes, list Event #	contract is with:	L Ex	ecutiv		ative			
Method of contribution: ☐ Cash ☐ Personal Check ✓ Credit/Deb.	t Card Payroll Deduction	Money Orde	ег	Date Received 10/08/2021	Aggregate contributions \$150.00			
Last Name			First					I,M
Tolkachev			Pav	/el				
Residential Street Address		City	***			State	Zip Code	1
85 Weed Hill Ave		Stamfor				СТ	06907-1	1526
Principal Occupation Engineer			Name IB	of Employer				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	If contribution is in excess of municipality does contributor municipality valued at more the	or business l				Amour	it of Cont	ribution
Is this contribution associated with an event reported in Section L1?	Is contributor a principal of a state If yes, indicate which branch of branches of government the	г			∐ Yes √No			\$50.00
If yes, list Event #	contract is with:	L Ex	ecutiv			ļ		
Method of contribution: Cash Personal Check ✓ Credit/Deb	t Card Payroll Deduction	Money Orde	ег	Date Received 10/24/2021	Aggregate contributions \$150.00			
Last Name			First					M.I.
Morrow			Joh	n				
Residential Street Address		City				State	Zip Code	
166 Idlewood Dr		Stamfor				СТ	06905-2	2406
Principal Occupation Retired			Name Retir	of Employer ed				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	If contribution is in excess of municipality does contributor municipality valued at more the	or business h				Amoun	t of Cont	ribution
Is this contribution associated with an event reported in Section L1?	Is contributor a principal of a stat		or pros	pective state contracto	r? Yes			\$50.00
If yes, list Event #	If yes, indicate which branch of branches of government the contract is with:		ecutiv	eLegis	ative No			ψου.υυ
Method of contribution: ☐ Cash ☐ Personal Check ✓ Credit/Deb	t Card Payroll Deduction	Money Orde	er	Date Received 10/20/2021	Aggregate contributions \$125_00			

	SUBTOTAL Section B - This Page	\$150.00
	TOTAL of Section B Pages	\$44,719.00
	ROM INDIVIDUALS (Sections A + B) Line 13, Column A of Summary Page	\$44,719.00

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NAME OF COMMITTEE (Provide Complete Name as Regis	tered with Filing Rep	ository)		TYPE OF REPORT		PER INCH	SECTION OF THE PERSON
Bobby Valentine for Stamford			7th day preceding	election		1	
A. Total Contributions from Small Contributors - Re	ceived this Period	ONLY					
(See instructions for definition of Small Contributor)			Subtotal Section	A			\$0.00
В.	Itemized Contrib	utions	from Individuals	A SAN TON THE PROPERTY OF THE PARTY OF THE P	e mediant		1215872
Last Name		Fire	st		THE RESIDENCE	METERS SPECIALISM	M.I.
Papazidis		Te	rry				
Residential Street Address	City	_			State	Zip Code	_
285 Oaklawn Ave	Stam	ford			СТ	06905-3	3520
Principal Occupation			e of Employer				
Tech		Ret	ired				
dependent child of a lobbyist? municipality de		ess he/she	e committee for a chief is associated with have Yes		Amour	nt of Cont	ribution
avent was with the Continue I 19		tor or pro	spective state contracto	r? Yes	1		#25.00
event reported in Section L1? If yes, indicate v V No branches of gove	emment the			. No			\$35.00
If yes, list Event # contract is with:		Executiv		ative			
Method of contribution: Cash	l Deduction Money	Order	Date Received 10/13/2021	Aggregate contributions \$35.00			
Last Name		Fire	st				M.I.
Bresnan		Ma	ary				
Residential Street Address	City	-			State	Zip Code	-
927 Weed St	New	Canaa	n		СТ	06840-4	1024
Principal Occupation retired		Nam N/a	c of Employer				
dependent child of a lobbyist? municipality de		ess he/she	e committee for a chief is associated with have Yes		Amour	nt of Cont	ribution
event reported in Section L1? If yes, indicate	which branch or	tor or pro	spective state contracto	☐ Y es		\$	1,000.00
If yes, list Event # No branches of gove contract is with:	ernment the	Executi					
Method of contribution: ☐ Cash ☐ Personal Check ☑ Credit/Debit Card ☐ Payrol	I Deduction Money	Order	Date Received 10/04/2021	Aggregate contributions \$2,050.00			
Last Name		Fire	st				M.I.
Bresnan		Ma	ary				
Residential Street Address 927 Weed St	City New	Canaa	n		State CT	Zip Code 06840-4	1024
Principal Occupation retired		Nam N/a	e of Employer				
dependent child of a lobbyist? municipality de		ss he/she	e committee for a chief is associated with have		Amour	it of Cont	ribution
event reported in Section L1?					1,000.00		
If yes, list Event # No branches of gove contract is with:	ernment the	Executi		ative No			
Method of contribution: Cash Personal Check ✓ Credit/Debit Card Payrol	l Deduction Money	Order	Date Received 10/22/2021	Aggregate contributions \$2,050.00			

SUBTOTAL Section B - This Page	\$2,035.00
TOTAL of Section B Pages	\$44,719.00
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B) (Enter total on Line 13, Column A of Summary Page	\$44,719.00

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NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)			TYPE OF REPORT				
Bobby Valentine for Stamford			7th day preceding	election			
A. Total Contributions from Small Contributors - Received this Period ONLY							
(See instructions for definition of Small Contributor) Subtotal Section A				A			\$0.00
B. Itemized C	Contributi	ions fr	om Individuals			400	MEN COS
Last Name		First					M.I.
DeAngelis		Ron	ald				
Residential Street Address	City				State	Zip Code	
1392 Riverbank Rd	Stamfor				CT	06903-2	2044
Principal Occupation Retired		Retire	of Employer ed				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes If contribution is in excess of municipality does contributor municipality valued at more the second contributor municipality valued at more than the second contributor and the second contributor	or business h han \$5,000?	he/she is	associated with have	a contract with said No	Amour	it of Cont	ribution
Is this contribution associated with an event reported in Section L1? If yes, list Event # Is contributor a principal of a stat If yes, indicate which branch or branches of government the contract is with:	r	or prosp		∐ Yes ✓ No			\$20.00
Method of contribution: Cash Personal Check ✓ Credit/Debit Card Payroll Deduction	Money Orde		Date Received 10/17/2021	Aggregate contributions \$45.00)		
Last Name		First					M.I.
Small	4	Kevi	in				
Residential Street Address	City Stamfor				State	Zip Code	
5 Long Hill Dr Principal Occupation	Stamoi		of Employer		СТ	06902-1	1414
Manager			orp Builders				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes If contribution is in excess of municipality does contributor municipality valued at more the	or business h	he/she is			Amoun	t of Cont	ribution
Is this contribution associated with an event reported in Section L1? Yes No Is contributor a principal of a stat If yes, indicate which branch of branches of government the	r			∐ res ✓ No			\$10.00
If yes, list Event # contract is with:	Exe	ecutive		ative	ļ		
Method of contribution: ☐ Cash ☐ Personal Check ✔ Credit/Debit Card ☐ Payroll Deduction ☐	Money Orde	ler	Date Received 10/02/2021	Aggregate contributions \$10.00			
Last Name		First					M.L.
Shullman		Rya	n				
Residential Street Address	City Stamfor	rd			State CT	Zip Code 06902-7	7170
110 Commons Park N Principal Occupation	Otarrilor		of Employer			00902-7	172
Partner		Russe	ell Speeders				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes If contribution is in excess of municipality does contributor municipality valued at more the	or business h	he/she is			Amoun	t of Conti	ribution
Is this contribution associated with an event reported in Section L1? Yes Is contributor a principal of a stat If yes, indicate which branch of branches of government the		or prosp	ective state contractor	r?			\$100.00
If yes, list Event # contract is with:	Exe	ecutive	Legisl	ative			
Method of contribution: Cash Personal Check ✓ Credit/Debit Card Payroll Deduction	Money Ordo	ler	Date Received 10/08/2021	Aggregate contributions \$100.00			

	SUBTOTAL Section B - This Page	\$130.00
	TOTAL of Section B Pages	\$44,719.00
THE PROPERTY OF THE PROPERTY O	FROM INDIVIDUALS (Sections A + B) In Line 13, Column A of Summary Page	\$44,719.00

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A Total Contributions from Small Contributors - Received this Period ONLY Subtetal Section	NAME OF COMMITTEE (Provide Comple	te Name as Registered with Fi	ling Reposi	itory)		TYPE OF REPORT	all #18	NEW YEAR	
Substitutions for adejulation of Small Contributions Substitutions From Individuals	Bobby Valentine for Stamford			7th day preceding	election				
Last Name First State Address State Contribution is in excess of \$400 to a condition or prospective state continuous State Contribution State	A. Total Contributions from Small Con	ntributors - Received this	Period O	NLY					
Last Name First John Source John Source John John Source John Jo	(See Instructions for definition of Small Cont	ributor)			Subtotal Section A	<u> </u>			\$0.00
Moore		B. Itemized C	ontributi	ons f	rom Individuals	TO THE PROPERTY AND	1275	Name of the last	ENDANC!
Residential Street Address 61 Searniew Ave Stamford	Last Name			First					M.I.
Stamford	Moore			Joh	n				
Principal Occupation Sales Name of Employer Forrester	Residential Street Address		City					Zip Code	
Sales Forrester	61 Seaview Ave		Stamfor	ď			СТ	06902-6	5021
Secontification associated with an event reported in Section L1? Yes If contribution is in excess of \$100 to a candidate committee for a chief executive officer of a municipality valued at more than \$5.000? Yes No				l .					
## Space of the Section L1? Test	denonders shild of a labbridge	municipality does contributor	or business l		s associated with have	a contract with said	Amoun	it of Cont	ribution
Cash	event reported in Section L1?	If yes, indicate which branch or branches of government the	r	•	_	∐ Yes ✓ No			\$50.00
Residential Street Address 88 Noble Ave City		t Card Payroll Deduction	Money Ord	er					
Residential Street Address 88 Noble Ave Principal Occupation State CT	Last Name			First					M.I.
88 Noble Ave	Testo			Rol	pert				j
Principal Occupation Name of Employer State Sta	Residential Street Address			•				Zip Code	
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? No			Milford				СТ	06460-4	4738
dependent child of a lobbyist? No	Principal Occupation			Name	of Employer				
event reported in Section L1?	dependent child of a lobbuist?	municipality does contributor	or business		s associated with have	a contract with said	Amour	it of Cont	ribution
Cash Personal Check Credit/Debit Card Payroll Deduction Money Order 10/01/2021 \$750.00	event reported in Section L1?	If yes, indicate which branch o branches of government the	r —			∐ Yes ✓ No			\$500.00
Residential Street Address State Zip Code		t Card Payroll Deduction	Money Ord	er					
Residential Street Address 9 Barnes Rd W Stamford State Zip Code 06902-1243 Principal Occupation Retired Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Is contribution associated with an event reported in Section L1? If yes, list Event # Method of contribution: Date Received Aggregate contributions State Zip Code 06902-1243 Amount of Contribution of State City Ocean of Contribution of State City Ocean of Contribution of Cont									M.I.
Principal Occupation Retired Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Is contributor a lobbyist? If contribution is in excess of \$400 to a candidate committee for a chief executive officer of a municipality does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? Is this contribution associated with an event reported in Section L1? If yes, list Event # Method of contribution is in excess of \$400 to a candidate committee for a chief executive officer of a municipality valued at more than \$5,000? Yes If contribution is in excess of \$400 to a candidate committee for a chief executive officer of a municipality valued at more than \$5,000? Yes No South of Contribution Specification Yes Specification Yes Specification Yes Specification Yes Specification Amount of Contribution Specification Yes Yes Specification Yes Yes Yes Yes Yes Specification Yes Yes Yes Yes Yes Yes Yes Ye			1 1	rd			1		1243
dependent child of a lobbyist? Mo	Principal Occupation								
event reported in Section L1? If yes, indicate which branch or branches of government the contract is with: Method of contribution: Date Received Aggregate contributions Page 18	dependent child of a lobbyist?	municipality does contributor	or business		is associated with have	a contract with said	Amour	nt of Cont	ribution
Method of contribution: Date Received Aggregate contributions Aggregate contributions Date Received Aggregate contributions Date Received Aggregate contributions Date Received Date Receiv	event reported in Section L1?	If yes, indicate which branch o	r —			∐ Yes ✓ No			\$5.00
1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	Method of contribution:	11 (0.50-0.1)			Date Received	Aggregate contributions			

SUBTOTAL Section B - This Page	\$555.00
TOTAL of Section B Pages	\$44,719.00
S FROM INDIVIDUALS (Sections A + B) In Line 13, Column A of Summary Page	\$44,719.00

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NAME OF COMMITTEE (Provide Complete Name as Registered with Fi	iling Repos	itory)		TYPE OF REPORT		em Aleya	Har N
Bobby Valentine for Stamford				7th day preceding	election	100000000000000000000000000000000000000	
A. Total Contributions from Small Contributors - Received this (See instructions for definition of Small Contributor)	Period O	NLY	Subtotal Section A				\$0.00
B. Itemized C	Contributi	ions f	rom Individuals		18470)	ELVA VARION	Tresher.
Last Name		First					M,I,
Pasquino		Jos	eph				
Residential Street Address	City				State	Zip Code	-
255 Strawberry Hill Ave, Unit E1	Stamfor				CT	06902-2	2547
Principal Occupation Real Estate Broker			of Employer way Realty Grou	p, LLC			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes If contribution is in excess of municipality does contributor municipality valued at more the	or business				Amour	nt of Cont	ribution
Is this contribution associated with an event reported in Section L1? If yes, list Event # 101121a Is contributor a principal of a stat If yes, indicate which branch of branches of government the contract is with:	r	or pros	_	✓ No			\$800.00
Method of contribution: ☐ Cash ☐ Personal Check ✓ Credit/Debit Card ☐ Payroll Deduction ☐	Money Ord	ег	Date Received 10/01/2021	Aggregate contributions \$800.00			
Last Name		First					M.I.
borker		elle	n				
Residential Street Address	City				State	Zip Code	
10 Andrews Farm Rd	Greenw				СТ	06831-3	3100
Principal Occupation Manager			of Employer officefurniture				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes If contribution is in excess of municipality does contributor municipality valued at more the specific product of the speci	or business				Amour	nt of Cont	ribution
Is this contribution associated with an event reported in Section L1? If yes, list Event # Is contributor a principal of a stat If yes, indicate which branch of branches of government the contract is with:	г	or pros	_	☐ i es			\$100.00
Method of contribution: ☐ Cash ☐ Personal Check ✓ Credit/Debit Card ☐ Payroll Deduction ☐	Money Ord	ег	Date Received 10/01/2021	Aggregate contributions \$100.00			
Last Name		First					M.I.
Barry		The	omas				
Residential Street Address 247 Sawmill Rd	City Stamfor	rd			State CT	Zip Code 06903-3	3510
Principal Occupation Executive			of Employer I Hldgs				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes If contribution is in excess of municipality does contributor municipality valued at more than the specific property of the specific property o	or business				Amour	nt of Cont	ribution
event reported in Section L1?	Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or						\$500.00
If yes, list Event # No branches of government the contract is with:	Ex	ecutiv	e Legisl	ative No			1
Method of contribution: Cash Personal Check ✓ Credit/Debit Card Payroll Deduction	Money Ord	ег	Date Received 10/01/2021	Aggregate contributions \$500.00			

SUBTOTAL Section B - This Page	\$1,400.00
TOTAL of Section B Pages	\$44,719.00
S FROM INDIVIDUALS (Sections A + B) on Line 13, Column A of Summary Page	\$44,719.00

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NAME OF COMMITTEE (Provide Complete Name as Regis	stered with Fi	ling Repos	itory)	40 4 35 CM	TYPE OF REPORT	DATE OF	4254	STATE OF THE PARTY
Bobby Valentine for Stamford					7th day preceding	election	S 200 Million	O SHEETING
A. Total Contributions from Small Contributors - Re-	ceived this	Period O	NLY	EN THE REAL PROPERTY.				
(See instructions for definition of Small Contributor)				Subtotal Section	A			\$0.00
B.	Itemized C	ontributi	ons f	rom Individuals	- Asserting to the season of	THE RESERVE	THE REAL PROPERTY.	DESCRIPTION OF THE PARTY OF THE
Last Name			First		THE STREET	Separate Co.	SCHOOL STREET	M.I.
Farrell			Bria	an				
Residential Street Address		City				State	Zip Code	1
350 E 52nd St, Apt 1C		New Yo	rk			NY	10022-0	3742
Principal Occupation			ı	of Employer		-li-		
Manager			Onlii	ne Marketing Gro	oup			
	oes contributor	or business l		committee for a chief is associated with have		Amoun	t of Cont	ribution
Is this contribution associated with an event reported in Section L1? Yes Is contributor a pri event reported in Section L1?	incipal of a state	e contractor	or pros	pective state contracto	r? Yes	1		A
If yes, list Event # 101121a No branches of gove contract is with:			ecutiv	eLegisl	☑ ☑No			\$400.00
Method of contribution: ☐ Cash ☐ Personal Check ✓ Credit/Debit Card ☐ Payroll	I Deduction	Money Ord	er	Date Received 10/01/2021	Aggregate contributions \$400.00			
Last Name			First					M,I.
FRONIO			TA	ΓE				
Residential Street Address		City				State	Zip Code	L
444 Bedford St, Apt 4B		Stamfor	ď			СТ	06901-	1507
Principal Occupation DRIVER				of Employer Y'S EXECUTIVE	TRANSPORTATIO	N		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes If contribution municipality demunicipality value.	oes contributor	or business l	ndidate ne/she i	committee for a chief s associated with have	executive officer of a a contract with said	Amoun	t of Cont	ribution
Is this contribution associated with an event reported in Section L1? If yes, list Event # Is contributor a pri If yes, indicate w branches of gove contract is with:	which branch or	_	or pros	pective state contracto	∐ Yes ✓ No			\$50.00
Method of contribution:	I Deduction	Money Orde	ег	Date Received 10/02/2021	Aggregate contributions \$150.00			
Last Name			First			-		M,I.
FRONIO			TA.	ΓE				
Residential Street Address 444 Bedford St, Apt 4B		City Stamfor	d			State CT	Zip Code 06901-1	1507
Principal Occupation DRIVER				of Employer Y'S EXECUTIVE	TRANSPORTATIO)N		
dependent child of a lobbyist? municipality do		or business l		committee for a chief s associated with have		Amoun	t of Cont	ribution
event reported in Section L1?			or pros	pective state contracto	r? Yes	1		\$50.00
If yes, list Event #			ecutiv	cLegisl	ative No			
Method of contribution: Cash Personal Check ✓ Credit/Debit Card Payroll	l Deduction	Money Orde	ег	Date Received 10/20/2021	Aggregate contributions \$150.00			

SUBTOTAL Section B - This Page	\$500.00
TOTAL of Section B Pages	\$44,719.00
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B) (Enter total on Line 13, Column A of Summary Page	\$44,719.00

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NAME OF COMMITTEE (Provide Complete Name as Registered with Fi	ling Repos	itory)	All ball of the	TYPE OF REPORT	STATISTIC	A 1 1 2 4 8 4	NAME OF
Bobby Valentine for Stamford				7th day preceding	election		
A. Total Contributions from Small Contributors - Received this (See instructions for definition of Small Contributor)	Period O	NLY	Subtotal Section	4			\$0.00
B. Itemized C	ontribut	ions f	rom Individuals	Control of the second		24-10-A274	THE STATE OF
Last Name		First					M.I.
FRONIO		TAT	ΤE				
Residential Street Address	City				State	Zip Code	
444 Bedford St, Apt 4B	Stamfor	rd			СТ	06901-1	1507
Principal Occupation DRIVER			of Employer OY'S EXECUTIVE	ETRANSPORTATIO	ON		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes If contribution is in excess of municipality does contributor municipality valued at more the	or business l				Amour	nt of Cont	ribution
Is this contribution associated with an event reported in Section L1? If yes, list Event # Is contributor a principal of a stat If yes, indicate which branch or branches of government the	r	or pros		∐ Yes ✓No			\$50.00
Method of contribution:	Money Ord		Date Received 10/21/2021	Aggregate contributions \$150.00			
Last Name		First	**				M.I.
mallozzi		ang	jelo				
Residential Street Address	City				State	Zip Code	
132 Hope St, Unit L	Stamfo				СТ	06906-2	2544
Principal Occupation Doctor		Name	of Employer				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes If contribution is in excess of municipality does contributor municipality valued at more the	or business l	he/she i			Amour	it of Cont	ribution
Is this contribution associated with an event reported in Section L1? If yes, list Event # 100621a Is contributor a principal of a stat If yes, indicate which branch or branches of government the contract is with:	r	or prosp		✓ No			\$250.00
Method of contribution: Cash Personal Check ✓ Credit/Debit Card Payroll Deduction	Money Ord	ler	Date Received 10/03/2021	Aggregate contributions \$250.00			
Last Name Johnson		First Mar					M,I,
Residential Street Address	City	-			State	Zip Code	
21 Baldwin Farms S	Greenw	vich			СТ	06831-3	3308
Principal Occupation Manager			of Employer r Sandler	*			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes If contribution is in excess of municipality does contributor municipality valued at more the specific property of the contribution is in excess of municipality valued at more the specific property of the contribution is in excess of municipality valued at more the specific property of the contribution is in excess of municipality valued at more than the contribution is in excess of municipality valued at more than the contribution is in excess of municipality does contributed at more than the contribution is in excess of municipality does contributed at more than the contribution is in excess of municipality does contributed at more than the contribution is in excess of municipality does contributed at more than the contribution is in excess of municipality does contributed at more than the contribution is in excess of municipality does contributed at more than the contribution is in excess of municipality does contributed at more than the c	or business l				Amour	nt of Cont	ribution
Is this contribution associated with an event reported in Section L1? If yes, list Event # Is contributor a principal of a stat If yes, indicate which branch or branches of government the contract is with:	r	or prosp	_	∐ Yes ✓ No		\$	1,000.00
Method of contribution: Cash Personal Check ✓ Credit/Debit Card Payroll Deduction			Date Received 10/03/2021	Aggregate contributions \$1,000.00)		

	SUBTOTAL Section B - This Page	\$1,300.00
	TOTAL of Section B Pages	\$44,719.00
Control of the Contro	FIONS FROM INDIVIDUALS (Sections A + B) otal on Line 13, Column A of Summary Page	\$44,719.00

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NAME OF COMMITTEE (Provide Complete Name as Registered with F.	iling Repos	sitory)	STATE OF THE PARTY.	TYPE OF REPORT	10 Miles	anisat Asia	建筑是6万
Bobby Valentine for Stamford				7th day preceding election			
A. Total Contributions from Small Contributors - Received this (See instructions for definition of Small Contributor)	Period O	Wilder !	Subtotal Section A				\$0.00
B. Itemized C	Contribut	ions fr	om Individuals		TO DES	DATE STORY	398V/64E
Last Name		First			NORSH PERSON	THE STREET	I.M
Cognetti		Jose	eph				
Residential Street Address	City				State	Zip Code	
50 Carriage Dr S	Stamfo	rd			СТ	06902-	1503
Principal Occupation		Name	of Employer				
Analyst		Lynro	ock Lake				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes If contribution is in excess of municipality does contributor municipality valued at more to	or business	he/she is	committee for a chief s associated with have Yes	executive officer of a a contract with said	Amour	nt of Cont	ribution
Is this contribution associated with an event reported in Section L1? If yes, list Event # Is contributor a principal of a sta If yes, indicate which branch of branches of government the contract is with:	or	or prosp		∐ Yes ✓ No			\$250.00
Method of contribution: ☐ Cash ☐ Personal Check ✓ Credit/Debit Card ☐ Payroll Deduction ☐	Money Ord	ler	Date Received 10/03/2021	Aggregate contributions \$250.00			
Last Name		First					M.I.
Rizzitello		Jose	eph				
Residential Street Address	City	-			State	Zip Code	
112 Knapp Sreeet	Stamfor	rd			CT	06907	
Principal Occupation Police officer			of Employer of stamford				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes If contribution is in excess of municipality does contributor municipality valued at more to the specific product of the	or business	he/she is			Amour	nt of Cont	ribution
Is this contribution associated with an event reported in Section L1? If yes, list Event # Is contributor a principal of a stal If yes, indicate which branch of branches of government the contract is with:	or	or prosp	_	☑ 1es			\$5.00
Method of contribution: ☐ Cash ☐ Personal Check ✓ Credit/Debit Card ☐ Payroll Deduction ☐	Money Ord	ler	Date Received 10/03/2021	Aggregate contributions \$5.00			
Last Name		First					M.I.
Pioli		Jack	кie				
Residential Street Address	City				State	Zip Code	
25 Glenbrook Rd, Apt 335	Stamfor	rd			СТ	06902-2	2873
Principal Occupation Self Employed			of Employer Employed				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes If contribution is in excess of municipality does contributor municipality valued at more the specific product of the speci	or business l	ndidate o he/she is	committee for a chief of associated with have Yes	executive officer of a a contract with said	Amour	it of Cont	ribution
Is this contribution associated with an event reported in Section L1? If yes, list Event # Is contributor a principal of a state of the section L1? If yes, list Event # Is contributor a principal of a state of the section L1? If yes, indicate which branch of the branches of government the contract is with:	r —	or prosp	_	∐ Yes ✓ No			\$100.00
Method of contribution: ☐ Cash ☐ Personal Check ✓ Credit/Debit Card ☐ Payroll Deduction ☐	Money Ord	ler	Date Received 10/03/2021	Aggregate contributions \$100.00			

\$355.00	SUBTOTAL Section B - This Page
\$44,719.00	TOTAL of Section B Pages
\$44,719.00	TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B) (Enter total on Line 13, Column A of Summary Page

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NAME OF COMMITTEE - (Provide Complete Name as Registered with F	iling Repos	itory)		TYPE OF REPORT	(D) DES	Not reported	STILL
Bobby Valentine for Stamford			7th day preceding	election	1	Secretary Control	
A. Total Contributions from Small Contributors - Received this	Period O	NLY	AND THE STATE OF THE STATE OF				
(See instructions for definition of Small Contributor)			Subtotal Section	A			\$0.00
B. Itemized C	Contributi	ions f	rom Individuals	And Edition of the	CO EYILG	10 6	
Last Name		First				W. 100 100 100 100 100 100 100 100 100 10	M.I.
Cortez		Dav	vid				
Residential Street Address	City				State	Zip Code	
39 Spinning Wheel Ln	Stamfor				CT	06903-	3318
Principal Occupation Realtor			of Employer am Pitt Sothebys				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes If contribution is in excess of municipality does contributor municipality valued at more than the second sec	or business I				Amoui	nt of Cont	tribution
Is this contribution associated with an event reported in Section L1? If yes, list Event # 100621a Is contributor a principal of a stat If yes, indicate which branch o branches of government the contract is with:	г _	or pros	_	∐ Yes			\$50.00
Method of contribution: Cash Personal Check ✓ Credit/Debit Card Payroll Deduction	Money Orde		Date Received 10/04/2021	Aggregate contributions \$50.00			
Last Name		First					M,I,
Hartenstein		Rob	ert				
Residential Street Address	City				State	Zip Code	
64 Brinckerhoff Ave	Stamfor				СТ	06905-	3203
Principal Occupation Controller			of Employer an Stanley				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes If contribution is in excess of municipality does contributor municipality valued at more the specific property of the contribution	or business h				Amour	it of Cont	ribution
Is this contribution associated with an event reported in Section L1? Yes Is contributor a principal of a stat If yes, indicate which branch of branches of government the		or prosp		res ✓ No			\$50.00
If yes, list Event # 100021a contract is with:	Exe	ecutive		ative			
Method of contribution: ☐ Cash ☐ Personal Check ✔ Credit/Debit Card ☐ Payroll Deduction ☐	Money Orde	er	Date Received 10/04/2021	Aggregate contributions \$50.00			
Last Name Carroll		First Jud	ith				M.I.
Residential Street Address	City		-		State	Zip Code	1
45 Rockledge Dr	Stamfor	d			СТ	06902-8	3121
Principal Occupation Retired		Name	of Employer ed				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes Yes	or business h				Amoun	t of Cont	ribution
Is this contribution associated with an event reported in Section L1? Yes Is contributor a principal of a state of the section L1? If yes, indicate which branch or		or prosp	occtive state contractor	Yes			\$5.00
If yes, list Event # branches of government the contract is with:	Exe	ecutive					
Method of contribution: ☐ Cash ☐ Personal Check ✓ Credit/Debit Card ☐ Payroll Deduction ☐	Money Orde	er	Date Received 10/04/2021	Aggregate contributions \$5.00			

SUBTOTAL Section B - This Page	\$105.00
TOTAL of Section B Pages	\$44,719.00
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B) (Enter total on Line 13, Column A of Summary Page	\$44,719. 00

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NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)				TYPE OF REPORT				
Bobby Valentine for Stamford					7th day preceding	election		
A. Total Contributions from Small Contributors - Received this Period ONLY (See instructions for definition of Small Contributor) Subtotal Section A								\$0.00
B. Itemized Contributions from Individuals								
Last Name			First				7321187207.	M.I.
Zabian			Om	ar				
Residential Street Address		City				State	Zip Code	
44 Amogerone Crossway, # 861		Greenw	rich			СТ	06830-9	9993
Principal Occupation				of Employer				
Owner			Red	Sapphire				
dependent child of a lobbyist?	ontribution is in excess of nicipality does contributor nicipality valued at more the	or business I				Amoun	t of Cont	ribution
event reported in Section L1? If yes, list Event # 101121a No branc	ributor a principal of a stat , indicate which branch or thes of government the act is with:	· _	or pros	_	∐ Yes ✓ No			\$800.00
Method of contribution: ☐ Cash ☐ Personal Check ✓ Credit/Debit Card		Money Ord	ег	Date Received 10/04/2021	Aggregate contributions \$800.00			
Last Name			First					M.I.
Stroessen			Lec)				
Residential Street Address		City				State	Zip Code	
46 Regent Ct		Stamfor				СТ	06907-1	1423
Principal Occupation Engineer				of Employer es Lang LaSalle				
dependent child of a lobbyist?	ontribution is in excess of nicipality does contributor nicipality valued at more the	or business l				Amoun	t of Cont	ribution
event reported in Section L1? If yes brane If yes brane	ributor a principal of a state, indicate which branch or the of government the act is with:	r	or pros	_	✓ No			\$100.00
Method of contribution: ☐ Cash ☐ Personal Check ✓ Credit/Debit Card	Payroll Deduction	Money Ord	ег	Date Received 10/06/2021	Aggregate contributions \$100.00			
Last Name			First	t				M.I.
Gore			Cat	thie				
Residential Street Address 1379 High Ridge Rd		City Stamfor	rd			State CT	Zip Code 06903-4	1908
Principal Occupation Executive assistant			100	of Employer ncer stuart				
dependent child of a lobbyist?	ontribution is in excess of nicipality does contributor nicipality valued at more the	or business?				Amour	ıt of Cont	ribution
event reported in Section L1? If yes list Event # If yes brane	ributor a principal of a state, indicate which branch o ches of government the	т	or pros	_	∐ Yes ✓ No			\$25.00
Method of contribution: Cash Personal Check Credit/Debit Card	act is with:	Money Ord		Date Received 10/05/2021	Aggregate contributions \$25.00			

SUBTOTAL Section B - This Page	\$925.00
TOTAL of Section B Pages	\$44,719.00
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B)	04474000
(Enter total on Line 13, Column A of Summary Page	\$44,719.00

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NAME OF COMMITTEE (Provide Complete No	ame as Registered with Fi	iling Repos	itory)	STEER DEST	TYPE OF REPORT	AND SEVER		NOVE S
Bobby Valentine for Stamford					7th day preceding	election		
A. Total Contributions from Small Contrib (See instructions for definition of Small Contribute	THE RESERVE OF THE PARTY OF THE	Period O	NLY	Subtotal Section	A			\$0.00
Contraction of the Contract of	B. Itemized C	Contribut	ions	from Individuals			if all said	
Last Name			Firs	st		49000.000	3374600,744	M.I.
llaw			Lin	ndsay				
Residential Street Address		City				State	Zip Code	
101 Washington Blvd, Unit 1114		Stamfo				СТ	06902-	7059
Principal Occupation Analyst				e of Employer Employed				
dependent child of a lobbyist?	f contribution is in excess of nunicipality does contributor nunicipality valued at more the	or business				Amour	it of Cont	ribution
event reported in Section L1? If we list Event #	ontributor a principal of a stat yes, indicate which branch or anches of government the ntract is with:	r	or pro	_	∐ Yes ✓ No			\$10.00
Method of contribution: ☐ Cash ☐ Personal Check ✓ Credit/Debit Card	****	Money Ord	er	Date Received 10/05/2021	Aggregate contributions \$10.00			
Last Name			Firs	t				M.I.
Wise			Lis	а				
Residential Street Address		City				State	Zip Code	
10 Brodwood Dr		Stamfor				CT	06902-	1732
Principal Occupation Homemaker				e of Employer Employed				
dependent child of a lobbyist?	f contribution is in excess of a nunicipality does contributor nunicipality valued at more the	or business l				Amoun	it of Cont	ribution
event reported in Section L1? If yes list Event #	ontributor a principal of a stat yes, indicate which branch or anches of government the ntract is with:	r	or pros		∐ Yes ✓No			\$500.00
Method of contribution: ☐ Cash ☐ Personal Check ✓ Credit/Debit Card		Money Ord	ег	Date Received 10/05/2021	Aggregate contributions \$500.00			
Last Name			Firs	t				M.I.
Drago			Jos	seph				
Residential Street Address 22 High Rock Rd		City Stamfor	rd			State CT	Zip Code 06903-2	2012
Principal Occupation Retired			Name Reti	of Employer red				
dependent child of a lobbyist?	f contribution is in excess of S nunicipality does contributor nunicipality valued at more th	or business l				Amoun	it of Cont	ribution
event reported in Section L1? If you list Event #	If yes, indicate which branch or branches of government the						\$50.00	
Method of contribution: Cash Personal Check ✓ Credit/Debit Card	ntract is with:	Money Ord		Date Received 10/05/2021	Aggregate contributions \$50.00			

	SUBTOTAL Section B - This Page	\$560.00
	TOTAL of Section B Pages	\$44,719.00
WATER STATE OF THE PROPERTY OF	NS FROM INDIVIDUALS (Sections A + B) I on Line 13, Column A of Summary Page	\$44,719.00

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NAME OF COMMITTEE (Provide Complete Name a	s Registered with Filing I	Repository)		TYPE OF REPORT	NO STATE	arren e	15±8±
Bobby Valentine for Stamford				7th day preceding			
A. Total Contributions from Small Contributor	s - Received this Peri	od ONLY					
(See instructions for definition of Small Contributor)			Subtotal Section A				\$0.00
The state of the s	B. Itemized Contr	ibutions	from Individuals	STATES NOT A SECURE	C034578		1200 200
Last Name		Firs			ALCOHOLD STAD	STERNING TO SERVICE	M.I.
Rosecrans		He	idi				A
Residential Street Address	City	/			State	Zip Code	/ ·
55 Breezy Hill Rd	Sta	amford			CT	06903-1	232
Principal Occupation		Name	of Employer				
dependent child of a lobbyist? munici	ribution is in excess of \$400 to pality does contributor or bus pality valued at more than \$5	siness he/she			Amoun	t of Conti	ribution
	tor a principal of a state cont	tractor or pro	spective state contractor	? Yes			
event reported in Section LT? If yes, in	ndicate which branch or			. ✓ No			\$100.00
If yes, list Event # contract	of government the is with:	Executiv	e Legisla	ative			
Method of contribution: Cash ✓ Personal Check Credit/Debit Card	Payroll Deduction Mon	cy Order	Date Received 10/05/2021	Aggregate contributions \$100.00			
Last Name		Firs	t				M.I.
Franchella		Do	minic				
Residential Street Address	City	,			State	Zip Code	
212 Magee Ave	Sta	amford			СТ	06902-5	926
Principal Occupation			e of Employer				
Business owner		Seit	employed				
dependent child of a lobbyist?	ribution is in excess of \$400 to pality does contributor or bus pality valued at more than \$5	siness he/she			Amoun	t of Conti	ribution
	tor a principal of a state cont	tractor or pro	spective state contractor	? Yes			
✓ No branches	ndicate which branch or of government the	_		. VNo		\$	1,000.00
If yes, list Event # contract		Executiv	re Legisla	ative			
Method of contribution: Cash Personal Check ✓ Credit/Debit Card	Payroll Deduction Mone	ey Order	Date Received	Aggregate contributions			
Last Name	Tayron DedactionMion	Firs	10/05/2021	\$1,000.00			
							M.I.
Gomolak Residential Street Address	La	Be	tn ——————				
32 Glovers Ln	City	y ston			State CT	Zip Code 06612-2	227
Principal Occupation	Lu		of Employer		U1	00012-2	2237
n/a		n/a	o or Employer				
dependent child of a lobbyist?	ribution is in excess of \$400 (pality does contributor or bus pality valued at more than \$5	siness he/she			Amoun	t of Conti	ribution
avent reported in Sention I 12	ttor a principal of a state cont	tractor or pro	spective state contractor	? Yes			0 E 00
No branches	of government the	_		✓ No			\$5.00
If yes, list Event # contract		Executiv	e Legisla	ative			
Method of contribution; ☐ Cash ☐ Personal Check ✓ Credit/Debit Card ☐	Payroll Deduction Mon	ey Order	Date Received 10/05/2021	Aggregate contributions \$5.00			

SUBTOTAL Section B - T	his Page \$1	1,105.00
TOTAL of Section	B Pages \$44	1,719.00
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Section (Enter total on Line 13, Column A of Summa	544	1,719.00

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NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)			TYPE OF REPORT				
Bobby Valentine for Stamford				7th day preceding	election		
A. Total Contributions from Small Contributors - Received this (See instructions for definition of Small Contributor)	Period O	NLY	Subtotal Section A	No.			\$0.00
B. Itemized C	Contribut	ions f	rom Individuals		67,000	all of the	SELECT SE
Last Name		First					M,I,
Burke		Bill					
Residential Street Address	City				State	Zip Code	
18 Woolsley Ave	Trumbu				СТ	06611-	4422
Principal Occupation Administrator			of Employer OCUTE				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes If contribution is in excess of municipality does contributor municipality valued at more that	or business				Amour	nt of Cont	ribution
Is this contribution associated with an event reported in Section L1? If yes, list Event # Is contributor a principal of a state of the section L1? If yes, indicate which branch of branches of government the contract is with:	r	or pros		∐ Yes ✓ No			\$500.00
Method of contribution: Cash Personal Check Credit/Debit Card Payroll Deduction	Money Ord		Date Received 10/05/2021	Aggregate contributions \$500.00			
Last Name		First	Ī	,			M,I,
Beldotti		Lisa	а				
Residential Street Address	City				State	Zip Code	-
68 Gaxton Rd	Stamfor				СТ	06905-	1305
Principal Occupation		Name	of Employer				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes If contribution is in excess of municipality does contributor municipality valued at more than the contributor municipality valued at more than the contributor is in excess of municipality valued at more than the contributor is in excess of municipality valued at more than the contributor is in excess of municipality valued at more than the contributor is in excess of municipality does contributor.	or business l				Amour	it of Cont	ribution
Is this contribution associated with an event reported in Section L1? If yes, list Event # Is contributor a principal of a state of the section L1? If yes, indicate which branch of the branches of government the contract is with:	ı _	or pros	-	✓ No			\$250.00
Method of contribution: Cash Personal Check Credit/Debit Card Payroll Deduction	Money Ord	ег	Date Received 10/05/2021	Aggregate contributions \$250.00			
Last Name Franceski		First Ma	rguerite				M.I.
Residential Street Address 320 Strawberry Hill Ave, Apt 39	City Stamfor	rd			State CT	Zip Code 06902-2	2580
Principal Occupation		Name	of Employer				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes No If contribution is in excess of municipality does contributor municipality valued at more than the contributor municipality valued at more than the contributor is in excess of municipality valued at more than the contributor is in excess of municipality valued at more than the contributor is in excess of municipality valued at more than the contributor is in excess of municipality valued at more than the contributor is in excess of municipality does contributor.	or business I				Amour	nt of Cont	ribution
Is this contribution associated with an event reported in Section L1? No Is contributor a principal of a state which branch of branches of government the		or pros	pective state contractor	·? Yes ✓ No			\$75.00
If yes, list Event # contract is with:	☐ Ex	ecutiv		ative —			
Method of contribution: Cash Personal Check Credit/Debit Card Payroll Deduction	Money Ord	er	Date Received 10/05/2021	Aggregate contributions \$75.00			

SUBTOTAL Section B - This Page	\$825.00
TOTAL of Section B Pages	\$44,719.00
S FROM INDIVIDUALS (Sections A + B) on Line 13, Column A of Summary Page	\$44,719.00

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NAME OF COMMITTEE (Provide Complete	te Name as Registered with Fi	ling Reposi	tory)		TYPE OF REPORT	1000	MENTE ME	是認為
Bobby Valentine for Stamford					7th day preceding	election		
A. Total Contributions from Small Con	tributors - Received this	Period O	NLY					
(See instructions for definition of Small Contr	ibutor)			Subtotal Section A	Ž			\$0.00
NO SUPPRINCE AND PRINCES OF THE PRINCES	B. Itemized C	ontributi	ons fi	rom Individuals	- NATIONAL PROPERTY.	Syash Ph	William Company	TO THE REAL PROPERTY.
Last Name	He Carlot and the Car	manufacture (1990)	First	the state of the second	Secure de la constante de la c	CASHED TO SEC	NAME OF STREET	M.I.
Greenberg			Cat	hv				A
Residential Street Address		City				State	Zip Code	
83 Michael Rd		Stamfor	ď			СТ	06903-3	3024
Principal Occupation			Name	of Employer				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	If contribution is in excess of municipality does contributor municipality valued at more the	or business h				Amoun	t of Cont	ribution
Is this contribution associated with an event reported in Section L1? If yes, list Event #	Is contributor a principal of a state If yes, indicate which branch or branches of government the	r	or pros		∐ Yes ✓No			\$100.00
Method of contribution: Cash Personal Check Credit/Debit	contract is with: Card Payroll Deduction	Money Orde		Date Received 10/05/2021	Aggregate contributions \$100.00			
Last Name			First					M,I.
Jamison			Mic	hae!				
Residential Street Address		City				State	Zip Code	-
52 Treat Ave		Stamfor	d			СТ	06906-1	1941
Principal Occupation				of Employer				
Banker			Free	point Commoditie	es			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? V No	If contribution is in excess of municipality does contributor municipality valued at more th	or business h				Amoun	t of Cont	ribution
Is this contribution associated with an event reported in Section L1? Yes	Is contributor a principal of a state If yes, indicate which branch of branches of government the		or pros	pective state contractor	r? Yes ✓ No			\$50.00
If yes, list Event # 100621a No	contract is with:	Exe	ecutive	eLegisl	ative			
Method of contribution: ☐ Cash ☐ Personal Check ✓ Credit/Debit	Card Payroll Deduction	Money Orde	er	Date Received 10/05/2021	Aggregate contributions \$50.00			
Last Name			First					M.I.
Meiri			Am	non				
Residential Street Address		City				State	Zip Code	
96 Mountain Wood Rd Principal Occupation		Stamfor		ST 1		СТ	06903-2	2112
Finance			CCI	of Employer				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	If contribution is in excess of municipality does contributor municipality valued at more the	or business h	ndidate nc/she i	committee for a chief s associated with have Yes	executive officer of a a contract with said No	Amoun	t of Cont	ribution
Is this contribution associated with an event reported in Section L1?	Is contributor a principal of a stat		or pros	pective state contractor	r? Yes	1		\$250.00
If yes, list Event # 100621a	If yes, indicate which branch or branches of government the contract is with:	_	ecutive	eLegisl	✓ No			\$250.00
Method of contribution: Cash Personal Check Credit/Debit	Card Payroll Deduction	Money Ordo	2 r	Date Received 10/06/2021	Aggregate contributions \$250.00			

SUBTOTAL Section B - This Page	\$400.00
TOTAL of Section B Pages	\$44,719.00
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B) (Enter total on Line 13, Column A of Summary Page	\$44,719.00

Page	33	of	102
	55	0.1	102

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)			TYPE OF REPORT				
Bobby Valentine for Stamford				7th day preceding	election	1	
A. Total Contributions from Small Contributors - Received this	Period O	NLY					
(See instructions for definition of Small Contributor)			Subtotal Section	S.			\$0.00
B. Itemized (Contribut	ions f	rom Individuals		NAME OF STREET	u bezana	
Last Name	, J	First			MILE WYST DOGS	AND RESIDENCE OF THE PERSON	M.I.
Fedele		Mic	hael				
Residential Street Address	City				State	Zip Code	-
678 Erskine Rd	Stamfo				СТ	06903-	2039
Principal Occupation President			of Employer Pinnacle Group				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes If contribution is in excess of municipality does contributor municipality valued at more to	r or business l				Amour	nt of Cont	ribution
Is this contribution associated with an event reported in Section L1? If yes, list Event # Is contributor a principal of a sta If yes, indicate which branch of branches of government the	or		_	∐ Yes ✓ No		\$	1,000.00
Method of contribution: Cash Personal Check Credit/Debit Card Payroll Deduction	Money Ord	ecutiv	Date Received 10/06/2021	Aggregate contributions \$1,000.00			
Last Name		First					M,I,
OBrien		Dar	niel				
Residential Street Address 97 Mill Spring Ln	City Stamfor	rd			State	Zip Code 06903-	1635
Principal Occupation Builder		Name DOB	of Employer LLC				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes If contribution is in excess of municipality does contributor municipality valued at more to	or business l				Amour	it of Cont	ribution
Is this contribution associated with an event reported in Section L1? If yes, list Event # Is contributor a principal of a star of the section L1? If yes, list Event # Is contributor a principal of a star of the section L1? If yes, list Event #	or			Yes			\$50.00
Method of contribution: Cash Personal Check Credit/Debit Card Payroll Deduction	Money Orde	ecutive er	Date Received 10/06/2021	Aggregate contributions \$50.00			
Last Name		First					M.I.
Hedge		Gar	у				
Residential Street Address 21181 Meander Ln	City Trabuco	o Can	yon		State	Zip Code 92679-4	1300
Principal Occupation Manager	1	Name	of Employer Employed				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? If contribution is in excess of municipality does contributor municipality valued at more to	or business l				Amoun	it of Cont	ribution
Is this contribution associated with an event reported in Section L1? Yes Is contributor a principal of a state of the section L1? If yes, indicate which branch of the section L1?		or pros	pective state contractor	Yes			\$100.00
If yes, list Event # branches of government the contract is with:	Exc	ecutive					
Method of contribution: ☐ Cash ☐ Personal Check ✓ Credit/Debit Card ☐ Payroll Deduction ☐	Money Orde	er	Date Received 10/06/2021	Aggregate contributions \$100.00			

SUBTOTAL Section B - This Page	\$1,150.00
TOTAL of Section B Pages	\$44,719.00
FROM INDIVIDUALS (Sections A + B) Line 13, Column A of Summary Page	\$44,719.00

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NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)			TYPE OF REPORT				
Bobby Valentine for Stamford				7th day preceding	election		
A. Total Contributions from Small Contributors - Received th	is Period O	NLY	HERE EVERY				
(See instructions for definition of Small Contributor)			Subtotal Section	\$			\$0.00
B. Itemized	Contributi	ions fr	rom Individuals	NEW YORK THE STATE	94(91) E996	STORY OF THE PARTY OF	250 TO 100 S
Last Name		First			NAME OF PERSONS	AND THE PERSON NAMED IN	M,I,
Myers		Cha	ırles				
Residential Street Address	City				State	Zip Code	
8 Hancock PI	Irvingto	n			NY	10533-2	2506
Principal Occupation		1	of Employer				
Investor		CCI					
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes Who If contribution is in excess municipality does contribut municipality valued at more	or or business l	he/she is			Amoun	it of Conti	ribution
Is this contribution associated with an Yes Is contributor a principal of a s		or prosp	pective state contractor	? Yes	1		\$100.00
event reported in Section Et? If yes, indicate which branch			-	. No			\$100.00
contract is with:	Ex	cecutive		ative			
Method of contribution: Cash Personal Check	Money Ord	ler	Date Received 10/06/2021	Aggregate contributions \$100.00			
Last Name		First					M,I.
Tehrani		Sha	hla				
Residential Street Address	City				State	Zip Code	
838 High Ridge Rd	Stamfor				СТ	06905-1	1913
Principal Occupation		Name	of Employer				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes If contribution is in excess municipality does contribut municipality valued at more	or or business	he/she is			Amoun	it of Cont	ribution
Is this contribution associated with an event reported in Section L1? Yes Is contributor a principal of a section L1?		or pros	pective state contracto	r? Yes	1		\$10E 00
If yes, list Event # If yes, indicate which branch branches of government the contract is with:	_	cecutive	e	ative No			\$125.00
Method of contribution:			Date Received	Aggregate contributions			
Cash Personal Check Credit/Debit Card Payroll Deduction	Money Ord	ler	10/06/2021	\$125.00			
Last Name		First					M.I.
Zezima		Dor	nald				F
Residential Street Address	City				State	Zip Code	_
68 Cross Country Trl	Stamfor	rd			СТ	06903-3	3339
Principal Occupation		Name	of Employer				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes If contribution is in excess Yes	or or business	he/she i			Amoun	it of Conti	ribution
Is this contribution associated with an Yes Is contributor a principal of a s		or pros	pective state contracto	r? Yes	1		#400.00
If yes, indicate which branch				✓ No			\$100.00
If yes, list Event # contract is with:	Ex	cecutive	Legisl	ative			
Method of contribution:	Money Ord	ier	Date Received 10/06/2021	Aggregate contributions \$100.00			
					,		-

\$325.00	SUBTOTAL Section B - This Page
\$44,719.00	TOTAL of Section B Pages
\$44,719.00	TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B) (Enter total on Line 13, Column A of Summary Page

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Page	35	of	10:

NAME OF COMMITTEE (Provide Compl	ete Name as Registered with Fi	iling Repos	itory)		TYPE OF REPORT			
Bobby Valentine for Stamford					7th day preceding	election		
A. Total Contributions from Small Co	ntributors - Received this	Period O	NLY	Maria Way				
(See instructions for definition of Small Con	tributor)			Subtotal Section	A			\$0.00
动物的隐匿的动物的	B. Itemized C	Contribut	ions f	rom Individual	s in the first		1012 4 (10)	ALVO SKE
Last Name			Firs					M,I,
Lee			Lyr	nda				
Residential Street Address		City				State	Zip Code	
77 Havemeyer Ln, Unit 71		Stamfo				СТ	06902-2	2160
Principal Occupation Realtor				of Employer on Cities				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	If contribution is in excess of municipality does contributor municipality valued at more th	or business				Amour	nt of Cont	ribution
Is this contribution associated with an event reported in Section L1? If yes, list Event # Yes	Is contributor a principal of a stat If yes, indicate which branch of branches of government the contract is with:	r	or pros		tor? Yes ✓ No slative			\$25.00
Method of contribution: ☐ Cash ☐ Personal Check ✓ Credit/Deb	it Card Payroll Deduction	Money Ord	er	Date Received 10/06/2021	Aggregate contributions \$25.00	1		
Last Name			First					M,I.
Blomberg			Tro	У				
Residential Street Address		City				State	Zip Code	
105 Harbor Dr, Apt 131		Stamfo	_			СТ	06902-7	7494
Principal Occupation N/a			N/A	of Employer				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	If contribution is in excess of municipality does contributor municipality valued at more the	or business				Amour	it of Cont	ribution
Is this contribution associated with an event reported in Section L1? If yes, list Event # 100621a	Is contributor a principal of a stat If yes, indicate which branch of branches of government the contract is with:	г	or pros		∐ Yes ✓ No			\$50.00
Method of contribution: ☐ Cash ☐ Personal Check ✓ Credit/Deb	it Card Payroll Deduction]Money Ord	ег	Date Received 10/06/2021	Aggregate contributions \$50.00			
Last Name			First					M.I.
Brace			Sus	san				
Residential Street Address		City Lexingt	00			State	Zip Code 64067	
60 Westover Ave Principal Occupation		Lexing		of Employer		IVIO	04007	
Realtor			Self					
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	If contribution is in excess of municipality does contributor municipality valued at more the	or business				Amour	it of Cont	ribution
Is this contribution associated with an event reported in Section L1? Yes V No	Is contributor a principal of a stat If yes, indicate which branch of		or pros	pective state contrac	tor?			\$5.00
If yes, list Event #	branches of government the contract is with:	Ex	ecutiv	eLegi	slative			
Method of contribution: ☐ Cash ☐ Personal Check ✓ Credit/Deb	it Card Payroll Deduction	Money Ord	er	Date Received 10/06/2021	Aggregate contributions \$5.00	1		

SUBTOTAL Section B - This Page	\$80.00
TOTAL of Section B Pages	\$44,719.00
FROM INDIVIDUALS (Sections A + B) Line 13, Column A of Summary Page	\$44,719.00

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NAME OF COMMITTEE (Provide Complete Name as Registered with Fil	ing Keposi	ilory)		TYPE OF REPORT	产品版地	HEALTH IN	AND THE PERSON NAMED IN
Bobby Valentine for Stamford				7th day preceding	election	SECOND DE LIVERS	
A. Total Contributions from Small Contributors - Received this	Period O	NLY	Contract Contract				
(See instructions for definition of Small Contributor)			Subtotal Section A				\$0.00
B. Itemized C	ontributi	ions f	rom Individuals	Callon Religion (Callon Religion)		STORES OF	278200
Last Name		Firs	t		e ver jasalte i ta	7AV-2500-104	M.I.
Franzetti		Ca	rí				
Residential Street Address	City				State	Zip Code	
61 High Clear Dr	Stamfor	rd			CT	06905-3	3103
Principal Occupation		1	of Employer				
Retired		Reti	red				
ls contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes If contribution is in excess of smunicipality does contributor municipality valued at more the	or business l	he/she			Amoun	t of Cont	ribution
Is this contribution associated with an Yes Is contributor a principal of a state		or pros	spective state contractor	? Yes	1		\$25.00
event reported in Section L1? If yes, indicate which branch or branches of government the	_			✓ No			Φ25.00
If yes, list Event # contract is with:	Ex	ecutiv					
Method of contribution: Cash Personal Check Credit/Debit Card Payroll Deduction	Money Ord	ler	Date Received 10/06/2021	Aggregate contributions \$25.00			
Last Name		Firs	t				M,I,
Caggainello		Pa	tricia				
Residential Street Address	City				State	Zip Code	
100 Scarlet Oak Dr	Wilton				СТ	06897-	1015
Principal Occupation Real Estate			of Employer Employed				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes If contribution is in excess of municipality does contributor municipality valued at more the	or business	he/she			Amoun	t of Cont	ribution
Is this contribution associated with an event reported in Section L1? Yes No Is contributor a principal of a state of the section L1? If yes, indicate which branch of branches of government the	r			∐ Yes ✓No			\$500.00
If yes, list Event # contract is with:	Ex	ecutiv					
Method of contribution: Cash Personal Check Credit/Debit Card Payroll Deduction	Money Ord	ler	Date Received 10/06/2021	Aggregate contributions \$500.00			
Last Name		Firs	t				M.I.
Mercede		Fra	ank				J
Residential Street Address	City				State	Zip Code	
44 Waterview Way	Stamfo				СТ	06902-	1267
Principal Occupation		Namo	e of Employer				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? If contribution is in excess of municipality does contributor municipality valued at more the	or business	hc/she			Amoun	it of Cont	ribution
Is this contribution associated with an event reported in Section L1?		or pro	spective state contractor	? Yes		ď	1 000 00
If yes, list Event # If yes, list Event # If yes, indicate which branch or branches of government the contract is with:		cecutiv	e Legisl	✓ No		Ф	1,000.00
Method of contribution:	Money Ord	ler	Date Received 10/07/2021	Aggregate contributions \$1,000.00			

SUBTOTAL Section B - This Page	\$1,525.00
TOTAL of Section B Pages	\$44,719.00
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B) (Enter total on Line 13, Column A of Summary Page	\$44,719.00

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NAME OF COMMITTEE (Provide Complete Name as	Registered with Fil	ing Repos	itory)		SY DE	TYPE OF REPORT		48 S. W.	
Bobby Valentine for Stamford						7th day preceding	election		
A. Total Contributions from Small Contributors (See instructions for definition of Small Contributor)	s - Received this I	Period O	NLY	Subtotal Se	ection a	Ą			\$0.00
CONTROL SELECTION OF COMPLETE	B. Itemized Co	ontributi	ions f	rom Indivi	duals		1,00 2	VIETONIA.	OR HE
Last Name			First						M.I.
Mercede			Lor	i					A
Residential Street Address		City					State	Zip Code	
44 Waterview Way		Stamfor	rd				СТ	06902-	1267
Principal Occupation			Name	of Employer					
dependent child of a lobbyist?	bution is in excess of \$ ality does contributor of ality valued at more that	or business l			ith have		Amour	it of Cont	ribution
event reported in Section L1?	tor a principal of a state dicate which branch or of government the s with;	_	or pros		Legisl	∐ Yes ✓No		\$	1,000.00
Method of contribution: Cash ✓ Personal Check Credit/Debit Card	Payroll Deduction	Money Ord	ег	Date Receive 10/07/202		Aggregate contributions \$1,000.00			
Last Name			First				^		M.L
Budinoff			Dar	niel					
Residential Street Address		City					State	Zip Code	
16 Knobloch Ln		Stamfor					СТ	06902-	1736
Principal Occupation Corp officer				of Employer Systems L	LC (2)			
dependent child of a lobbyist? Mo	bution is in excess of \$ ality does contributor o ality valued at more tha	r business l			ith have		Amoun	t of Cont	ribution
event reported in Section L1? If yes, inc	or a principal of a state dicate which branch or of government the s with:		or pros _i		Legisla	∐ Yes ✓No			\$50.00
Method of contribution: ☐ Cash ☐ Personal Check ✓ Credit/Debit Card ☐	Payroll Deduction	Money Orde	ег	Date Receive 10/07/202		Aggregate contributions \$50.00			
Last Name Lacerenza			First						M.L.
Residential Street Address		City					State	Zip Code	
47 Caprice Dr		Stamfor					СТ	06902-1	1721
Principal Occupation Marketing				of Employer LDIRECT L	LC				
dependent child of a lobbyist? No municip	bution is in excess of \$- pality does contributor o- pality valued at more that	or business I an \$5,000?	he/she i	s associated w	ith have	a contract with said No	Amoun	t of Cont	ribution
event reported in Section L1? If yes, interpret # VNo branches branches	or a principal of a state dicate which branch or of government the	_	or prosp		Legisla	✓ No			\$250.00
Method of contribution:		Money Orde		Date Receive	ed	Aggregate contributions \$250.00			

	SUBTOTAL Section B - This Page	\$1,300.00
	TOTAL of Section B Pages	\$44,719.00
・ としておけることを表現しません。・ としていることを表現しません。・ としているとなるとなるとなるとなるとなるとなるとなるとなるとなるとなるとなるとなるとなる	FROM INDIVIDUALS (Sections A + B) In Line 13, Column A of Summary Page	\$44,719.00

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44	20	O.	102

NAME OF COMMITTEE (Provide Complete Name as Registered with Fi	ling Repos	itory)		TYPE OF REPORT	J-64-5-33	要:14:23	BENNES.
Bobby Valentine for Stamford				7th day preceding	election		and the last of the
A. Total Contributions from Small Contributors - Received this	Period O	NLY	Aller Aller				
(See instructions for definition of Small Contributor)			Subtotal Section	A.			\$0.00
B. Itemized C	ontributi	ions fi	rom Individuals	AND ASSESSED.	1.344.00		
Last Name		First	101-2-0	ALL S - DATE OF STREET STREET AND	SERVICE CONTROL	A STATE OF THE PARTY OF THE PAR	M.I.
lofgren		tern	V				
Residential Street Address	City	4			State	Zip Code	
4338 Antelope Dr	Rockfor	rd			IL	61109-4	1005
Principal Occupation			of Employer				
retired		Not E	Employed				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes If contribution is in excess of municipality does contributor municipality valued at more the second contribution is in excess of municipality valued at more the second contribution.	or business !				Amoun	t of Cont	ribution
Is this contribution associated with an event reported in Section L1? Yes Is contributor a principal of a state event reported in Section L1?		or pros	pective state contracto	r? Yes]		\$25.00
No branches of government the				. No			\$25.00
If yes, list Event # contract is with:	Ex	ecutive		ative			
Method of contribution: Cash Personal Check Credit/Debit Card Payroll Deduction	Money Ord	er	Date Received 10/07/2021	Aggregate contributions \$25.00			
Last Name		First					M.I.
Zarnik		Wa	yne				
Residential Street Address	City				State	Zip Code	
164 Knox Rd	Stamfor				СТ	06907-1	1511
Principal Occupation Crwdit analyat			of Employer s fargo				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes If contribution is in excess of municipality does contributor municipality valued at more the specific product of the speci	or business				Amoun	t of Cont	ribution
Is this contribution associated with an event reported in Section L1? Is contributor a principal of a state of the section L1? If yes, indicate which branch of the section L1?		or pros	pective state contracto	res			\$25.00
If yes, list Event # No branches of government the contract is with:	Ex	ecutive					
Method of contribution: Cash Personal Check Credit/Debit Card Payroll Deduction	Money Ord	er	Date Received 10/07/2021	Aggregate contributions \$25.00			
Last Name		First					M.I.
De Costanzo		Mar	ia				
Residential Street Address	City				State	Zip Code	
21 Eastover Rd	Stamfor				СТ	06905-1	1402
Principal Occupation Homemaker			of Employer Employed				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? If contribution is in excess of municipality does contributor municipality valued at more than the contribution is in excess of municipality valued at more than the contribution is in excess of municipality valued at more than the contribution is in excess of municipality valued at more than the contribution is in excess of municipality valued at more than the contribution is in excess of municipality does contribution.	or business				Amoun	t of Cont	ribution
Is this contribution associated with an event reported in Section L1?		or pros	pective state contracto	r? Yes			¢400.00
If yes, list Event # If yes, list Event # If yes, indicate which branch o branches of government the contract is with:		ecutive	e	✓ No			\$100.00
Method of contribution:			Date Received	Aggregate contributions			
Cash Personal Check Credit/Debit Card Payroll Deduction	Money Ord	er	10/07/2021	\$100.00			

SUBTOTAL Section B - This Page	\$150.00
TOTAL of Section B Pages	\$44,719.00
FROM INDIVIDUALS (Sections A + B) Line 13, Column A of Summary Page	\$44,719.00

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NAME OF COMMITTEE (Provide Complete Name as Registered with F	iling Repos	itory)	Post i	/4589-1019	TYPE OF REPORT			A SHA
Bobby Valentine for Stamford					7th day preceding	election		
A. Total Contributions from Small Contributors - Received this	Period O	NLY						
(See instructions for definition of Small Contributor)			Subtot	al Section	A			\$0.00
B. Itemized (Contribut	ions fr	rom In	dividuals	EXPENSES OF		STEEL STEEL	Mail and
Last Name		First						M.I.
Vetti		mar	nny jr					
Residential Street Address	City					State	Zip Code	
49 Surrey Rd	Stamfo	rd				CT	06903-3	3215
Principal Occupation			of Emplo	-				
electrical contractor		Self	Employ	yed				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Ves Ves If contribution is in excess of municipality does contributor municipality valued at more to municipality.	or business	he/she is				Amour	it of Cont	ribution
Is this contribution associated with an Yes Is contributor a principal of a sta		or prosp	occtive st	ate contracto	r? Yes	1		\$25.00
If yes, indicate which branch of	_			_	. No			φ25.00
If yes, list Event # contract is with:	Ex	ecutive		Legisl	ative	4		
Method of contribution: ☐ Cash ☐ Personal Check ✓ Credit/Debit Card ☐ Payroll Deduction ☐	Money Ord	ler		cceived 5/2021	Aggregate contribution \$25.0	11		
Last Name		First						M.I.
Garceau		Rog	јег					
Residential Street Address	City					State	Zip Code	
65 Summit Ridge Rd	Stamfo	_				СТ	06902-1	1910
Principal Occupation Manager			of Emplo r, Lind:	sey & Afri	ca			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes If contribution is in excess of municipality does contributor municipality valued at more to the specific property of	or business	he/she is				Amour	it of Cont	ribution
Is this contribution associated with an event reported in Section L1? If yes, list Event # Is contributor a principal of a sta If yes, indicate which branches of government the branches of government the	or	or prosp		ate contracto Legisl	✓ No			\$5.00
Method of contribution: Cash Personal Check Credit/Debit Card Payroll Deduction	Money Ord		Date R	eceived /2021	Aggregate contribution:			
Last Name		First				//4		M.I.
Parker		Mau	ıreen					
Residential Street Address	City	-				State	Zip Code	
121 Barncroft Rd	Stamfo	rd				CT	06902-1	1207
Principal Occupation Homemaker			of Employ Employ	,-				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes If contribution is in excess of municipality does contributor municipality valued at more	or business	he/she is				Amoun	t of Cont	ribution
Is this contribution associated with an event reported in Section L1? Yes Is contributor a principal of a state of the section L1? If yes, indicate which branch of the section L1?		or prosp	pective st	ate contracto	Yes			\$100.00
If yes, list Event # branches of government the contract is with:	☐ Ex	cecutive	;	Legisl	ative No			
Method of contribution: Cash Personal Check ✓ Credit/Debit Card Payroll Deduction	Money Ord	ler		eceived 1/2021	Aggregate contribution \$100.0			

SUBTOTAL Section B	is Page \$130.00
TOTAL of Section	3 Pages \$44,719.00
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sect (Enter total on Line 13, Column A of Sum	544./ 9.00

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NAME OF COMMITTEE (Provide	de Comple	te Name as Registered with Fi	ling Repos	itory)	a transfer of the San	TYPE OF REPORT	3785	P 4	
Bobby Valentine for Stamford						7th day preceding	election	100000000000000000000000000000000000000	
A. Total Contributions from Si	mall Cor	ntributors - Received this	Period O	NLY	ivities solvers	N.			
(See instructions for definition of Sn	nall Conti	ributor)			Subtotal Section	X .			\$0.00
	a Canada	B. Itemized C	Contributi	ions f	rom Individuals	TO THE WAY STATE	and the	S SHAPE SHAPE	BATTER SECTION
Last Name				Firs	The state of the s	ASTREM PROPERTY.	Total Time Time Time Time Time Time Time Time	EVARENTA)	M.I.
Bucaj				Ler	1				2.000
Residential Street Address			City				State	Zip Code	1
294 Shippan Ave			Stamfor	rd			CT	06902-	6089
Principal Occupation			-	Name	of Employer				
Executive				TLB	Holdings, LLC				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	✓ Yes	If contribution is in excess of municipality does contributor municipality valued at more th	or business I	ndidate he/she	committee for a chief is associated with have	executive officer of a a contract with said	Amoun	t of Cont	ribution
Is this contribution associated with an event reported in Section L1?	Yes	Is contributor a principal of a stat		or pros	pective state contracto	r? Yes	Ī		040.00
	✓ No	If yes, indicate which branch o branches of government the contract is with:		ecutiv	eLegisl	ative No			\$10.00
Method of contribution: Cash Personal Check ✓ C	Credit/Debit	Card Payroll Deduction	Money Ord	er	Date Received 10/08/2021	Aggregate contributions \$10.00			
Last Name				First					M,I,
Dagostino				Jar	nes				
Residential Street Address			City				State	Zip Code	_
65 Blue Rock Dr			Stamfor	rd			CT	06903-	5001
Principal Occupation Owner				Name	of Employer plogy				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	✓ Yes	If contribution is in excess of municipality does contributor municipality valued at more th	or business l	ndidate he/she	committee for a chief is associated with have Yes	executive officer of a a contract with said	Amoun	t of Cont	ribution
Is this contribution associated with an event reported in Section L1?	Yes	Is contributor a principal of a state If yes, indicate which branch or		or pros	pective state contractor	res			\$100.00
If yes, list Event #	√ No	branches of government the contract is with:	Ex	ecutiv	e Legisl	ative No			
Method of contribution: ☐ Cash Personal Check ✓ C	Credit/Debit	Card Payroll Deduction	Money Ord	er	Date Received 10/08/2021	Aggregate contributions \$100.00			
Last Name				First			lu-		M.I.
Bello				Joh	n and Sherry				
Residential Street Address 228 Thornwood Rd			City Stamfor				State	Zip Code	
Principal Occupation			Starriloi	_	of E1		СТ	06903-2	2601
Retired				Retir					
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	✓ Yes	If contribution is in excess of a municipality does contributor municipality valued at more the	or business I	ndidate ne/she i	committee for a chief is associated with have Yes	executive officer of a a contract with said No	Amoun	t of Cont	ribution
Is this contribution associated with an event reported in Section L1?	Yes	Is contributor a principal of a stat		or pros	pective state contractor	? Yes	ľ		\$50.00
	√ No	If yes, indicate which branch or branches of government the contract is with:		ecutiv	eLegisla	✓ No			\$50.00
Method of contribution: Cash Personal Check C	Credit/Debit		Money Orde	ег	Date Received 10/08/2021	Aggregate contributions \$50.00			
						·			

SUBTOTAL Section B - This Page	\$160.00
TOTAL of Section B Pages	\$44,719.00
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B) (Enter total on Line 13, Column A of Summary Page	\$44,719.00

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NAME OF COMMITTEE (Provide Compi	ete Name as Registered with Fi	ling Repos	itory)	MASSES BUSINESS	TYPE OF REPORT	MARINE P	全部為對	1965/20
Bobby Valentine for Stamford					7th day preceding	election		
A. Total Contributions from Small Co (See instructions for definition of Small Con		Period O	NLY	Subtotal Section	пА			\$0.00
Control Superior Street Control Street	B. Itemized C	Contributi	ions fi	rom Individua	ls	ing the	Charles of	Carried State
Last Name	A THE STATE OF THE		First					M.I.
Leydon			Sta	cey				A
Residential Street Address		City				State	Zip Code	_
222 Roxbury Rd		Stamfor	rd			СТ	06902-	1222
Principal Occupation			Name	of Employer			11.	
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	If contribution is in excess of municipality does contributor municipality valued at more the	or business l				Amoui	nt of Cont	ribution
Is this contribution associated with an event reported in Section L1? If yes, list Event # Yes	Is contributor a principal of a state of the	r _	or prosp		rtor? Yes No islative			\$475.00
Method of contribution: ☐ Cash Personal Check ☐ Credit/Deb	it Card Payroll Deduction	Money Ord	er	Date Received 10/08/2021	Aggregate contributions \$475.00			
Last Name			First		'			M.I.
Banerjee			Cha	andan				
Residential Street Address		City				State	Zip Code	
63 Chatham Rd		Stamfor	rd			СТ	06903-	2325
Principal Occupation Retired			Name Retir	of Employer ed				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	If contribution is in excess of municipality does contributor municipality valued at more the	or business !				Amoui	nt of Cont	ribution
Is this contribution associated with an event reported in Section L1? Yes If yes, list Event #	Is contributor a principal of a stat If yes, indicate which branch of branches of government the contract is with:	r	or prosp		Yes Yes No islative			\$20.00
Method of contribution: Cash Personal Check Credit/Deb]Money Ord	ег	Date Received 10/08/2021	Aggregate contributions \$20.00			
Last Name			First			**		M.I.
Leute			Dav	<i>i</i> id				
Residential Street Address		City				State	Zip Code	
107 Turner Rd		Stamfor				СТ	06905-	3235
Principal Occupation Engineer			Name APTI	of Employer				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	If contribution is in excess of municipality does contributor municipality valued at more the state of the st	or business				Amour	nt of Cont	ribution
Is this contribution associated with an event reported in Section L1?	If yes, indicate which branch o							\$50.00
If yes, list Event #	branches of government the contract is with:	Ex	ecutive	eLeg	islative No			
Method of contribution: Cash Personal Check ✓ Credit/Deb	rit Card Payroll Deduction	Money Ord	ler	Date Received 10/08/2021	Aggregate contributions \$50.00	-		

	SUBTOTAL Section B - This Page	\$545.00
	TOTAL of Section B Pages	\$44,719.00
THE STATE OF THE PROPERTY OF T	FROM INDIVIDUALS (Sections A + B) Line 13, Column A of Summary Page	\$44,719.00

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NAME OF COMMITTEE (Provide Comp.	lete Name as Registered with Fi	iling Repos	itory)		TYPE OF REPORT	61233		
Bobby Valentine for Stamford					7th day preceding	election	- SANGER	and the same
A. Total Contributions from Small Co	ontributors - Received this	Period O	NLY	TRANSPORTER	Till and the second			
(See instructions for definition of Small Con	tributor)	200		Subtotal Section	A.			\$0.00
	B. Itemized C	Contribut	ions fi	rom Individuals		1		Signalisability
Last Name			First			C. Chief and	STATE OF THE STATE	M.I.
Nanos			Dr.	Christopher				
Residential Street Address		City				State	Zip Code	-
51 Clay Hill Rd		Stamfo	rd			CT	06905-	1727
Principal Occupation			Name	of Employer				
Physical Therapist			Self					
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	municipality does contributor	or business	he/she i			Amoun	t of Cont	ribution
	municipality valued at more the			Yes	✓ No	Į		
Is this contribution associated with an event reported in Section L1?	Is contributor a principal of a state If yes, indicate which branch o		or pros	pective state contracto	r? ☐Yes			\$5.00
If yes, list Event #	branches of government the contract is with:		ecutiv	eLegisl	ative No			ψ0.00
Method of contribution: ☐ Cash ☐ Personal Check ✓ Credit/Deb	oit Card Payroll Deduction	Money Ord	ler	Date Received 10/08/2021	Aggregate contributions \$5.00			
Last Name			First					M,I.
Kahn			Rot	pert				
Residential Street Address		City				State	Zip Code	-
80 C Old Hill Rd		Westpo	ort			СТ	06880-2	2300
Principal Occupation Real Estate			1	of Employer ed Realty				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	If contribution is in excess of municipality does contributor municipality valued at more to	or business	he/shc i			Атоип	t of Cont	ribution
Is this contribution associated with an event reported in Section L1?	Is contributor a principal of a state of the		or pros	pective state contracto	r?			\$250.00
If yes, list Event #	branches of government the contract is with:	Ex	ecutiv	eLegisl	ative			
Method of contribution: ☐ Cash ☐ Personal Check ✓ Credit/Deb	oit Card Payroll Deduction	Money Ord	ler	Date Received 10/08/2021	Aggregate contributions \$250.00			
Last Name			First					M.I.
Pelazza			Jod	у				
Residential Street Address		City				State	Zip Code	
107 East St		South 9				NY	10590-2	2507
Principal Occupation Self Employed				of Employer zza Construction	Services, Inc.			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	If contribution is in excess of municipality does contributor municipality valued at more that	or business	he/she i	committee for a chief s associated with have	executive officer of a a contract with said	Amoun	t of Cont	ribution
Is this contribution associated with an event reported in Section L1?	Is contributor a principal of a stat		or pros	pective state contracto	r? Yes			\$500.00
If yes, list Event #	If yes, indicate which branch o branches of government the contract is with:		ecutiv	e Legisl	✓ No			\$500.00
Method of contribution: ☐ Cash ☐ Personal Check ✓ Credit/Deb		Money Ord	ler	Date Received 10/08/2021	Aggregate contributions \$500.00			
	· · · · · · · · · · · · · · · · · · ·					7-2-2		

	SUBTOTAL Section B - This Page	\$755.00
是一种,但是一种,但是一种,但是一种,但是一种,但是一种,但是一种,但是一种,但	TOTAL of Section B Pages	\$44,719.00
	NS FROM INDIVIDUALS (Sections A + B) on Line 13, Column A of Summary Page	\$44,719.00

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NAME OF COMMITTEE : (Provide Complete	Name as Registered with Fi	ling Repos	itory)	加州市外	TYPE OF REPORT	3,00	建设 WGT	
Bobby Valentine for Stamford			1111		7th day preceding	election		
A. Total Contributions from Small Contr (See instructions for definition of Small Contrib		Period O	NLY	Subtotal Section 4	A			\$0.00
位于1000年高级基础的2000年12月20日2月2日	B. Itemized C	ontributi	ons f	rom Individuals		er er		有限的为.
Last Name			First					M.I.
Gonzalez			Cai	los				
Residential Street Address		City				State	Zip Code	
41 Pepper Ridge Rd		Stamfor	_			СТ	06905-3	3219
Principal Occupation Self Employed				of Employer Employed		320		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	If contribution is in excess of s municipality does contributor municipality valued at more th	or business l				Amoun	t of Cont	ribution
event reported in Section L1?	contributor a principal of a state If yes, indicate which branch or branches of government the contract is with:		or pros ecutiv		∐ Yes ✓ No			\$20.00
Method of contribution: ☐ Cash ☐ Personal Check ✓ Credit/Debit Ca		Money Ord	er	Date Received 10/24/2021	Aggregate contributions \$20.00			
Last Name			First					M.I.
Caponetti			Ge	rald				
Residential Street Address		City				State	Zip Code	1005
76 Sterling Pl		Stamfor		CP I		СТ	06907-	1335
Principal Occupation Banker			1	of Employer ens Bank				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	If contribution is in excess of smunicipality does contributor municipality valued at more the	or business l				Amoun	t of Cont	ribution
event reported in Section L1?	contributor a principal of a state If yes, indicate which branch or branches of government the contract is with:	·	or pros	_	✓ No			\$10.00
Method of contribution: Cash Personal Check ✓ Credit/Debit Ca	ard Payroll Deduction	Money Ord	er	Date Received 10/09/2021	Aggregate contributions \$10.00			
Last Name			First					M.I.
Defrancesco			Cai	ole				
Residential Street Address		City				State	Zip Code	1400
107 Hickory Dr		New Ca				СТ	06840-5	0136
Principal Occupation Retired			Reti	of Employer ed				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	If contribution is in excess of municipality does contributor municipality valued at more the	or business l				Amoun	t of Cont	ribution
event reported in Section L1?	contributor a principal of a state If yes, indicate which branch or branches of government the contract is with:		actor or prospective state contractor? Yes Executive Legislative					\$100.00
Method of contribution: Cash Personal Check ✓ Credit/Debit Ca		Money Ord		Date Received 10/09/2021	Aggregate contributions \$100.00			

	SUBTOTAL Section B - This Page	\$130.00
	TOTAL of Section B Pages	\$44,719.00
- 高級の表現を1を目標的19/12/14/14/14/14/14/14/14/14/14/14/14/14/14/	FROM INDIVIDUALS (Sections A + B) Line 13, Column A of Summary Page	\$44,719.00

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NAME OF COMMITTEE (Provide Complete Name as Registered with	Filing Repos	itory)	Of the second	TYPE OF REPORT	it and		
Bobby Valentine for Stamford				7th day preceding			1900
A. Total Contributions from Small Contributors - Received this Period ONLY				9			
(See instructions for definition of Small Contributor)			Subtotal Section	X.			\$0.00
B. Itemized	d Contribut	ions f	rom Individuals	Section Section (Section)	SHOULD S	SUPPLIES	Kentalon.
Last Name		Firs			PRINTAGE UN	ALTERNATION OF THE PARTY OF THE	M.I.
Tooher		Jar	nes				
Residential Street Address	City				State	Zip Code	1
8 Mitzi Rd	Stamfo	rd			СТ	06905-	2515
Principal Occupation			of Employer				
Real estate Appraiser			Employed				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes If contribution is in excess municipality does contribution in the contribution is in excess municipality valued at more than the contribution is in excess municipality valued at more than the contribution is in excess municipality valued at more than the contribution is in excess municipality valued at more than the contribution is in excess municipality valued at more than the contribution is in excess municipality does contribution.	itor or business	ndidate he/she	committee for a chief is associated with have Yes	executive officer of a a contract with said No	Amoun	it of Cont	tribution
Is this contribution associated with an Yes Is contributor a principal of a	state contractor	or pros	pective state contractor	r? Yes	1		****
event reported in Section L1? If yes, indicate which brane	_		_	.ZNo			\$250.00
If yes, list Event # contract is with:	L Ex	ecutiv		ative			
Method of contribution: ☐ Cash ☐ Personal Check ✔ Credit/Debit Card ☐ Payroll Deduction	Money Ord	ег	Date Received 10/10/2021	Aggregate contributions \$250.00			
Last Name		Firs					M.I.
Galuris		Pe	er				
Residential Street Address	City				State	Zip Code	
11 Patricia Ln	Stamfo				CT	06905-	2132
Principal Occupation Project Manager			of Employer nata Sign Co				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes If contribution is in excess municipality does contribution in the contribution is in excess municipality does contribution is in excess municipality valued at more than the contribution is in excess municipality valued at more than the contribution is in excess municipality valued at more than the contribution is in excess municipality valued at more than the contribution is in excess municipality does contribution is in excess municipality does contribution.	itor or business	ndidate he/she	committee for a chief is associated with have	executive officer of a a contract with said	Amoun	t of Cont	ribution
Is this contribution associated with an event reported in Section L1? Yes Is contributor a principal of a second reported in Section L1?		or pros	pective state contractor	? Yes			\$400.00
If yes, list Event # 101121a No list Event # 101121a No list Event # 101121a		ecutiv	e Legisla	ative No			\$400.00
Method of contribution: ☐ Cash ☐ Personal Check ✓ Credit/Debit Card ☐ Payroll Deduction	Money Ord	er	Date Received 10/10/2021	Aggregate contributions \$400.00			
Last Name		Firs					M,I.
Piro		Da	niel				
Residential Street Address	City				State	Zip Code	
92 Rolling Ridge Rd	Stamfo	_			СТ	06903-	1318
Principal Occupation Manager			of Employer nata Sign Co LLC				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes If contribution is in excess municipality does contribute municipality valued at more than the specific property of th	tor or business.	ndidate he/she	committee for a chief of a sassociated with have Yes	executive officer of a a contract with said	Amoun	t of Cont	ribution
Is this contribution associated with an event reported in Section L1? Yes Is contributor a principal of a second reported in Section L1?		or pros	pective state contractor	? Yes			\$200 oo
If yes, list Event # 101121a No branches of government the contract is with:	_	ecutiv	eLegisla	✓ No			\$200.00
Method of contribution: ☐ Cash ☐ Personal Check ✓ Credit/Debit Card ☐ Payroll Deduction	Money Ord	er	Date Received 10/10/2021	Aggregate contributions \$200.00			

SUBTOTAL Section B - This Page	\$850.00
TOTAL of Section B Pages	\$44,719.00
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B) (Enter total on Line 13, Column A of Summary Page	\$44,719.00

Page -	45	of	10.
age	73	U.L	10.

NAME OF COMMITTEE (Provide Complete Name as Registered with F	iling Repos	itory)	9月5月1日日本語名	TYPE OF REPORT		- 17-09 m	新发生
Bobby Valentine for Stamford				7th day preceding	election		
A. Total Contributions from Small Contributors - Received this (See instructions for definition of Small Contributor)	s Period O	NLY	Subtotal Section A	4			\$0.00
B. Itemized C	Contribut	ions f	rom Individuals			SANIAS	
Last Name		Firs					M,I.
Durkin		Rya	an				
Residential Street Address	City				State	Zip Code	
12 Friar Tuck Ln	Stamfo	_			СТ	06907-	1109
Principal Occupation Unemployed		Une	of Employer mployed				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes If contribution is in excess of municipality does contributed municipality valued at more to	r or business :				Amour	nt of Cont	ribution
Is this contribution associated with an event reported in Section L1? If yes, list Event # 101121a Is contributor a principal of a sta If yes, indicate which branch of branches of government the contract is with:	ог	or pros	_	∐ Yes ✓No			\$200.00
Method of contribution: Cash Personal Check ✓ Credit/Debit Card Payroll Deduction	Money Ord	er	Date Received 10/10/2021	Aggregate contributions \$200.00			
Last Name		First					M.I.
Oleary		Joh	nn				
Residential Street Address	City				State	Zip Code	
12 Friar Tuck Ln	Stamfo				СТ	06907-	1109
Principal Occupation Unemployed			of Employer mployed				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes If contribution is in excess of municipality does contributor municipality valued at more to	r or business				Amour	it of Cont	ribution
Is this contribution associated with an event reported in Section L1? If yes, list Event # 101121a Is contributor a principal of a sta If yes, indicate which branch of branches of government the contract is with:	or	or pros	_	res ✓ No			\$200.00
Method of contribution: Cash Personal Check	Money Ord	ег	Date Received 10/10/2021	Aggregate contributions \$200.00			
Last Name Siegel		First Ada					M.I.
Residential Street Address 10 Quintard PI	City Westpo	ort			State CT	Zip Code 06880-	5634
Principal Occupation Sales			of Employer ential				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes If contribution is in excess of municipality does contributor municipality valued at more to	r or business than \$5,000?	he/she i	s associated with have	a contract with said No	Amoun	it of Cont	ribution
Is this contribution associated with an event reported in Section L1? If yes, list Event # Is contributor a principal of a state of the section L1? If yes, list Event #	or	or pros		✓ No			\$5.00
Method of contribution: Cash Personal Check Credit/Debit Card Payroll Deduction			Date Received 10/10/2021	Aggregate contributions \$5.00			

SUBTOTAL Section B - This Page	\$405.00
TOTAL of Section B Pages	\$44,719.00
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B) (Enter total on Line 13, Column A of Summary Page	\$44,719.00

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NAME OF COMMITTEE (Provide Complete	e Name as Registered with Fi	ling Repos	itory)		TYPE OF REPORT		SINE N	70000
Bobby Valentine for Stamford				7th day preceding	election	NA SUPERIN		
A. Total Contributions from Small Contributors - Received this Period ONLY								
(See instructions for definition of Small Contri	ibutor)			Subtotal Section	X.			\$0.00
Continue to a selection of the con-	B. Itemized C	ontributi	ions fi	rom Individuals	NO STEEL STATES	W/ 80 00	× 2939 636	NH 50 Mark
Last Name			First		VIA CO. ESTABLISHMENTS		Comment (sec	M.I.
Haslett			Nic	holas				
Residential Street Address		City				State	Zip Code	
311 W Broadway, Apt 2E		New Yo	ork			NY	10013-3	3054
Principal Occupation			Name	of Employer				
Executive			Cast	leton Commoditie	es International LLC			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	If contribution is in excess of municipality does contributor municipality valued at more the	or business l	ndidate he/she i	committee for a chief s associated with have Yes	executive officer of a a contract with said	Amour	nt of Cont	ribution
Is this contribution associated with an event reported in Section L1?	Is contributor a principal of a stat		or prosp	pective state contractor	? Yes	1		£100.00
If yes, list Event #	If yes, indicate which branch or branches of government the contract is with:	_	ecutive	eLegisl	ative No			\$100.00
Method of contribution: ☐ Cash ☐ Personal Check ✓ Credit/Debit (Card Payroll Deduction	Money Ord	ег	Date Received 10/11/2021	Aggregate contributions \$100.00			
Last Name			First					M.I.
Karim			Vict	or				
Residential Street Address		City				State	Zip Code	
78 Cricket Ln		Stamfor	rd			СТ	06903-2	2502
Principal Occupation Accountant			ı	of Employer		.,,		
				loyed				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	If contribution is in excess of municipality does contributor municipality valued at more the	or business l	ndidate he/she is	committee for a chief s associated with have Yes	executive officer of a a contract with said	Amoun	t of Cont	ribution
Is this contribution associated with an Yes	Is contributor a principal of a state	e contractor	or pros	pective state contractor	? TYes	1		
event reported in Section L1?	If yes, indicate which branch or branches of government the	г			. ✓ No			\$25.00
If yes, list Event #	contract is with:	Exe	ecutive	E Legisla	ative			
Method of contribution: Cash Personal Check Credit/Debit C	Card Payroll Deduction	Money Orde	er	Date Received 10/11/2021	Aggregate contributions \$25.00			
Last Name			First					M.I.
Mallozzi			Ray	mond				
Residential Street Address		City				State	Zip Code	
20 Beech Tree Way		Milford				СТ	06461-1	1877
Principal Occupation			Name	of Employer				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	If contribution is in excess of smunicipality does contributor municipality valued at more the	or business h	ndidate he/she is	committee for a chief of a sassociated with have Yes	executive officer of a a contract with said	Amoun	t of Cont	ribution
Is this contribution associated with an event reported in Section L1?	Is contributor a principal of a state		or prosp	pective state contractor	? Yes			¢E00.00
If yes, list Event #	If yes, indicate which branch or branches of government the contract is with:		ecutive	: Legisla	✓ No			\$500.00
Method of contribution: Cash Personal Check Credit/Debit C		Money Orde	ег	Date Received 10/11/2021	Aggregate contributions \$500.00			

SUBTOTAL Section B - This Page	\$625.00
TOTAL of Section B Pages	\$44,719.00
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B) (Enter total on Line 13, Column A of Summary Page	\$44,719.00

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NAME OF COMMITTEE (Provide Complete Name as Registered with F	iling Repos	itory)		TYPE OF REPORT	100011535	i ika ma	none pro-
Bobby Valentine for Stamford				7th day preceding	election		
A. Total Contributions from Small Contributors - Received this (See instructions for definition of Small Contributor)	Period O	NLY	Subtotal Section A	À			\$0.00
B. Itemized (Contribut	ions f	rom Individuals		LANGE CO		TO MERCE
Last Name		First					M.I.
Goldberg		Ma	гс				
Residential Street Address	City				State	Zip Code	
300 Cookman Ave, Unit 203	Asbury				NJ	07712-6	3686
Principal Occupation Executive		Name Verit	of Employer ext				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes If contribution is in excess of municipality does contributor municipality valued at more to	or business	he/she i			Amoui	ıt of Cont	ribution
Is this contribution associated with an event reported in Section L1? If yes, list Event # Is contributor a principal of a sta If yes, indicate which branch to branches of government the contract is with:	or	or pros	_	✓ No			\$150.00
Method of contribution: Cash Personal Check Credit/Debit Card Payroll Deduction	Money Ord	ler	Date Received 10/11/2021	Aggregate contributions \$150.00			
Last Name		First					M.i.
Berg		Sar	mantha				
Residential Street Address	City				State	Zip Code	
126 Wire Mill Rd	Stamfo				СТ	06903-4	1411
Principal Occupation Teacher			of Employer ers central schoo	ol district			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes If contribution is in excess of municipality does contributor municipality valued at more to	or business	he/she i			Amour	it of Cont	ribution
Is this contribution associated with an event reported in Section L1? If yes, list Event # Is contributor a principal of a sta If yes, indicate which branch of branches of government the contract is with:	or	or pros		∐ res ✓No			\$10.00
Method of contribution: Cash Personal Check ✓ Credit/Debit Card Payroll Deduction	Money Ord	ler	Date Received 10/11/2021	Aggregate contributions \$10.00			
Last Name Ferri		First	obie and Lou		,		M.I.
Residential Street Address	City	1 500	J.J. Gila Lou		State	Zip Code	
19 Meredith Ln	Stamfor	rd			СТ	06903-4	1114
Principal Occupation Teacher/Tutor			of Employer Employed				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes If contribution is in excess of municipality does contributor municipality valued at more t	or business				Amour	nt of Cont	ribution
Is this contribution associated with an event reported in Section L1? Yes Is contributor a principal of a sta If yes, indicate which branch of branches of government the		or pros	pective state contractor	? Yes			\$25,00
If yes, list Event # branches of government the contract is with:	☐ Ex	ecutive	eLegisl	ative V 190			
Method of contribution: Cash Personal Check ✓ Credit/Debit Card Payroll Deduction	Money Ord	ler	Date Received 10/12/2021	Aggregate contributions \$25.00			

SUBTOTAL Section B - This Page	\$185.00
TOTAL of Section B Pages	\$44,719.00
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B) (Enter total on Line 13, Column A of Summary Page	\$44,719.00

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NAME OF COMMITTEE (Provide Complete Name a	s Registered with Filin	g Reposi	tory)	in this case	TYPE OF REPORT	TO BOX		
Bobby Valentine for Stamford					7th day preceding	election	and the second	CONTRACTOR OF THE PARTY OF THE
A. Total Contributions from Small Contributor	s - Received this Po	eriod Ol	NLY	1000	ł			
(See instructions for definition of Small Contributor)				Subtotal Section	Š.			\$0.00
	B. Itemized Co.	ntributi	ons fr	rom Individuals	A STREET BOOK AND A STREET		No. of the last	ANTHORISM N
Last Name	The Residence Co. S.		First		A SHARWAN CONTRACTOR	20172	THE WAY THE	M.I.
 Feldman			Max	(
Residential Street Address		City	10100			State	Zip Code	4
1351 Riverbank Rd		Stamfor	d			CT	06903-2	2026
Principal Occupation Self Employed				of Employer Employed			d:	
Is contributor a lobbyist, spouse, or Yes If contributor	ribution is in excess of \$4	00 to a can			executive officer of a	Γ.		
dependent child of a lobbyist? Mo munici	pality does contributor or pality valued at more than	business h				Amour	it of Cont	ribution
arout remerted in Costion I 12	utor a principal of a state of	ontractor of	or prosp	pective state contractor	r? Yes	1		\$10.00
1/ yes, 11	ndicate which branch or of government the is with:	Exe	ecutive	eLegisl	ative No			Ψ10.00
Method of contribution: Cash Personal Check Credit/Debit Card	Payroll Deduction M	loney Orde	:r	Date Received 10/12/2021	Aggregate contributions \$10.00			
Last Name			First					M.I.
Grant			And	Irew				
Residential Street Address		City				State	Zip Code	
67 Rutz St		Stamfor	d			СТ	06906-1	1210
Principal Occupation IT Manager			Name Medt	of Employer Fonic				
dependent child of a lobbyist? munici	ribution is in excess of \$40 pality does contributor or pality valued at more than	business h				Amour	nt of Cont	ribution
event reported in Section L1? If yes, in branches	ator a principal of a state condicate which branch or of government the	_	or prosp	_	✓ No			\$25.00
Method of contribution: Cash Personal Check Credit/Debit Card	Payroll Deduction			Date Received	Aggregate contributions			
Last Name	T ayron Deddenon	roncy Oruc	First	10/12/2021	\$25.00			
Ford			Vict	oria				M,I,
Residential Street Address		City				State	Zip Code	
30 Central Ave		Atlantic	Highl	ands		NJ	07716-1	1445
Principal Occupation Self Employed				of Employer Employed				
dependent child of a lobbyist? Mo	ribution is in excess of \$40 pality does contributor or pality valued at more than	business h				Amour	it of Conti	ribution
event reported in Section L1?						\$50.00		
If yes, list Event # contract	of government the	Exe	ecutive	eLegisl	ative No			
Method of contribution: ☐ Cash ☐ Personal Check ✓ Credit/Debit Card ☐	Payroll Deduction M	Ioney Orde	er	Date Received 10/12/2021	Aggregate contributions \$50.00			

	SUBTOTAL Section B - This Page	\$85.00
4、香蕉、沙漠、沙漠、沙漠、沙漠、沙漠、沙漠、沙漠、沙漠、沙漠、沙漠、沙漠、沙漠、沙漠、	TOTAL of Section B Pages	\$44,719.00
	S FROM INDIVIDUALS (Sections A + B) on Line 13, Column A of Summary Page	\$44,719.00

Page	49	of	102
1 age	47	UL	102

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)			TYPE OF REPORT				
Bobby Valentine for Stamford				7th day preceding	election		
A. Total Contributions from Small Contributors - Received this	Period O	NLY					
(See instructions for definition of Small Contributor)			Subtotal Section	1			\$0.00
B. Itemized C	ontributi	ions f	rom Individuals	trestal and the			####A3
Last Name		First					M.I.
Gibson		Roo	dger				
Residential Street Address	City				State	Zip Code	
113 Westwood Rd	Stamfor				СТ	06902-	1519
Principal Occupation Self-employed		Name A	of Employer				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes No If contribution is in excess of municipality does contributor municipality valued at more than the contributor municipality valued at more than the contributor municipality valued at more than the contributor is in excess of municipality valued at more than the contributor is in excess of municipality valued at more than the contributor is in excess of municipality valued at more than the contributor is in excess of municipality does contributor.	or business 1				Amoun	t of Cont	ribution
Is this contribution associated with an event reported in Section L1? Yes No Is contributor a principal of a state of the section L1? If yes, indicate which branch of branches of government the		or pros	pective state contracto	r?			\$100.00
If yes, list Event # branches of government the contract is with:	Exe	ecutive	eLegisl	ative VINO			
Method of contribution: ☐ Cash ☐ Personal Check ✓ Credit/Debit Card ☐ Payroll Deduction ☐	Money Orde	ег	Date Received 10/12/2021	Aggregate contributions \$100.00			
Last Name		First			A		M,I,
Michelson		She	elley				
Residential Street Address	City				State	Zip Code	
111 Idlewood Dr	Stamfor				СТ	06905-2	2407
Principal Occupation Consultant			of Employer Employed				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes If contribution is in excess of municipality does contributor municipality valued at more the	or business l				Amoun	t of Cont	ribution
Is this contribution associated with an event reported in Section L1? Yes No Is contributor a principal of a stat If yes, indicate which branch of branches of government the		or pros	pective state contractor	? Yes			\$100.00
If yes, list Event # branches of government the contract is with:	Exc	ecutive	ELegisl	ative			
Method of contribution: ☐ Cash ☐ Personal Check ✓ Credit/Debit Card ☐ Payroll Deduction ☐	Money Orde	ег	Date Received 10/12/2021	Aggregate contributions \$100.00			
Last Name		First					M.I.
Pierni		Ger	ald				
Residential Street Address	City				State	Zip Code	
1611 Washington Blvd, Apt 5	Stamfor		CP I		СТ	06902-2	2423
Principal Occupation Realtor			of Employer Employed				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes If contribution is in excess of municipality does contributor municipality valued at more the	or business h				Amoun	t of Conti	ribution
Is this contribution associated with an event reported in Section L1? Is contributor a principal of a state of the section L1? If yes, indicate which branch of the section L1?		or pros	pective state contractor	?			\$50.00
If yes, list Event # branches of government the contract is with:	Exe	ecutive	eLegisla	ative V 190			
Method of contribution: ☐ Cash ☐ Personal Check ✓ Credit/Debit Card ☐ Payroll Deduction ☐	Money Orde	ег	Date Received 10/12/2021	Aggregate contributions \$50.00			

SUBTOTAL Section B - This Page	\$250,00
TOTAL of Section B Pages	\$44,719.00
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B) (Enter total on Line 13, Column A of Summary Page	\$44,719.00

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NAME OF COMMITTEE (Provide Compa	lete Name as Registered with Fi	ling Repos	itory)		TYPE OF REPORT		WE STATE	
Bobby Valentine for Stamford		AN INC.			7th day preceding	election		
A. Total Contributions from Small Co	ontributors - Received this	Period O	NLY					
(See instructions for definition of Small Con	tributor)		6-1 - X	Subtotal Section	1			\$0.00
CHARLES NO.	B. Itemized C	Contribut	ions f	rom Individuals	The state of the s	UNITED STATE	With Division	W 200 7 7 7
Last Name	THE PARTY OF THE P	DANSONA	Firs	STERRING TO STATE OF		SERVICIANE	PROPERTY	M.I.
Levy			An	drew				
Residential Street Address		City				State	Zip Code	
303 E 83rd St, Apt 6A		New Yo	ork			NY	10028-	
Principal Occupation				of Employer				
Sports Marketing Agent			Self					
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	If contribution is in excess of municipality does contributor municipality valued at more the	or business				Amour	it of Cont	ribution
Is this contribution associated with an event reported in Section L1?	Is contributor a principal of a stat		or pros	spective state contracto	r? Yes	1		0.100.00
If yes, list Event #	If yes, indicate which branch or branches of government the contract is with:	_	ecutiv	e Legisl	✓ No			\$100.00
Method of contribution: Cash Personal Check ✓ Credit/Deb	it Card Payroll Deduction	Money Ord	ег	Date Received 10/13/2021	Aggregate contributions			
Last Name			Firs					M.L.
Mammana			Ma	ry Ann				
Residential Street Address		City				State	Zip Code	I
6 Phillips Pi		Stamfo	rd			CT	06906-	1418
Principal Occupation Administrator			1	of Employer y Kay Cosmetics	Inc.		•	
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	If contribution is in excess of municipality does contributor municipality valued at more the	or business				Amour	it of Cont	ribution
Is this contribution associated with an event reported in Section L1? If yes, list Event #	Is contributor a principal of a stat If yes, indicate which branch or branches of government the contract is with:	г	or pros		∐ res ✓No			\$5.00
Method of contribution: Cash Personal Check Credit/Deb		Money Ord		Date Received 10/13/2021	Aggregate contributions \$5.00			
Last Name			First					M.L.
STONE			RIC	CK				
Residential Street Address 116 Nocossa Cir		City Jupiter				State	Zip Code 33458-7	7721
Principal Occupation Banker				of Employer gan Stanley				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	If contribution is in excess of a municipality does contributor municipality valued at more th	or business!	l ndidate he/she	committee for a chief is associated with have	executive officer of a a contract with said	Amoun	t of Cont	ribution
Is this contribution associated with an event reported in Section L1? If yes, list Event #	Is contributor a principal of a state If yes, indicate which branch or branches of government the contract is with:	r	or pros	_	∐ Yes ✓ No	i		\$250.00
Method of contribution: ☐ Cash Personal Check ✓ Credit/Deb		Money Ord		Date Received 10/13/2021	Aggregate contributions \$250.00			

SUBTOTAL Section B - This Page	\$355.00
TOTAL of Section B Pages	\$44,719.00
FROM INDIVIDUALS (Sections A + B) a Line 13, Column A of Summary Page	\$44,719.00

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NAME OF COMMITTEE (Provide Compl	ete Name as Registered with F	iling Repos	sitory)		TYPE OF REPORT		SHIP FOR	AND DESCRIPTION
Bobby Valentine for Stamford				STATE OF THE STATE	7th day preceding	election	1	
A. Total Contributions from Small Co (See instructions for definition of Small Con		Period C	NLY	Subtotal Section	A			\$0.00
astronomical displayation would	B. Itemized C	Contribut	ions f	rom Individuals	MURIE PORTAGO	100	\$10 miles	
Last Name			Firs				A3215-1000-48	ML
Biagiarelli			Joa	an				
Residential Street Address		City				State	Zip Code	
28 Dunn Ave		Stamfo	rd			CT	06905-	1110
Principal Occupation Customer Service Rep				of Employer on Agecy				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes No	If contribution is in excess of municipality does contributor municipality valued at more to	or business	ndidate he/she	committee for a chief is associated with have Yes	executive officer of a a contract with said	Amou	it of Cont	tribution
Is this contribution associated with an event reported in Section L1? If yes, list Event #	Is contributor a principal of a state of the	r	•		∐ Yes ✓ No			\$3.00
Method of contribution: Cash Personal Check Credit/Debi	contract is with:	Money Ord	ecutiv er	Date Received 10/13/2021	Aggregate contributions \$3.00			
Last Name			First					M.I.
Cullari			Cha	arles				
Residential Street Address		City				State	Zip Code	
1431 High Ridge Rd		Stamfor				СТ	06903-4	4906
Principal Occupation Test Engineer			Stan	of Employer ford Technology				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	If contribution is in excess of municipality does contributor municipality valued at more the	or business l nan \$5,000?	he/she i	s associated with have	a contract with said No	Amour	t of Cont	ribution
Is this contribution associated with an event reported in Section L1?	Is contributor a principal of a stat If yes, indicate which branch or branches of government the		or pros	pective state contractor	r?			\$50.00
If yes, list Event #	contract is with:	Ex	ecutive	Legisl	ative			
Method of contribution: Cash Personal Check Credit/Debi	t Card Payroll Deduction	Money Orde	er	Date Received 10/13/2021	Aggregate contributions \$50.00			
Last Name			First					M.I.
Schwartz			Nol	an				
Residential Street Address 57 Hedge Brook Ln		City Stamfor	d			State CT	Zip Code 06903-2	2029
Principal Occupation Retired			Name Retir	of Employer ed				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes No	If contribution is in excess of s municipality does contributor municipality valued at more th	or business h				Amoun	t of Conti	ribution
Is this contribution associated with an event reported in Section L1?	ent reported in Section L1?					\$250.00		
If yes, list Event #	branches of government the contract is with:	Exe	ecutive	Legisla Legisla	ative No			
Method of contribution: Cash Personal Check Credit/Debit	Card Payroll Deduction	Money Orde	ег	Date Received 10/13/2021	Aggregate contributions \$250.00			

SUBTOTAL Section B - This Page	\$303.00
TOTAL of Section B Pages	\$44,719.00
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B) (Enter total on Line 13, Column A of Summary Page	\$44,719.00

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NAME OF COMMITTEE (Provide Comple	ete Name as Registered with Fi	ling Repos	itory)	TELEPHANIS	TYPE OF REPORT	NEATHERN	CANA	
Bobby Valentine for Stamford					7th day preceding	manufacture and the second	- STEEL STATE	
A. Total Contributions from Small Co (See instructions for definition of Small Cont	A STATE OF THE PARTY OF THE PAR	Period O	NLY	Subtotal Section				\$0.00
	B. Itemized C	ontribut	ions f	rom Individuals	NATIONAL STREET, STREE	の中で	Median A	WEST WAY
Last Name			Firs			AND THE PERSON		M.I.
Keon			Joh	nn				5-1,1-
Residential Street Address		City				State	Zip Code	
482 Rock Rimmon Rd		Stamfo	rd			CT	06903-2	2330
Principal Occupation Consultant				of Employer Marketing Advan	tage, Inc.			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	If contribution is in excess of municipality does contributor municipality valued at more the	or business				Amoun	t of Cont	ribution
Is this contribution associated with an event reported in Section L1? If yes, list Event #	Is contributor a principal of a stat If yes, indicate which branch of branches of government the contract is with:	r	or pros		∐ Yes ✓ No			\$100.00
Method of contribution: ☐ Cash ☐ Personal Check ✓ Credit/Debi		Money Ord	ег	Date Received 10/13/2021	Aggregate contributions \$100.00			
Last Name			Firs					M.I.
Fronio			Tat	e				
Residential Street Address		City				State	Zip Code	
444 Bedford St, Apt 4B		Stamfo				CT	06901-1	1507
Principal Occupation Driver			1	of Employer y's Executive Tra	nsportation			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	If contribution is in excess of municipality does contributor municipality valued at more the	or business				Amoun	t of Cont	ribution
Is this contribution associated with an event reported in Section L1? If yes, list Event #	Is contributor a principal of a stat If yes, indicate which branch of branches of government the contract is with:	г	or pros	_	∐ Yes ✓ No			\$50,00
Method of contribution: ☐ Cash ☐ Personal Check ✓ Credit/Debi	it Card Payroll Deduction	Money Ord	er	Date Received 10/13/2021	Aggregate contributions \$50.00			
Last Name			Firs					M.I.
Michaels			Vir	ginia				
Residential Street Address 368 83rd St		City Brookly	'n			State NY	Zip Code 11209-4	1405
Principal Occupation Retired			Name Reti	of Employer red				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	If contribution is in excess of municipality does contributor municipality valued at more the	or business				Amoun	t of Cont	ribution
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					\$10.00		
If yes, list Event #	branches of government the contract is with:	Ex	ecutiv	e Legisl	ative No			
Method of contribution: Cash Personal Check Credit/Debi	t Card Payroll Deduction	Money Ord	ег	Date Received 10/13/2021	Aggregate contributions \$10.00			

(1) 10 10 10 10 10 10 10 10 10 10 10 10 10	SUBTOTAL Section B - This Page	\$160.00
	TOTAL of Section B Pages	\$44,719.00
TOTAL OF ALL CONTRIBUTIONS FRO	OM INDIVIDUALS (Sections A + B)	01171085
(Enter total on Lin	e 13, Column A of Summary Page	\$44,719.00

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NAME OF COMMITTEE (Provide Complete Name as Re	gistered with Fi	ling Repos	itory)	Act Mark Com	TYPE OF REPORT	a negyt	Pitale	JANES .
Bobby Valentine for Stamford					7th day preceding	election	1	South of Street, or
A. Total Contributions from Small Contributors -	Received this	Period C	NLY	to a second the second	M			
(See instructions for definition of Small Contributor)				Subtotal Section	A			\$0.00
NEW TOTAL PLANTS HAVE VELLEN TO THE PARTY OF	B. Itemized C	ontribut	ions f	from Individuals	Marian Constitution		00/04/10/02/2	WHI SHEET
Last Name			Firs	STATE SHOW I THE WAR SHOW IN				I M.I.
Day			На	rrv				
Residential Street Address		City	Tiu	119		State	Zip Code	
82 Wild Duck Rd Stamford Ct		Stamfo	rd			CT	06903	
Principal Occupation			Name	of Employer		1	1	
Retired			Reti	red				
dependent child of a lobbyist? municipality	ion is in excess of S y does contributor of y valued at more th	or business :	ndidate he/she	committee for a chief is associated with have Yes	executive officer of a e a contract with said	Amou	it of Cont	ribution
event reported in Section L1? If yes, indicates list Event # VNo branches of g	nte which branch or overnment the		or pros	e Legis	Yes ✓ No		\$	1,000.00
Method of contribution:	th: πoll Deduction			Date Received 10/14/2021	Aggregate contributions \$1,000.00			
Last Name			First					M,I.
Storm			Ma	rla				
Residential Street Address		City				State	Zip Code	
102 Large Ave		Hillsdale	9			NJ	07642-2	2204
Principal Occupation Consultant			Sylvi	of Employer ia Enterprises				
dependent child of a lobbyist? municipality		or business l		committee for a chief is associated with have Yes		Amour	it of Cont	ribution
event reported in Section L17 If yes, indicated branches of ground br	te which branch or overnment the		or pros	pective state contracto	∐ res ✓No	\$250.00		\$250.00
Method of contribution: Cash Personal Check ✓ Credit/Debit Card Pay		Money Orde		Date Received 10/14/2021	Aggregate contributions \$250.00			
Last Name			First		W			M,I,
Taub			Ora	and David				
Residential Street Address 71 Blueberry Dr		City Stamfor	d			State CT	Zip Code 06902-1	805
Principal Occupation Engineer			Name asml	of Employer				
dependent child of a lobbyist? municipality		or business I		committee for a chief s associated with have Yes		Amoun	t of Conti	ribution
event reported in Section L1? If yes, indicat	utor a principal of a state contractor or prospective state contractor? Yes Indicate which branch or						\$500.00	
If yes, list Event # No branches of go contract is with		Exe	ecutive	eLegisl	ative No			
Method of contribution: Cash Personal Check ✓ Credit/Debit Card Pay	Toll Deduction	Money Ordo	er .	Date Received 10/14/2021	Aggregate contributions \$500.00			

SUBTOTAL Section B - This Page	\$1,750.00
TOTAL of Section B Pages	\$44,719.00
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B) (Enter total on Line 13, Column A of Summary Page	\$44,719.00

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NAME OF COMMITTEE (Provide Complete	Name as Registered with Fi	ling Reposi	itory)	W. Walling High Has	TYPE OF REPORT	TO SHE	100 miles	VEL SEA
Bobby Valentine for Stamford					7th day preceding	election		The second second
A. Total Contributions from Small Contr	ributors - Received this	Period O	NLY	0.00				
(See instructions for definition of Small Contrib	butor)			Subtotal Section	Š.			\$0.00
Supplied the supplied to the s	B. Itemized C	ontributi	ions fi	rom Individuals	N 19 35 708 11 11 11 15	To FREE		ADVISOR
Last Name			First		TAR THE PROPERTY OF	ANDAHORAS	VIDE NOT HER DATE	M.L
Edelman			Bet	h				1.435
Residential Street Address		City	_			State	Zip Code	-
6 Brian Dr		Rexford	i			NY	12148-	1415
Principal Occupation				of Employer				
Retired			Retir	ed				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	If contribution is in excess of s municipality does contributor municipality valued at more th	or business l				Amour	it of Cont	ribution
event reported in Section L1?	s contributor a principal of a state If yes, indicate which branch or		or pros	pective state contractor	Y es			\$50.00
If yes, list Event #	branches of government the contract is with:	Ex	ecutive		ative No			
Method of contribution: ☐ Cash ☐ Personal Check ✓ Credit/Debit Cash	ard Payroll Deduction	Money Ord	er	Date Received 10/15/2021	Aggregate contributions \$50.00			
Last Name			First					M.I.
Rizio			rayr	mond				
Residential Street Address		City				State	Zip Code	
177 Rowland Rd		Fairfield	1			СТ	06824-6	3622
Principal Occupation Attorney				of Employer o and Rizio, LLC	;			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	If contribution is in excess of smunicipality does contributor municipality valued at more the	or business l	ndidate he/she i	committee for a chief s associated with have Yes	executive officer of a a contract with said No	Amour	nt of Cont	ribution
event reported in Section L1?	s contributor a principal of a state If yes, indicate which branch or branches of government the contract is with:		or prosp	_	✓ No	\$1,000.0		1,000.00
Method of contribution: ☐ Cash ☐ Personal Check ✓ Credit/Debit Cash		Money Orde	er	Date Received 10/15/2021	Aggregate contributions \$1,000.00			
Last Name Pisano			First Enz					M.I.
Residential Street Address		City				State	Zip Code	
777 Newfield Ave		Stamfor	-			СТ	06905-2	2917
Principal Occupation Realtor & secretary			l .	of Employer am pitt & Greenw	ich hospital			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	If contribution is in excess of s municipality does contributor of municipality valued at more th	or business l	ndidate he/she is	committee for a chief is associated with have	executive officer of a a contract with said	Amoun	t of Cont	ribution
event reported in Section L1?	Is contributor a principal of a state contractor or prospective state contractor? Yes If yes, indicate which branch or						\$25.00	
If yes, list Event #	branches of government the contract is with:	Exc	ecutive					
Method of contribution: Cash Personal Check ✓ Credit/Debit Cash	ard Payroll Deduction	Money Orde	er	Date Received 10/15/2021	Aggregate contributions \$25.00			

SUBTOTAL Section B - This Page	\$1,075.00				
TOTAL of Section B Pages	\$44,719.00				
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B) (Enter total on Line 13, Column A of Summary Page					

Родо	55	of	103
Page	22	of	102

NAME OF COMMITTEE (Provide Comp	lete Name as Registered with F	iling Repos	itory)	斯達成克斯拉 哈	TYPE OF REPORT		Girl III	
Bobby Valentine for Stamford					7th day preceding	election	1	
A. Total Contributions from Small Co	ontributors - Received this	Period O	NLY		97			
(See instructions for definition of Small Con	utributor)			Subtotal Section	A			\$0.00
SENSOR OF STREET, STREET,	B. Itemized C	Contribut	ions 1	from Individuals	rensal sensievanie	EST TWES	e judicaja	4V (32)
Last Name	A STATE OF THE STA		Firs	t	CONTRACTOR DE LOCALISMO DE LA		AT TO SELECTION OF	M.I.
Concannon			The	omas				
Residential Street Address		City				State	Zip Code	
35 Clinton Ave		Stamfo	rď			СТ	06901-	3306
Principal Occupation				of Employer				
Self Employed			Cata	ano Financial Se	rvices			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	If contribution is in excess of municipality does contributor municipality valued at more to	or business				Amour	it of Cont	ribution
Is this contribution associated with an event reported in Section L1? Yes No	Is contributor a principal of a state If yes, indicate which branch of branches of government the	r	•		∐ Yes ✓ No			\$25.00
If yes, list Event #	contract is with:	Ex	ecutiv		lative —			
Method of contribution: ☐ Cash ☐ Personal Check ✓ Credit/Deb	oit Card Payroll Deduction	Money Ord	er	Date Received 10/16/2021	Aggregate contributions \$25.00			
Last Name			Firs	t	111			M,I,
Grasso			Jos	seph				
Residential Street Address		City				State	Zip Code	
57 Viaduct Rd		Stamfor				CT	06907	
Principal Occupation Construction				of Employer Employed				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	If contribution is in excess of municipality does contributor municipality valued at more the	or business l				Amoun	t of Cont	ribution
Is this contribution associated with an event reported in Section L1?	Is contributor a principal of a state If yes, indicate which branch of branches of government the	г		_	✓ No			\$500.00
If yes, list Event #	contract is with:	Ex	ecutiv		ative			
Method of contribution: ☐ Cash Personal Check ✓ Credit/Deb	it Card Payroll Deduction	Money Ord	ег	Date Received 10/16/2021	Aggregate contributions \$500.00			
Last Name			First					M.I.
Carrier			Fra	incesca				
Residential Street Address 3 Canterbury Grn, Apt 3603		City Stamfor	rd			State CT	Zip Code 06901-2	2046
Principal Occupation Unemployed			ı	of Employer mployed				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	If contribution is in excess of municipality does contributor municipality valued at more the	or business l				Amoun	t of Cont	ribution
Is this contribution associated with an event reported in Section L1?	Is contributor a principal of a state If yes, indicate which branch o		or pros	pective state contracto	res			\$5.00
If yes, list Event #	branches of government the contract is with:	Ex	ecutiv		<u> </u>			
Method of contribution: ☐ Cash ☐ Personal Check ✓ Credit/Deb	it Card Payroll Deduction	Money Orde	er	Date Received 10/16/2021	Aggregate contributions \$5.00			

SUBTOTAL Section B - This Page	\$530.00
TOTAL of Section B Pages	\$44,719.00
FROM INDIVIDUALS (Sections A + B) Line 13, Column A of Summary Page	\$44,719.00

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NAME OF COMMITTEE (Provide Complete Name as Registered with	Filing Repos	sitory)		TYPE OF REPORT		Search roung	3036世里
Bobby Valentine for Stamford				7th day preceding	election		NOS MAN
A. Total Contributions from Small Contributors - Received th							
(See instructions for definition of Small Contributor)			Subtotal Section	A			\$0.00
B. Itemized	Contribut	ions fi	rom Individuals	NATION NO STATE OF S	ris (provide	Active)	(Selvania)
Last Name		First		EWIE AND STREET	NO ASSESSMENT	THE REAL PROPERTY.	M.I.
Avalos		Jos	eph				
Residential Street Address	City	-			State	Zip Code	
43 Sylvan Knoll Rd	Stamfo	rd			CT	06902-	5311
Principal Occupation		1	of Employer				
Retired		Retir	ed				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes If contribution is in excess municipality does contribut municipality valued at more	or or business	he/she is			Amour	it of Cont	ribution
Is this contribution associated with an event reported in Section L1? Yes Is contributor a principal of a section L1?		or prosi	pective state contracto	r? Yes	1		\$100.00
If yes, list Event # If yes, list Event # If yes, indicate which branch branches of government the contract is with:	_	cecutive	eLegisl	ative No			\$100.00
Method of contribution: ☐ Cash ☐ Personal Check ✓ Credit/Debit Card ☐ Payroll Deduction	Money Ord	ler	Date Received 10/16/2021	Aggregate contributions \$100.00			
Last Name		First					M.L
Jean-eloi		Ern	st				
Residential Street Address	City				State	Zip Code	-
14 Taylor Ave, Apt 2C	Norwall				СТ	06854-2	2816
Principal Occupation Operation manager		Name Fabri	of Employer care				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes If contribution is in excess municipality does contribut municipality valued at more	or or business	he/she is	committee for a chief s associated with have Yes	executive officer of a contract with said	Amour	t of Cont	ribution
Is this contribution associated with an event reported in Section L1? Yes If yes, indicate which branch branches of government the	or			∐ res ✓ No			\$20.00
If yes, list Event # contract is with:	Ex	ecutive	: Legisl	ative			
Method of contribution: ☐ Cash ☐ Personal Check ✔ Credit/Debit Card ☐ Payroll Deduction	Money Ord	ler	Date Received 10/16/2021	Aggregate contributions \$20.00			
Last Name		First			*		M.I.
Ophir		Roy					
Residential Street Address	City	7			State	Zip Code	
79 Briarwood Ln	Stamfo	_			СТ	06903-4	1502
Principal Occupation		Name	of Employer				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes Yes If contribution is in excess of municipality does contribut municipality valued at more	or or business	he/she is	committee for a chief associated with have Yes	executive officer of a a contract with said	Amoun	it of Conti	ribution
Is this contribution associated with an event reported in Section L1? If yes, list Event # Is contributor a principal of a s If yes, indicate which branch branches of government the contract is with:	or	or prosp	_	∐ Yes ✓ No			\$100.00
Method of contribution: Cash Personal Check Credit/Debit Card Payroll Deduction	Money Ord	ler	Date Received 10/16/2021	Aggregate contributions \$100.00	-		

SUBTOTAL Section B - This Page	\$220.00				
TOTAL of Section B Pages	\$44,719.00				
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B) (Enter total on Line 13, Column A of Summary Page					

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NAME OF COMMITTEE (Provide Comple	ete Name as Registered with F	iling Repos	itory)		TYPE OF REPORT	i Kirawa	CHALLES	annian'i a
Bobby Valentine for Stamford					7th day preceding	election	1	
A. Total Contributions from Small Co	ntributors - Received this	Period O	NLY		No.			
(See instructions for definition of Small Cont	ributor)		3	Subtotal Section	A			\$0.00
	B. Itemized (Contribut	ions f	rom Individuals				Para la
Last Name		The state of the s	Firs	The state of the s		F1 - 17 - 419	-1017713-01	MI
Ophir			Nic	ole				
Residential Street Address		City	1			State	Zip Code	1
79 Briarwood Ln		Stamfor	rd			CT	06903-	
Principal Occupation			Name	of Employer		1		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	If contribution is in excess of municipality does contributor municipality valued at more t	r or business I han \$5,000?	nc/she i	s associated with have	a contract with said No	Amou	nt of Cont	tribution
Is this contribution associated with an event reported in Section L1? If yes, list Event #	Is contributor a principal of a sta If yes, indicate which branch of branches of government the	or	or pros		✓ No			\$100.00
Method of contribution: Cash Personal Check Credit/Debit	contract is with: Card Payroll Deduction	Money Orde		Date Received 10/16/2021	Aggregate contributions \$100.00			
Last Name			First					M.I.
Murray			gra	ham				
Residential Street Address		City				State	Zip Code	
178 Woodbury Ave		Stamfor	d			СТ	06907-	
Principal Occupation Financial Advisor				of Employer ill lynch				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes Yes	If contribution is in excess of municipality does contributor municipality valued at more to	or business h	ididate ie/she i	committee for a chief s associated with have Yes	executive officer of a a contract with said	Amour	nt of Cont	ribution
Is this contribution associated with an event reported in Section L1?	Is contributor a principal of a state If yes, indicate which branch o branches of government the		or prosj	pective state contracto	r? Yes			\$5.00
If yes, list Event #	contract is with:	Exe	ecutive	: Legisl	ative			
Method of contribution: ☐ Cash ☐ Personal Check ✓ Credit/Debit	Card Payroll Deduction	Money Orde	r	Date Received 10/16/2021	Aggregate contributions \$5.00			
Last Name			First	·				M.I.
Ochs			Owe	en				
Residential Street Address 1455 Washington Blvd, Apt 311		City Stamfor	d			State CT	Zip Code 06902-8	3805
Principal Occupation Police Officer				of Employer n of New Canaar	1			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	If contribution is in excess of municipality does contributor municipality valued at more the	or business h	didate (e/she is	committee for a chief s associated with have Yes	executive officer of a a contract with said	Amoun	t of Cont	ribution
Is this contribution associated with an event reported in Section L1?	Is contributor a principal of a stat		r prosp	ective state contractor	? Yes			¢20.00
If yes, list Event #	If yes, indicate which branch or branches of government the contract is with:	_	cutive	Legisla	✓ No			\$20.00
Method of contribution: Cash Personal Check Credit/Debit		Money Orde	r	Date Received 10/17/2021	Aggregate contributions \$20.00			

SUBTOTAL Section B - This Page	\$125.00
TOTAL of Section B Pages	\$44,719.00
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B) (Enter total on Line 13, Column A of Summary Page	\$44,719.00

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NAME OF COMMITTEE (Provide C	mplete	Name as Registered with Fi	ling Repos	itory)	THE RESIDENCE	TYPE OF REPORT	\$100 Long	10 to	1000
Bobby Valentine for Stamford				7th day preceding			-04/19/02		
A. Total Contributions from Smal	Cont	ributors - Received this	Period O	NLY					
(See instructions for definition of Small	Contrib	butor)		HIST	Subtotal Section	A			\$0.00
	Ser Street		ontributi	ons f	rom Individuals	PARTIE AND THE PARTY OF THE PAR	Piteroccus		Office of the life.
Last Name				First		FERROR III SKINDON HERK	occupies ou		M.I.
Poulos				Pet	e				
Residential Street Address			City	, 00			State	Zip Code	
47 Big Oak Ln			Stamfor	ď			CT	06903-4	1638
Principal Occupation				Name	of Employer				
Retired				Retir	red				
ls contributor a lobbyist, spouse, or dependent child of a lobbyist?	Yes No	If contribution is in excess of municipality does contributor	or business l		is associated with have	a contract with said	Amoun	t of Cont	ribution
		municipality valued at more th			Yes	✓No	Į		
Is this contribution associated with an event reported in Section L1?	es L	s contributor a principal of a stat If yes, indicate which branch or		or pros	pective state contracto	r? Yes			\$50.00
If yes, list Event #	lo	branches of government the contract is with:		ecutiv	eLegisl	ative No			Ψ00.00
Method of contribution: ☐ Cash Personal Check ✓ Credi	/Debit C	ard Payroll Deduction	Money Ord	ег	Date Received 10/17/2021	Aggregate contributions \$50.00			
Last Name				First					M.I.
loglisci				dor	ina				
Residential Street Address			City				State	Zip Code	-
189 Westover Rd			Stamfor	d			СТ	06902-1	1919
Principal Occupation hospital staff support				111	of Employer				
Tiospital stall support					nford Hospital				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	Yes No	If contribution is in excess of municipality does contributor municipality valued at more the state of the st	or business I	ndidate hc/she i	committee for a chief s associated with have Yes	executive officer of a a contract with said No	Amoun	t of Cont	ribution
Is this contribution associated with an event reported in Section L1?	es I	s contributor a principal of a stat		or pros	pective state contracto	r? Yes			\$5.00
If yes, list Event #	lo	branches of government the contract is with:		ecutiv	eLegisl	ative No			·
Method of contribution: ☐ Cash ☐ Personal Check ✓ Credi	/Debit C	ard Payroll Deduction	Money Ord	ег	Date Received 10/17/2021	Aggregate contributions \$5.00			
Last Name				First			-		M.I.
Greco				Jim					
Residential Street Address			City	•			State	Zip Code	-
285 W Broad Street Stamford Ct			Stamfor	.q			CT	06902	
Principal Occupation Retired				Name Retir	of Employer ed				
dependent shild of a labburet?	Yes No	If contribution is in excess of municipality does contributor municipality valued at more the	or business l				Amoun	t of Conti	ribution
Is this contribution associated with an event reported in Section L1?	es I	s contributor a principal of a stat		or pros	pective state contractor	r? Yes]		000.00
	lo	If yes, indicate which branch of branches of government the			<u></u>	✓ No			\$50.00
If yes, list Event #		contract is with:	Ex	ecutiv		ative			
Method of contribution: Cash Personal Check Credi	/Debit C	ard Payroll Deduction	Money Ord	er	Date Received 10/18/2021	Aggregate contributions \$50.00			

"我们是我们的一个人,我们们的一个人,我们们也是我们的一个人,我们们们的一个人。" 第一章	SUBTOTAL Section B - This Page	\$105.00
STEEL STATE OF THE	TOTAL of Section B Pages	\$44,719.00
	S FROM INDIVIDUALS (Sections A + B) n Line 13, Column A of Summary Page	\$44,719.00

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NAME OF COMMITTEE (Provide Complete Name as Reg	istered with Filing R	Repository)		TYPE OF REPORT	city y	102W6/36	4.000
Bobby Valentine for Stamford				7th day preceding	election		
A. Total Contributions from Small Contributors - R	eccived this Perio	od ONLY	国际自然的原	59			
(See instructions for definition of Small Contributor)			Subtotal Section	A			\$0.00
DESCRIPTION OF BUILDING BEING	. Itemized Contr	ibutions f	rom Individuals	CHEST CHARLES THE PARTY OF	Service St	1.18.4	NAMES IN
Last Name		Firs	t				M.I.
		Ro	y Fugazy				
Residential Street Address	City	,			State	Zip Code	
1270 Avenue Of The Americas	Nev	w York			NY	10020-	1700
Principal Occupation		Name	of Employer		-=		
dependent child of a lobbyist? No municipality municipality	n is in excess of \$400 to does contributor or busi valued at more than \$5,	iness he/she			Amoui	nt of Cont	tribution
avent I Continue I 19	rincipal of a state contr	ractor or pros	pective state contracto	r? Yes			\$250.00
If yes, list Event # No Pranches of good	which branch or remment the	75		. No			φ230.00
Method of contribution:	: L	Executiv					
	oll Deduction Mone	y Order	Date Received 10/18/2021	Aggregate contributions \$250.00			
Last Name		First					M.I.
raus		ang	jelo				
Residential Street Address	City				State	Zip Code	-
20 Derwen St	Sta	mford			СТ	06906-	1201
Principal Occupation Retired		Name Retir	of Employer ed				
dependent child of a lobbyist? municipality o	n is in excess of \$400 to does contributor or busi valued at more than \$5,0	iness he/she i			Amoun	it of Cont	ribution
event reported in Section L1? Lf ves. indicate	rincipal of a state contra which branch or	actor or pros	pective state contracto	1 es			\$30.00
If yes, list Event # No branches of gov contract is with	remment the	Executive	eLegisl	ative No			
Method of contribution:	ll Deduction Money	y Order	Date Received 10/18/2021	Aggregate contributions \$30.00			
Last Name		First					M.I.
Hollander		Sus	san				
Residential Street Address	City				State	Zip Code	
35 W Branch Rd	Wes	ston			СТ	06883-2	2945
Principal Occupation Homemaker			of Employer Employed				
dependent child of a lobbyist? municipality of	n is in excess of \$400 to does contributor or busing alued at more than \$5,0	ness he/she i			Amoun	t of Cont	ribution
event reported in Section L1?	rincipal of a state contro which branch or	actor or pros	pective state contractor	Yes			\$500.00
If yes, list Event # No branches of gov contract is with	emment the	Executive		ative No			
Method of contribution: ☐ Cash ☐ Personal Check ✓ Credit/Debit Card ☐ Payro	II Deduction Money	y Order	Date Received 10/18/2021	Aggregate contributions \$500.00	<u> </u>		

SUBTOTAL Section B - This Page	\$780.00
TOTAL of Section B Pages	\$44,719.00
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B) (Enter total on Line 13, Column A of Summary Page	\$44,719.00

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A. Total Contributions from Small Contributors Subtoal Section A	NAME OF COMMITTEE (Provide Compl	ete Name as Registered with Fi	iling Repos	itory)		TYPE OF REPORT	DELLE		
Subtotal Section A Subtota	Bobby Valentine for Stamford					7th day preceding	election		
But Name First F	A. Total Contributions from Small Co	ntributors - Received this	Period O	NLY	Commence of the				
Reductional Street Address 25 Pleasant Park Cir Principal Occupation Video / Markeling Is contributor a lobbytist, spouse, or dependent child of a lobbysist? No Bettied Street Address City	(See instructions for definition of Small Con	tributor)			Subtotal Section A	4			\$0.00
Residential Street Address State	7. Add To Line 2. Ad	B. Itemized C	Contributi	ons f	rom Individuals		TOTAL TOTAL		THE BOOK
Reidential Street Address 25 Pleasant Park Cir Principal Occupation Video / Marketing Is contribution a sobbysist, spouse, or degreed with an all of a lobbysist? No Is this contribution associated with an amunicipality valued at more than \$5,000? Yes	Last Name			First			A COLOR NO.	TO SHIP TO SHI	M.I.
25 Pleasant Park Cir	Robustelli			Joh	ın				
Name of Employer Robustelial Media Group Robustelial Media Group Vest	Residential Street Address		City				State	Zip Code	-
Secontributor a Jobbysis, aposse, or dependent child of a lobbysis? Yes If contribution is in excess of \$400 to a candidate committee for a chief executive officer of a minicipality does contributor or business herbie is associated with have a contract with said municipality valued at more than \$5,000?	25 Pleasant Park Cir		Harwich	1			MA	02645-2	2017
Second contribution associated with an expense of the contribution of the contribution associated with an expense of section L1? Yes If contribution is in excess of \$400 to a candidate committee for a chief executive officer of a dependent child of a lobbyist, spouse, or dependent of contribution: Section L1? Yes If contribution is in excess of \$400 to a candidate committee for a chief executive officer of a dependent child of a lobbyist? Yes If contribution Money Order Date Received Magrepaste contributions Yes If contribution Yes If contribution Money Order Date Received Magrepaste contributions Yes If contribution is in excess of \$400 to a candidate committee for a chief executive officer of a municipality valued at more than \$5,000? Yes No No Yes If contribution Money Order Date Received Money Order Money Orde						up			
worm reported in Section L17 If so Jis Event # No No No No No No No	dependent shild of a labbraist?	municipality does contributor	or business l		s associated with have	a contract with said	Amoun	t of Cont	ribution
Method of contribution: Cash Personal Check CredivDebit Card Payroll Deduction Money Order 10/18/2021 \$100.00	event reported in Section L1?	If yes, indicate which branch o branches of government the	г			∐ Yes ✓ No			\$100.00
First Nicole State Agregate contribution State CardivDebit Card Payroll Deduction Money Order Patricia Patricia State CardivDebyts, spouse, or dependent child of a lobbyist, spouse, or dependent of Life of CardivDebyt Card Payroll Deduction Money Order Patricia State CardivDebyts, spouse, or dependent child of a lobbyist, spouse, or dependent of Money Order Payroll Deduction	Method of contribution:				Date Received	Aggregate contributions			
Slavitt Residential Street Address 79 Briarwood Ln Stare CT Stare CT CT Stare CT	Last Name			First		\$100.00			M.L.
79 Briarwood Ln Principal Occupation n/a Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Is this contributor a principal of a state contractor or prospective state contract with and municipality valued at more than \$5,000? Is this contribution associated with an event reported in Section L1? If yes, indicate which branch or branches of government the contract is with: Method of contribution: Cat D6903-4502 Amount of Contribution municipality valued at more than \$5,000? Yes No Is this contribution associated with an event reported in Section L1? If yes, indicate which branch or branches of government the contract is with: Method of contribution: Cat Name Hamilton Residential Street Address Giy Greenwich State Giry Greenwich State CT D6903-4502 Amount of Contribution of Contribution of Payroll Deduction Money Order Payroll Deduction Money Order Date Received Aggregate contributions State Zip Code CT D6831-3014 Manual State Address State State Zip Code CT D6831-3014 Method of Contribution associated with any event reported in Section L1? No Is this contributor a lobbyist, spouse, or dependent child of a lobbyist? No Is this contributor a principal of a state contractor or prospective state contract with aid municipality valued at more than \$5,000? Yes No Is this contribution associated with any event reported in Section L1? If yes, indicate which branch or branches of government the contract or prospective state contractor? Yes You Amount of Contribution which aid municipality valued at more than \$5,000? Yes No Is this contribution associated with any event reported in Section L1? Yes, indicate which branch or branches of government the contract or prospective state contractor? Yes You Amount of Contribution with aid municipality valued at more than \$5,000? Yes You Amount of Contribution which are contra				Nic	ole				
Principal Occupation n/a Is contributor a lobbyist, spouse, or dependent child of a lobbyist? No			1 -	اء م					
If contributor is in excess of \$400 to a candidate committee for a chief executive officer of a municipality does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? Is this contribution associated with an event reported in Section L1? If contributor a principal of a state contractor or prospective state contract with said municipality valued at more than \$5,000? If yes, list Event # Method of contribution: Cash Personal Cheek Credit/Debit Card Payroll Deduction Money Order Aggregate contributions Patricia Mil. Amount of Contribution auditation of the contract with said municipality valued at more than \$5,000? If yes, list Event # Method of contribution: Cash Saide Credit/Debit Card Payroll Deduction Money Order Aggregate contributions Patricia Mil. Amount of Contribution auditation of the contract with said municipality does contributor or business he/she is associated with have a contract with said municipality does contributor or business he/she is associated with have a contract with said municipality does contributor or business he/she is associated with have a contract with said municipality does contributor or business he/she is associated with have a contract with said municipality does contributor or business he/she is associated with have a contract with said municipality does contributor or business he/she is associated with have a contract with said municipality does contributor or business he/she is associated with have a contract with said municipality does contributor or business he/she is associated with have a contract with said municipality does contributor or business he/she is associated with have a contract with said municipality does contributor or business he/she is associated with have a contract with said municipality does contributor or business he/she is associated with have a contract with said municipality does contributor or business he/she is associated with have a contract with said municipality does c			Stamion		CP 1		CI	06903-4	1502
Is this contribution associated with an event reported in Section L1? Yes If contribution is in excess of \$400 to a candidate committee for a chief executive officer of a municipality valued at more than \$5,000? Yes Ye					of Employer				
## State Credit/Debit Card Payroll Deduction Money Order Patricia Method of contribution:	dependent child of a lobbyist?	municipality does contributor	or business		s associated with have	a contract with said	Amoun	t of Cont	ribution
Method of contribution: Cash Personal Check Credit/Debit Card Payroll Deduction Money Order 10/19/2021 S100.00 Last Name Hamilton Residential Street Address 136 Lower Cross Rd Principal Occupation Retired Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Is this contribution associated with an event reported in Section L1? If yes, iniste which branch or branches of government the contract is with: Date Received 10/19/2021 Aggregate contributions Aggregate contributions	event reported in Section L1?	If yes, indicate which branch o		or pros	pective state contractor	L i es			\$100.00
Cash	If yes, list Event #		Ex	ecutiv	eLegisl	ative	ļ		
Residential Street Address 136 Lower Cross Rd Principal Occupation Retired Name of Employer Retired Name of Employer Retired If contribution is in excess of \$400 to a candidate committee for a chief executive officer of a municipality does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? Is this contribution associated with an event reported in Section L1? If yes, list Event # Method of contribution: Date Received Aggregate contributions		it Card Payroll Deduction	Money Ord	er					
Residential Street Address 136 Lower Cross Rd Principal Occupation Retired Is contributor a lobbyist, spouse, or dependent child of a lobbyist? 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: State Zip Code	Last Name			First					M.I.
136 Lower Cross Rd Principal Occupation Retired Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Is contribution associated with an event reported in Section L1? If yes, list Event # Method of contribution: Sample of Employer Retired If contribution is in excess of \$400 to a candidate committee for a chief executive officer of a municipality does contribute or or business he/she is associated with have a contract with said municipality valued at more than \$5,000? Yes Is contribution associated with an event reported in Section L1? If yes, list Event # Date Received Aggregate contributions	Hamilton			Pat	ricia				
Retired Is contributor a lobbyist, spouse, or dependent child of a lobbyist? If contribution is in excess of \$400 to a candidate committee for a chief executive officer of a municipality does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? Is this contribution associated with an event reported in Section L1? If yes, list Event # Yes			1 - 1	/ich					3014
dependent child of a lobbyist? In municipality does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? Is this contribution associated with an event reported in Section L1? If yes, list Event # Method of contribution: Date Received Aggregate contributions									
event reported in Section L1? If yes, indicate which branch or branches of government the contract is with: Fyes, indicate which branch or branches of government the contract is with: Executive Legislative Legislati	dependent shild of a labburgt?	municipality does contributor	or business	ndidate he/she i	s associated with have	a contract with said	Amoun	t of Cont	ribution
Method of contribution: Date Received Aggregate contributions	event reported in Section L1?	If yes, indicate which branch or				\$500.00			
	If yes, list Event #	1279771191170	Ex	ecutiv		ative			
		it Card Payroll Deduction	Money Ord	ег					

SUBTOTAL Section B - This Page	\$700.00
TOTAL of Section B Pages	\$44,719.00
NS FROM INDIVIDUALS (Sections A + B) on Line 13, Column A of Summary Page	\$44,719.00

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NAME OF COMMITTEE (Provide Complete Name as Registered wit	th Filing Repos	itory)		TYPE OF REPORT	W. STA		1 y 1/1
Bobby Valentine for Stamford				7th day preceding	election		
A. Total Contributions from Small Contributors - Received t (See instructions for definition of Small Contributor)	this Period O	NLY	Subtotal Section				\$0.00
The state of the s	ed Contribut	ione f	rom Individuals		A MESSAGE A		φυ.υυ
Last Name	u Contribut	First	Name of the second second		1213/413	# 55 5 Tri-	M.I.
			istopher				101.1,
Isenberg Residential Street Address	City	Citi	istopher		State	Zip Code	
407 Vanderbilt Ave	Brookly	'n			NY	11238-	
Principal Occupation		Name	of Employer				
Editor		Victo	ry Journal				
ls contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes If contribution is in excess municipality does contribution is in excess municipality does contribution.	outor or business				Amour	nt of Cont	ribution
Is this contribution associated with an event reported in Section L1? If yes, list Event # Is contributor a principal of a lifyes, indicate which bran branches of government the contract is with:	ich or	or pros	_	✓ No			\$500.00
Method of contribution: ☐ Cash ☐ Personal Check ✓ Credit/Debit Card ☐ Payroll Deduction	n Money Ord	er	Date Received 10/19/2021	Aggregate contributions \$500.00			
Last Name		First					M,I.
Hines		Dar	niel				
Residential Street Address	City				State	Zip Code	
2200 Atlantic St	Stamfor	-			СТ	06902-	6834
Principal Occupation Executive		Name CCI	of Employer				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Ves If contribution is in excess municipality does contribution is in excess municipality does contribution.	outor or business l				Amour	it of Cont	ribution
Is this contribution associated with an event reported in Section L1? If yes, list Event # Is contributor a principal of a lifyes, indicate which bran branches of government the contract is with:	ich or	or pros		∐ Yes ✓ No			\$250.00
Method of contribution: Cash Personal Check Credit/Debit Card Payroll Deduction	n Money Ord	ег	Date Received 10/19/2021	Aggregate contributions \$250.00			
Last Name		First					M.I.
Cornelio		Par	nela M.				
Residential Street Address 4 Lawton Ave	City Stamfor	rd			State CT	Zip Code 06907-	1915
Principal Occupation Retired			of Employer red				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes If contribution is in excess municipality does contribution. Who will be municipality valued at more than the second of the	outor or business				Amour	it of Cont	ribution
Is this contribution associated with an event reported in Section L1? Yes Is contributor a principal of a lifyes, indicate which branches of government the	ich or		_	✓ Yes			\$100.00
If yes, list Event # contract is with: Method of contribution: Cash Personal Check ✓ Credit/Debit Card Payroll Deduction		ecutive ler	Date Received 10/20/2021	Aggregate contributions \$100.00	1		

	SUBTOTAL Section B - This Page	\$850.00
	TOTAL of Section B Pages	\$44,719.00
FRENCHINE MED CONTRACTOR OF THE PROPERTY OF TH	BUTIONS FROM INDIVIDUALS (Sections A + B) er total on Line 13, Column A of Summary Page	\$44,719.00

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NAME OF COMMITTEE (Provide Compl	ete Name as Registered with Fi	ling Reposi	itory)	SUAL REAL AND	TYPE OF REPORT		STATE OF	200
Bobby Valentine for Stamford					7th day preceding	election		A
A. Total Contributions from Small Co (See instructions for definition of Small Con	CONTRACTOR OF THE PROPERTY OF THE PARTY OF T	Period O	NLY	Subtotal Section	A			\$0.00
		Contributi	ions fi	rom Individuals		PER CHES	SHIWING AND AND	Ψ0.00
Last Name	C. C. St. Delivered and St. De		First		SEEDING TO MAKE A KIND	CHARLES VINC	AND STATISTICS.	M.I.
Smith			Jac	cara				1,000,0010
Residential Street Address		City	1000	oura		State	Zip Code	L
1276 Westover Rd		Stamfor	rd			CT	06902-	1031
Principal Occupation Managing Director			Name EY	of Employer				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	If contribution is in excess of municipality does contributor municipality valued at more the	or business I				Amoun	t of Cont	ribution
Is this contribution associated with an event reported in Section L1? If yes, list Event #	Is contributor a principal of a stat If yes, indicate which branch of branches of government the contract is with:	r	or pros		✓ Yes			\$500.00
Method of contribution: Cash Personal Check Credit/Deb	t Card Payroll Deduction	Money Ord	er	Date Received 10/20/2021	Aggregate contributions \$500.00			
Last Name			First					M.I.
Nardozza			Line	da				
Residential Street Address		City				State	Zip Code	
73 Maple Tree Ave, Apt B		Stamfor				СТ	06906-2	2239
Principal Occupation Receptionist				of Employer ton Equity LLC				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	If contribution is in excess of municipality does contributor municipality valued at more the	or business l				Amoun	t of Cont	ribution
Is this contribution associated with an event reported in Section L1? If yes, list Event #	Is contributor a principal of a stat If yes, indicate which branch of branches of government the contract is with:	r	or pros	_	∐ Yes ✓ No			\$100.00
Method of contribution: ☐ Cash ☐ Personal Check ✓ Credit/Deb		Money Ord	сг	Date Received 10/20/2021	Aggregate contributions \$100.00			
Last Name Totilo			First Mic	hael				M.I.
Residential Street Address		City				State	Zip Code	-
23 Rock Rimmon Ln		Stamfor	rd			СТ	06903-2	2825
Principal Occupation CPA				of Employer o & Company LL	С			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	If contribution is in excess of municipality does contributor municipality valued at more th	or business l				Amoun	t of Cont	ribution
Is this contribution associated with an event reported in Section L1? If yes, list Event #	Is contributor a principal of a stat If yes, indicate which branch of branches of government the contract is with:	г	or pros		∐ Yes ✓ No			\$500.00
Method of contribution: ☐ Cash ☐ Personal Check ✓ Credit/Deb	it Card Payroll Deduction	Money Ord	ег	Date Received 10/20/2021	Aggregate contributions \$500.00			

SUBTOTAL Section B - This Page	\$1,100.00
TOTAL of Section B Pages	\$44,719.00
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B) (Enter total on Line 13, Column A of Summary Page	344 / TU 101

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79 Lolly Ln Principal Occupation Consultant Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Is this contribution associated with an event reported in Section L1? If yes, list Event # Method of contribution: Cash Personal Check Credit/Debit Card Residential Street Address Stamford Name of Employer n/a If contribution is in excess of \$400 to a candidate committee 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 Is contribution associated with an event reported in Section L1? Yes If yes, indicate which branch or branches of government the contract is with: Date Received 10/20/2021 \$5.00 Last Name Is contribution is in excess of \$400 to a candidate committee for a chief executive officer of a municipality does contribution or business he/she is associated with have a contract with said municipality valued at more than \$5,000? Yes If yes, indicate which branch or branches of government the contract is with: Executive Legislative Aggregate contributions \$5.00 First Is contribution associated with an event reported in Section L1? Yes If yes, indicate which branch or branches of government the contract is with: First Is contribution associated with an event reported in Section L1? Yes If yes, indicate which branch or branches of government the contractor? Yes If yes, indicate which branch or branches of government the legislative First Is contribution: Cash Personal Check Credit/Debit Card Payroll Deduction Money Order Total Received 10/20/2021 Stood St	\$0. M.I. Zip Code 06903-4810 of Contributi \$5
B. Itemized Contributions from Individuals Last Name Laidlaw Residential Street Address 79 Lolly Ln Principal Occupation Consultant Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Is contributor a sociated with an dependent child of a lobbyist? Is this contribution associated with an dependent of the contract of the contract of the contract of the contract is with: Method of contribution: Cash Personal Check Credit/Debit Card Payroll Deduction Money Order Date Received Aggregate contributions	M.I. Zip Code 06903-4810
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Laidlaw	Zip Code 06903-4810 of Contributi
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event reported in Section L1? If yes, list Event # Method of contribution: Cash Personal Check Credit/Debit Card Payroll Deduction Money Order Last Name Isenberg Residential Street Address If yes, indicate which branch or branches of government the contract is with: Executive Legislative Date Received 10/20/2021 \$5.00 First steven	\$5
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Isenberg steven Residential Street Address City State Z	
Residential Street Address City State Z	M.I.
I 151 Central Park W. Ant 3N New York NY 1	Cip Code
	10023-1577
Principal Occupation Retired (Academic) Name of Employer Self Employed	
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? If contribution is in excess of \$400 to a candidate committee 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 Amount o	f Contributi
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	\$1,000.
Method of contribution: □ Cash □ Personal Check ✓ Credit/Debit Card □ Payroll Deduction □ Money Order □ Date Received Aggregate contributions \$1,000.00 \$1,000.00	
Last Name First	M.I.
Maldonado Domenick	
	Cip Code 10573-2154
Principal Occupation MANAGER Name of Employer REFURBCO	0010 2101
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? If contribution is in excess of \$400 to a candidate committee 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 Amount o	f Contributi
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	\$200.
If yes, list Event # Executive Legislative	

SUBTOTAL Section B - This Page	\$1,205.00
TOTAL of Section B Pages	\$44,719.00
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B) (Enter total on Line 13, Column A of Summary Page	\$44,719.00

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NAME OF COMMITTEE (Provide Complete Name as Registered with	Filing Repos	itory)		TYPE OF REPORT		LA ALEMA	STEEN ST
Bobby Valentine for Stamford				7th day preceding			
A. Total Contributions from Small Contributors - Received th	nis Period O	NLY	N. A. P. Dodge				
(See instructions for definition of Small Contributor)			Subtotal Section A				\$0.00
B. Itemized	l Contribut	ions fi	rom Individuals	THE PERSON NAMED IN	598 8200	ATWASHE S	1000100
Last Name		First		The state of the s	MORAN POR	ALTON STRUCT GOOD	M.I.
Maldonado		Dor	ına				
Residential Street Address	City	_			State	Zip Code	
80 N Ridge St	Rye Bro	ook			NY	10573-2	2154
Principal Occupation			of Employer				
Manager		Refu	rbco Inc				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes If contribution is in excess municipality does contribution in the contribution is in excess municipality does contribution in the contribution is in excess municipality valued at most of the contribution is in excess municipality valued at most of the contribution is in excess municipality valued at most of the contribution is in excess municipality valued at most of the contribution is in excess municipality does contribution.	itor or business	he/she is			Amoun	it of Conti	ribution
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event reported in Section L1? If yes, indicate which brane branches of government the			_	✓ No	1		\$100.00
If yes, list Event # contract is with:	Ex	ecutive		ative]		
Method of contribution: ☐ Cash ☐ Personal Check ✓ Credit/Debit Card ☐ Payroll Deduction	Money Ord	ler	Date Received 10/21/2021	Aggregate contributions \$100.00			
Last Name		First					M.I.
Raiteri		Cle	ment				
Residential Street Address	City				State	Zip Code	
23 Woodmere Rd Stamford				СТ	06905-4	836	
Principal Occupation Retired		Retir	of Employer ed				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes If contribution is in excess municipality does contribution in excess municipality valued at mo	itor or business	hc/she is			Amoun	t of Conti	ribution
Is this contribution associated with an event reported in Section L1? Is contributor a principal of a lf yes, indicate which brane	ch or	or pros	pective state contractor	res]		\$200.00
If yes, list Event # branches of government the contract is with:	Ex	cecutive	eLegisla	ative No			
Method of contribution: ☐ Cash ☐ Personal Check ✓ Credit/Debit Card ☐ Payroll Deduction	Money Ord	icr .	Date Received 10/21/2021	Aggregate contributions \$200.00			
Last Name		First		-			M,I,
Lotstein		Nor	man				
Residential Street Address	City	1			State	Zip Code	
157 Sweet Briar Rd	Stamfo	_			СТ	06905-1	515
Principal Occupation Real Estate broker		1	of Employer Employed				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes If contribution is in excess municipality does contribution in excess municipality valued at more than the contribution is in excess municipality valued at more than the contribution is in excess municipality valued at more than the contribution is in excess municipality valued at more than the contribution is in excess municipality valued at more than the contribution is in excess municipality valued at more than the contribution is in excess municipality does contribution.	itor or business	ndidate he/she i	committee for a chief of a sassociated with have Yes	executive officer of a a contract with said	Amoun	t of Contr	ibution
Is this contribution associated with an event reported in Section L1? Yes Is contributor a principal of a event reported in Section L1?		or prosi	pective state contractor	? Yes			#DEC 00
If yes, list Event # If yes, indicate which branches of government the contract is with:		cecutive	eLegisla	✓ No			\$250.00
Method of contribution: Cash Personal Check ✓ Credit/Debit Card Payroll Deduction	Moncy Ord	ler	Date Received 10/21/2021	Aggregate contributions \$250.00			

	SUBTOTAL Section B - This Page	\$550.00
	TOTAL of Section B Pages	\$44,719.00
TOTAL OF ALL CONTRIBUTIONS FR (Enter total on Lin	OM INDIVIDUALS (Sections A + B) ne 13, Column A of Summary Page	\$44,719.00

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NAME OF COMMITTEE (Provide Complete Name as Registered with F	iling Repos	itory)		TYPE OF REPORT		SING VALUE	
Bobby Valentine for Stamford				7th day preceding	election	1	
A. Total Contributions from Small Contributors - Received this	Period O	NLY					
(See instructions for definition of Small Contributor)			Subtotal Section	A			\$0.00
B. Itemized (Contribut	ions 1	from Individuals	CHILD SANTA		117 514 52	Kanagaraga
Last Name		Firs	t			5 5 1 2 0 A 2 0 A 2 A 2 A 2 A 2 A 2 A 2 A 2 A	M.I.
Carpenter		Ke	vin				
Residential Street Address	City				State	Zip Code	-
1 Broad St, Unit 16E	Stamfo				СТ	06901-	2334
Principal Occupation Self Employed			of Employer Service, LLC				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Ves No If contribution is in excess of municipality does contributor municipality valued at more t	or business				Amoui	nt of Cont	ribution
Is this contribution associated with an event reported in Section L1? If yes, list Event # Is contributor a principal of a star of the section L1? If yes, list Event # Is contributor a principal of a star of the section L1? If yes, list Event #	or	or pros		∐ Yes ✓ No		\$	1,000.00
Method of contribution: Cash Personal Check Credit/Debit Card Payroll Deduction	Money Ord		Date Received 10/21/2021	Aggregate contributions \$1,000.00			
Last Name		First	t				M.I.
Carpenter		Ear	mir				
Residential Street Address	City				State	Zip Code	
1 Broad St, Unit 16E Principal Occupation	Stamfor		CF I		СТ	06901-2	2334
Self Employed			of Employer nnans By The Bea	ach			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes If contribution is in excess of municipality does contributor municipality valued at more than the contribution of the contribution	or business l				Amour	nt of Cont	ribution
Is this contribution associated with an event reported in Section L1? Yes Is contributor a principal of a state of the section L1? No branches of government the	r —		_	Yes ✓ No		\$	1,000.00
If yes, list Event # contract is with:	Ex	ecutiv		ative			
Method of contribution: ☐ Cash ☐ Personal Check ✓ Credit/Debit Card ☐ Payroll Deduction ☐	Money Orde	ег	Date Received 10/21/2021	Aggregate contributions \$1,000.00			
Last Name		First					M.I.
Curto		Gai	rrrison				
Residential Street Address 5 High View Ter	City New Ca	anaan			State CT	Zip Code 06840-6	6601
Principal Occupation President			of Employer Employed				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? If contribution is in excess of municipality does contributor municipality valued at more the specific process.	or business h				Amoun	nt of Cont	ribution
Is this contribution associated with an event reported in Section L1? Yes Is contributor a principal of a stat If yes, indicate which branch of branches of government the		or pros	pective state contractor	? Yes			\$5.00
If yes, list Event # contract is with:	Exe	ecutiv		ative —			
Method of contribution: ☐ Cash ☐ Personal Check ✓ Credit/Debit Card ☐ Payroll Deduction ☐	Money Orde	ег	Date Received 10/21/2021	Aggregate contributions \$5.00			

SUBTOTAL Section B - This Page	\$2,005.00
TOTAL of Section B Pages	\$44,719.00
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B) (Enter total on Line 13, Column A of Summary Page	\$44,719.00

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A. Total Contributions from Small Contributors Received this Period ONLY	NAME OF COMMITTEE (Provide C	Complete	Name as Registered with Fi	ling Repos	itory)		TYPE OF REPORT	NO COL		No and State
See instructions for adefinition of Small Contributory Subtotal Section A	Bobby Valentine for Stamford						7th day preceding	election	110000000000000000000000000000000000000	
East Name First First Nicholas N	A. Total Contributions from Sma	all Conti	ributors - Received this	Period O	NLY	OF WEST CONTRACTOR				
B. Hemized Contributions from Individuals First First State Cave Ca	(See instructions for definition of Small	ll Contrib	nutor)			Subtotal Section A	A.			\$0.00
Residential Street Address City Stammord Name of Employee Orrick, Herrington & Sutcliffe, LLP Principal Occupation Altorney It contributes a lobbyist, spouse, or dependent child of a lobbyist? No It bits contributes a sociated with an event reported in Section L17 Principal Occupation Altorney No It bits contributes a contract with as a contract with have a contract with have a contract with said municipality leaded at more than \$5,000? If contributes a lobbyist, spouse, or dependent child of a lobbyist? It contributes a lobbyist, spouse, or dependent child of a lobbyist? It contributes a lobbyist, spouse, or dependent child of a lobbyist? It contributes a lobbyist, spouse, or dependent child of a lobbyist, spouse, or de		STATE OF THE PARTY.	B. Itemized C	ontributi	ions fi	rom Individuals	White the state of the	1300000	CHANNEL S	- Kakera India
Residential Street Address Starmford S	Last Name				First	NAME OF TAXABLE PARTY.	TO WASHINGTON TO THE PERSON	TANK WITH	的复数人员的	M.I.
Stamford Stamford Stamford Stamford Stamford Principal Occupation Autorney Orrick, Herrington & Sutcliffe, LLP	Laveris				Nicl	nolas				
Principal Occupation Attorneys Le contribution associated with an	Residential Street Address			City				State	Zip Code	-
Actionary State S	257 Sawmill Rd			Stamfor	rd			СТ	06903-3	3510
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes No										
Amount of Contribution Main Mai	Attorney				Orric	k, Herrington & S	Sutcliffe, LLP			
State First Sountibutor a lobbyist, spouse, or dependent child of a lobbyist? No Is contributor a principal of a state contract is with: State First State S	Annual and all all a Callada and		municipality does contributor	or business l		s associated with have	a contract with said	Amour	it of Cont	ribution
Method of contribution: Cast Personal Check Credit/Debit Card Payroll Deduction Money Order 10/21/2021 S100.00	event reported in Section L1?	l res	If yes, indicate which branch or				∐ Yes ✓ No			\$100.00
Last Name Hecht He	Method of contribution:	dit/Debit C		. —	1	Date Received	Aggregate contributions			
Residential Street Address 15620 Glencrest Ave City	Last Name				First					M.I.
Second Comparison Seco	Hecht				Jeff	rey				
Principal Occupation Partner Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Is contributor a principal of a state contractor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? Is this contribution associated with an event reported in Section L1? If yes, indicate which branch or branches of government the contract is with: 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 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 principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: If contribution is in excess of \$400 to a candidate committee for a chief executive officer of a municipality valued at more than \$5,000? Is this contributor a lobbyist, spouse, or dependent child of a lobbyist? If contribution is in excess of \$400 to a candidate committee for a chief executive officer of a municipality valued at more than \$5,000? Is this contribution associated with an event reported in Section L1? If yes, indicate which branch or branches of government the contract is with: If contribution is in excess of \$400 to a candidate committee for a chief executive officer of a municipality valued at more than \$5,000? Is this contribution associated with an event reported in Section L1? If yes, indicate which branch or branches of government the contract is with: If contribution associated with an event reported in Section L1? If yes, indicate which branch or branches of government the contract is with: If contribution is in excess of \$400 to a candidate committee for a chief exec	Residential Street Address			City				State	Zip Code	
Partner SourceOne Partners SourceOne Partners				Delray I	Beach			FL	33446-9	9578
Amount of Contribution Section L1? Yes State State City Stamford State Contributor a lobbyist, spouse, or dependent child of a lobbyist? No Is contributor a principality valued at more than \$5,000? Yes No Name of Employer Retired State contractor or prospective state contractor or prospective state contractor or prospective state contractor or prospective state					1					
event reported in Section L1?	dependent child of a lobbraist?	-	municipality does contributor	or business l		s associated with have	a contract with said	Amour	it of Cont	ribution
Method of contribution: Cash Personal Check Credit/Debit Card Payroll Deduction Money Order 10/21/2021 S20.00 Last Name Terenzio Ric City Stamford State Zip Code CT 06907-1472 Principal Occupation Retired Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Is contributor or business he/she is associated with an event reported in Section L1? Is this contribution associated with an event reported in Section L1? If yes, indicate which branch or branches of government the contract is with: Date Received Aggregate contributions	event reported in Section L1?	res	If yes, indicate which branch or				∐ Yes ✓ No			\$20.00
Cash				Ex	ecutive		ative			
Residential Street Address 14 River Pl Stamford State City Stamford State CT 06907-1472 Principal Occupation Retired Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Is contribution associated with an event reported in Section L1? If yes, list Event # Method of contribution: Date Received Recired State Cip Code OCT 06907-1472 Amount of Contribution State CT Ves Vipes, list Event # Date Received Aggregate contributions		dit/Debit C	ard Payroll Deduction	Money Ord	er					
Residential Street Address 14 River Pl Stamford Name of Employer Retired State CT 06907-1472 Name of Employer Retired Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Is contribution associated with an event reported in Section L1? If yes, list Event # Method of contribution: Date Received State City Stamford Name of Employer Retired Amount of Contribution State CT 06907-1472 Amount of Contribution State CT 06907-1472 State CT 06907-1472 Amount of Contribution State CT 06907-1472	Last Name				First		· · · · · · · · · · · · · · · · · · ·			M.I.
14 River Pl Principal Occupation Retired Is contributor a lobby ist, spouse, or dependent child of a lobbyist? Is this contribution associated with an event reported in Section L1? If yes, list Event # Method of contribution: Stamford Name of Employer Retired Name of Employer Retired Amount of Contribution Yes If contribution is in excess of \$400 to a candidate committee 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	Terenzio				Ric					
Principal Occupation Retired Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Is this contribution associated with an event reported in Section L1? If yes, list Event # Method of contribution: Name of Employer Retired Amount of Contribution Yes If contribution is in excess of \$400 to a candidate committee 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	Residential Street Address			,				State		
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dependent child of a lobbyist? No										
event reported in Section L1? If yes, indicate which branch or branches of government the contract is with: Method of contribution: Date Received Aggregate contributions Date Received Aggregate contributions	dependent shild of a labbraist?	 -	municipality does contributor	or business l		s associated with have	a contract with said	Amoun	t of Conti	ribution
Method of contribution: Date Received Aggregate contributions	event reported in Section L1?	res	If yes, indicate which branch or branches of government the				∐ Yes ✓ No			\$200.00
		dit/Debit C		Money Ord	er					

SUBTOTAL Section B - This Page	\$320.00
TOTAL of Section B Pages	\$44,719.00
NS FROM INDIVIDUALS (Sections A + B) on Line 13, Column A of Summary Page	\$44,719.00

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NAME OF COMMITTEE (Provide Complete Name as Registered with I	Filing Repos	itory)		TYPE OF REPORT		()	
Bobby Valentine for Stamford				7th day preceding	election	}	es I in Cessi
A. Total Contributions from Small Contributors - Received thi (See instructions for definition of Small Contributor)	s Period C	NLY	Subtotal Section	A			\$0.00
B. Itemized	Contribut	ions f	rom Individuals	and of Astrophysics	CONTROL		agraga,
Last Name		Firs	t	WINDS AND THE	10.000	O(IIII III III III III III III III III I	M.L.
Kida		Kri	S				
Residential Street Address	City				State	Zip Code	
51 Summit Rd	Clifton				NJ	07012-	2008
Principal Occupation			of Employer				
County corrections sergeant		Pass	saic county sheri	ffs office			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes If contribution is in excess of municipality does contribute municipality valued at more	or or business				Amoui	nt of Cont	tribution
Is this contribution associated with an event reported in Section L1? Yes If yes, indicate which branch branches of government the		or pros	spective state contracto	r? Yes ✓ No			\$5.00
If yes, list Event # contract is with:	☐ Ex	ecutiv	e Legisl	ative			
Method of contribution: ☐ Cash ☐ Personal Check ✓ Credit/Debit Card ☐ Payroll Deduction ☐	Money Ord	er	Date Received 10/22/2021	Aggregate contributions \$5.00			
Last Name		First					M.I.
Casale		Jef	f				
Residential Street Address	City				State	Zip Code	
1402 Riverbank Rd	Stamfor				СТ	06903-	2016
Principal Occupation Manager			of Employer AUTO REPAIRS				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Ves If contribution is in excess o municipality does contribute municipality valued at more	or or business				Amour	it of Cont	ribution
Is this contribution associated with an event reported in Section L1? Yes If yes, indicate which branch branches of government the		or pros	pective state contracto	r?			\$50.00
If yes, list Event # contract is with:	Ex	ecutiv	eLegisl	ative [V] NO			
Method of contribution: ☐ Cash ☐ Personal Check ✓ Credit/Debit Card ☐ Payroll Deduction ☐	Money Ord	ег	Date Received 10/22/2021	Aggregate contributions \$50.00			
Last Name	_	First					M.I.
Sperazza		And	drew				
Residential Street Address	City				State	Zip Code	-
150 Southfield Ave, Apt 1439	Stamfor				СТ	06902-7	7763
Principal Occupation Entrepreneur			of Employer lictive Motion Inc				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes If contribution is in excess o municipality does contribute municipality valued at more	r or business I				Amoun	t of Cont	ribution
Is this contribution associated with an event reported in Section L1? Yes Is contributor a principal of a statement reported in Section L1? If yes, indicate which branch		or pros	pective state contractor	Yes			\$35.00
If yes, list Event # branches of government the contract is with:		ecutiv	eLegisl	ative No			
Method of contribution: Саsh Personal Check ✓ Credit/Debit Card Payroll Deduction Раутон располнительной праводы	Money Ord	ег	Date Received 10/22/2021	Aggregate contributions \$35.00			

SUBTOTAL Section B - This Page	\$90.00
TOTAL of Section B Pages	\$44,719.00
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B) (Enter total on Line 13, Column A of Summary Page	\$44,719.00

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NAME OF COMMITTEE (Provide Complete Name as Registered with Fi	iling Repos	itory)	N. R. W. S. C. S. S.	TYPE OF REPORT		MANAGE .	
Bobby Valentine for Stamford				7th day preceding	election		=
A. Total Contributions from Small Contributors - Received this (See instructions for definition of Small Contributor)	Period O	NLY	Subtotal Section A				\$0.00
	Contribut	ions f	rom Individuals	THE REAL PROPERTY.	\$ 50.00	Arten Sele	E STREET
Last Name	and the last of th	Firs		A COUNTY OF THE PARTY OF THE PA	MA CONTRA	HANDLING VAN	M.I.
Kempner		Pa	ul				
Residential Street Address	City				State	Zip Code	
124 Cummings Point Rd	Stamfo	rd			CT	06902-7	7913
Principal Occupation Retired		Name Reti	of Employer red				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Ves If contribution is in excess of municipality does contributor municipality valued at more to	r or business	he/she			Amour	nt of Cont	ribution
Is this contribution associated with an event reported in Section L1? If yes, list Event # Is contributor a principal of a sta If yes, indicate which branch to branches of government the contract is with:	or	or pros	_	✓ No			\$250.00
Method of contribution: ☐ Cash ☐ Personal Check ✓ Credit/Debit Card ☐ Payroll Deduction ☐	Money Ord	leт	Date Received 10/22/2021	Aggregate contributions \$250.00			
Last Name		Firs	t				M.I.
Bonom		Sa	ndra				
Residential Street Address	City				State	Zip Code	
351 Weed Ave	Stamfo				СТ	06902-5	5409
Principal Occupation dog groomer		self	e of Employer				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes If contribution is in excess of municipality does contributor municipality valued at more to	r or business	ndidate he/she	committee for a chief is associated with have Yes	executive officer of a a contract with said	Amour	ıt of Cont	ribution
Is this contribution associated with an event reported in Section L1? If yes, list Event # Is contributor a principal of a sta If yes, indicate which branch of branches of government the contract is with:	or	or pros	2	∐ Yes ✓ No			\$25.00
Method of contribution: □ Cash □ Personal Check ✓ Credit/Debit Card □ Payroll Deduction	Money Ord	ler	Date Received 10/23/2021	Aggregate contributions \$25.00			
Last Name		Firs	t				M.I.
Nestor		Ma	ureen				
Residential Street Address	City				State	Zip Code	
33 Deep Spring Ln Principal Occupation	Stamfo		-CF I		СТ	06907-1	1102
Bookkeeper			of Employer t Coast Towing				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes If contribution is in excess of municipality does contribute municipality valued at more	r or business	he/she			Amour	nt of Cont	ribution
Is this contribution associated with an event reported in Section L1? Yes If yes, indicate which branch or branches of government the		ог рго	spective state contracto	Yes			\$10.00
If yes, list Event # branches of government the contract is with:	Ex	ecutiv	e Legisl	ative No			
Method of contribution: Cash Personal Check ✓ Credit/Debit Card Payroll Deduction	Money Ord	er	Date Received 10/23/2021	Aggregate contributions \$10.00			

SUBTOTAL Section B - This Page	\$285.00
TOTAL of Section B Pages	\$44,719.00
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B) (Enter total on Line 13, Column A of Summary Page	\$44,719.00

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NAME OF COMMITTEE: (Provide Complete Name as Registered with F	iling Repos	sitory)		TYPE OF REPORT	DE STATE		102.703
Bobby Valentine for Stamford				7th day preceding	election	1	
A. Total Contributions from Small Contributors - Received this	Period O	NLY		K.			
(See instructions for definition of Small Contributor)		100	Subtotal Section	A			\$0.00
B. Itemized (Contribut	ions fi	rom Individuals			ASSESTED TO	Mark!
Last Name		First					M.I.
Souilliard		Jas	on				
Residential Street Address	City				State	Zip Code	1
221 SW 62nd Ter	Plantati				FL	33317-	3424
Principal Occupation Manager		Ame:	of Employer X				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes If contribution is in excess of municipality does contributor municipality valued at more t	or business l han \$5,000?	he/she is	s associated with have	a contract with said No	Amou	nt of Cont	ribution
Is this contribution associated with an event reported in Section L1? If yes, list Event # Is contributor a principal of a stal If yes, indicate which branch o branches of government the contract is with:	r	or prosp	_	∐ Yes ✓ No			\$10.00
Method of contribution: ☐ Cash ☐ Personal Check ✓ Credit/Debit Card ☐ Payroll Deduction ☐	Money Ord		Date Received 10/23/2021	Aggregate contributions \$10.00			
Last Name		First					M.I.
Hellmann		Joh	n				
Residential Street Address	City				State	Zip Code	
392 Greenley Rd Principal Occupation	New Ca		CE I		СТ	06840-3	3521
CEO		1	of Employer esee & Wyoming	Inc.			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes If contribution is in excess of municipality does contributor municipality valued at more the specific product of the speci	or business h				Amour	it of Cont	ribution
Is this contribution associated with an event reported in Section L1? If yes, list Event # Is contributor a principal of a stat If yes, indicate which branch o branches of government the contract is with:	r _	or prosp	_	∐ Yes ✓No		\$	1,000.00
Method of contribution: ☐ Cash ☐ Personal Check ✓ Credit/Debit Card ☐ Payroll Deduction ☐	Money Orde	er	Date Received 10/24/2021	Aggregate contributions \$1,000.00			
Last Name Sulpizi		First Alex					M.I.
Residential Street Address	City				State	Zip Code	
49 Skyview Ln	New Ca	anaan			СТ	06840-6	3032
Principal Occupation President			of Employer et Technology So	olutions			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes If contribution is in excess of municipality does contributor municipality valued at more the specific product of the contribution is in excess of municipality valued at more the specific product of the contribution is in excess of municipality valued at more the specific product of the contribution is in excess of municipality valued at more than the contribution is in excess of municipality does contributed at more than the contribution is in excess of municipality.	or business h				Amoun	it of Conti	ribution
Is this contribution associated with an event reported in Section L1? Yes No Is contributor a principal of a stat If yes, indicate which branch of branches of government the	r			☐ Yes			\$100.00
If yes, list Event # contract is with:	Exe	ecutive		ative —			
Method of contribution: Cash Personal Check ✓ Credit/Debit Card Payroll Deduction	Money Orde	er	Date Received 10/24/2021	Aggregate contributions \$100.00			

SUBTOTAL Section B - This Page	\$1,110.00
TOTAL of Section B Pages	\$44,719.00
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B) (Enter total on Line 13, Column A of Summary Page	\$44,719.00

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NAME OF COMMITTEE (Provide Complete Name as Registered with Fit	ling Repos	itory)		TYPE OF REPORT		Art were	
Bobby Valentine for Stamford		ALIE DE LE CO		7th day preceding	election	NO VALUE OF	100000000000000000000000000000000000000
A. Total Contributions from Small Contributors - Received this	Period O	NLY	Francisco Victoria				
(See instructions for definition of Small Contributor)			Subtotal Section	1			\$0.00
B. Itemized C	ontribut	ions f	rom Individuals	A SA RESPONDENCE	TO ESPERANTE	(82) 47/5	CONFERENCE CO
Last Name		Firs			- Warning		M.I.
Zhu		Xia	oting				113,44
Residential Street Address	City	1			State	Zip Code	
25 Forest St, Apt 15A	Stamfor	rd			CT	06901-	1851
Principal Occupation		Name	of Employer				
Analyst		Cub	ist Systematic St	rategies			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes If contribution is in excess of municipality does contributor municipality valued at more the	or business l				Amou	nt of Cont	ribution
Is this contribution associated with an Yes Is contributor a principal of a state	e contractor	or pros	spective state contractor	r? Yes	1		
event reported in Section L1? If yes, indicate which branch or branches of government the	r			. ✓No	1		\$50.00
If yes, list Event # contract is with:	Ex	ecutiv	e 🗌 Legisl	ative			
Method of contribution: Cash Personal Check Credit/Debit Card Payroll Deduction	Money Ord	er	Date Received 10/24/2021	Aggregate contributions \$50.00			
Last Name		First					M.I.
Stevenson		Jay	/me				
Residential Street Address	City	1			State	Zip Code	4
65 Saint Nicholas Rd	Darien				СТ	06820-2	2823
Principal Occupation First Selectman			of Employer n of Darien				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes If contribution is in excess of smunicipality does contributor municipality valued at more the	or business l	l ndidate he/she	committee for a chief is associated with have	executive officer of a a contract with said	Amour	ıt of Cont	ribution
Is this contribution associated with an event reported in Section L1? Yes Is contributor a principal of a state of the section L1? No birt Forms # No branches of government the	-	-		r? Yes ✓ No	1		\$250.00
If yes, list Event # contract is with:	☐ Ex	ecutiv	e Legisl	ative			
Method of contribution: Cash Personal Check Credit/Debit Card Payroll Deduction	Money Ord	ег	Date Received 10/24/2021	Aggregate contributions \$250.00			
Last Name		First					M.I.
Labkoff		Ste	ve				
Residential Street Address	City				State	Zip Code	
82 Blackwood Ln	Stamfor	_			СТ	06903-4	1730
Principal Occupation Physician Executive			of Employer ntori				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes If contribution is in excess of smunicipality does contributor of municipality valued at more the	or business l	ndidate he/she i	committee for a chief is associated with have	executive officer of a a contract with said	Amoun	t of Cont	ribution
Is this contribution associated with an event reported in Section L1? Is contributor a principal of a state of the section L1? If yes, indicate which branch or		or pros	pective state contractor	⊥ Y es			\$50.00
If yes, list Event # No branches of government the contract is with:	Exe	ecutiv		ative No			
Method of contribution: ☐ Cash ☐ Personal Check ✓ Credit/Debit Card ☐ Payroll Deduction ☐	Money Orde	ег	Date Received 10/24/2021	Aggregate contributions \$50.00			

SUBTOTAL Section B - This Page	\$350.00
TOTAL of Section B Pages	\$44,719.00
BUTIONS FROM INDIVIDUALS (Sections A + B) er total on Line 13, Column A of Summary Page	\$44,719.00

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NAME OF COMMITTEE (Provide Complete Nam	ne as Registered with Fi	iling Repos	itory)		TYPE OF REPORT		The state of	0285
Bobby Valentine for Stamford				A STATE OF THE PARTY OF THE PAR	7th day preceding	election		and the second
A. Total Contributions from Small Contributions for definition of Small Contributors		Period O	NLY	Subtotal Section	A			\$0.00
TO THE WAR DO NOT THE WAY TO SEE THE SECOND	B. Itemized C	Contribut	ions 1	from Individuals	APPROXICE OF A CO.	LANGE CO.	1000	
Last Name			Firs	t				M,I,
Gershon			Ne	il and Debbie				
Residential Street Address		City	-			State	Zip Code	
29 Quaker Ridge Rd		Stamfo	_			СТ	06903-	2310
Principal Occupation patent attorney (Neil) and psychotherapist (D	Debbie			of Employer Employed				
dependent child of a lobbyist?	ontribution is in excess of nicipality does contributor nicipality valued at more the	or business				Amour	nt of Cont	tribution
event reported in Section L1? If yes If yes	ributor a principal of a state, indicate which branch or the of government the act is with:	r	or pros	_				\$500.00
Method of contribution: Cash Personal Check Credit/Debit Card		Money Ord	ег	Date Received 10/24/2021	Aggregate contributions \$500.00)		
Last Name			Firs					M,I,
Mattiello			Ma	ry Ann				
Residential Street Address		City				State	Zip Code	
118 Long Hill Dr					СТ	06902-	1426	
Principal Occupation п/a			n/a	of Employer				
dependent child of a lobbyist?		or business l		e committee for a chief executive officer of a is associated with have a contract with said Yes Amount of Contribu				ribution
event reported in Section L1? If yes V No brane	ributor a principal of a state, indicate which branch or the sof government the act is with:	tate contractor or prospective state contractor? or Executive Legislative				\$30.00		
Method of contribution: ☐ Cash	Payroll Deduction	Money Ord	er	Date Received 10/24/2021	Aggregate contributions \$30.00			
Last Name			First					M.I.
Moriarty			Jea	an			Y	
Residential Street Address 973 Cove Rd		City Stamfor	rd			State CT	Zip Code 06902-5	5424
Principal Occupation n/a			Name n/a	of Employer				
dependent child of a lobbyist?	ontribution is in excess of a nicipality does contributor nicipality valued at more the	or business I				Amoun	t of Cont	ribution
event reported in Section L1? Yes If yes	If yes, indicate which branch or					\$100.00		
	act is with:	Ex	ecutiv	e Legisl Date Received	Aggregate contributions			
Cash Personal Check Credit/Debit Card	Payroll Deduction	Money Ord	ег	10/24/2021	\$100.00			

SUBTOTAL Section B - This Page	\$630.00
TOTAL of Section B Pages	\$44,719.00
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B) (Enter total on Line 13, Column A of Summary Page	\$44,719.00

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NAME OF COMMITTEE (Provide Comp.	lete Name as Registered with Fi	iling Repos	itory)	Year Control	TYPE OF REPORT			W O Book
Bobby Valentine for Stamford		and the last			7th day preceding	election		431-4-4
A. Total Contributions from Small Co	ontributors - Received this	Period O	NLY	New York Colons				
(See instructions for definition of Small Con	tributor)			Subtotal Section	A			\$0.00
PARKETON OF THE PARKET	B. Itemized C	Contributi	ions f	rom Individuals		(blicker)	VINE ALSO I	THE REAL PROPERTY.
Last Name		ARTHUR DESIGNATION OF THE PERSON NAMED IN COLUMN TWO IN CO	Firs	SPINISHED CONTRACT	CONTRACTOR OF THE PROPERTY OF	CAN PROPERTY.	NO CONTRACT	MI
 Kalter			Pe	ggy				1774.75
Residential Street Address		City	1 0	997		State	7:- C-1-	
25 Barnes Rd W		Stamfor	гd			CT	Zip Code 06902-	
Principal Occupation			Name	of Employer			10002	12.10
n/a			n/a					
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	If contribution is in excess of municipality does contributor municipality valued at more to	or business I	ndidate he/she	committee for a chief is associated with have	executive officer of a contract with said	Amoui	nt of Cont	ribution
Is this contribution associated with an Yes	Is contributor a principal of a stat	te contractor	or pros	pective state contracto	Yes	1		
event reported in Section L1? If yes, list Event #	If yes, indicate which branch o branches of government the contract is with:		ecutiv	eLegis	.∡No		\$	1,000.00
Method of contribution: Cash ✓ Personal Check Credit/Deb	it Card Payroll Deduction	Money Orde	ег	Date Received 10/24/2021	Aggregate contributions \$1,000.00			
Last Name			First					M.I.
De Gaetani			Bar	bara				
Residential Street Address		City				State	Zip Code	1
65 Glenbrook Rd, Apt 5A		Stamfor	rd			CT	06902-2	2956
Principal Occupation n/a			Name n/a	of Employer			*	
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	If contribution is in excess of municipality does contributor municipality valued at more the	or business I	ndidate hc/she i	committee for a chief is associated with have	executive officer of a contract with said	Amour	nt of Cont	ribution
Is this contribution associated with an event reported in Section L1? Yes V No	Is contributor a principal of a stat If yes, indicate which branch o		or pros	pective state contracto	Yes			\$25.00
If yes, list Event #	branches of government the contract is with:	Exe	ecutiv	eLegisl	ative No			
Method of contribution: Cash ✓ Personal Check Credit/Deb	it Card Payroll Deduction	Money Orde	er	Date Received 10/24/2021	Aggregate contributions \$50.00			
Last Name			First					M.I.
De Gaetani			Bar	bara				
Residential Street Address		City Stamfor	-d			State	Zip Code	
65 Glenbrook Rd, Apt 5A Principal Occupation		Starrilor		.CE 1		СТ	06902-2	2956
n/a			n/a	of Employer				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	If contribution is in excess of municipality does contributor municipality valued at more the	or business h	ndidate ne/she i	committee for a chief s associated with have Yes	executive officer of a a contract with said	Amoun	t of Cont	ribution
Is this contribution associated with an event reported in Section L1?	Is contributor a principal of a stat		or pros	pective state contractor	? Yes	1		# 0.5.00
If yes, list Event #	If yes, indicate which branch or branches of government the contract is with:		ecutive	eLegisl.	✓ No			\$25.00
Method of contribution: Cash Personal Check Credit/Deb		Money Orde	er	Date Received 10/24/2021	Aggregate contributions \$50.00			

SUBTOTAL Section B - This Page	\$1,050.00
TOTAL of Section B Pages	\$44,719.00
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B) (Enter total on Line 13, Column A of Summary Page	\$44,719.00

I. MONETARY RECEIPTS (Sections A-	K)	Page	73	of	102
NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)	TYPE OF RE	PORT	10-11-01	-	
Bobby Valentine for Stamford	7th day pred	eding elec	tion	4500000	6/2 (LW 3)
Summary of Other Monetary Receipts (Sections D-K)	No. of the little	MIN. EA	A LYLIAN	HOUSEN	STATE OF THE PARTY.
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 Candidate Received this Period (Section H)	+				\$0.00
Total Amount of Interest from Deposits in Authorized Accounts (Section J)	+				\$0.00
Total Miscellaneous Monetary Receipts not Considered Contributions (Section K)	+				\$0.00

II. EVENT ACTIVITY (Sections L1-L5)

Page 74 of 102

NAME OF COMMITTEE (Provide Complete Name as Registered with I	Filing Repository)	TYPE OF REPOR	RT HALL	
Bobby Valentine for Stamford		7th day precedi	ing election	J.
L1. Event Info	ormation		16:04:07:00	
Event # Description Date of Event Letter 10/06/2021 a House Party				Was this a fundraising event? Yes No
214 Westever Road	City Stamford			Cip Code 06902
Subpart 1: (All Committees) Was this event hosted at a personal residence? Did this fundraiser include goods or services donated by a business entity of up to \$200 or items donated by an individual	No required information beverage and investment	Associated with a Fation for any purcha	Iouse Part ses made b	y and complete y host(s) for food,
of up to \$100? Was this fundraiser a tag sale, auction, or other sale of donated	No Contributions a	and complete require		
items with purchases by an individual of up to \$100?	☐Yes (If yes, enter To ✓No			
Subpart 2: (Party Committees, Municipal Candidates and Were there purchases of advertising space in a program book or on a sign associated with this fundraiser?	Yes (If yes, go to Sec	than Exploratory etion L3 Purchases or on a Sign and co	of Adverti	sing Space in a
Subpart 3: (Town Committees ONLY) Did your committee sell food or beverage at a fair or similar mass gathering held within the state?	☐Yes (If yes, enter To	tal Receipts here.)		

SUBTOTAL Section L1-Subpart 1 (All Committees) Total Receipts from Sale of Donated Items - This Page	\$0.00
SUBTOTAL Section L1-Subpart 3 (Town Committees ONLY) Total Receipts from Food Purchases - This Page	\$0.00
TOTAL of Section L1 Pages	\$0.00
TOTAL OF ALL RECEIPTS FROM SMALL PURCHASES (Enter total on Line 16a, Column A of Summary Page Totals)	\$0.00

II. EVENT ACTIVITY (Sections L1-L5)

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NAME OF COMMITTEE	(Provide Complete Name as Registered with	Filing Repository)	TYPE OF REPOR	RT	
Bobby Valentine for Sta	amford		7th day precedi	ing election	
STORES CONSTRUCT	L1. Event Inf	ormation		1923	V-501-511-500
Event # Date of Event Letter 10/11/2021 a	Description Golf Event				Was this a fundraising event? Yes No
Location: Street Address E Gaynor Brennan Go	off Crise, 451 Stillwater Aye.	City Stamford		- 1	p Code 6902
Subpart 1: (All Com Was this event hosted a	mittees) at a personal residence?	Contribution	Section L5 In-Kind Dos Associated with a H mation for any purchasinvitations.)	louse Party	and complete
	ude goods or services donated by a \$200 or items donated by an individual	Yes (If yes, go to	Section L4 In-Kind Dos s and complete require		
items with purchases by	ag sale, auction, or other sale of donated y an individual of up to \$100?	✓No	Γotal Receipts here.)		
	ommittees, Municipal Candidates and fadvertising space in a program book or th this fundraiser?	\Box Yes (<i>If yes</i> , go to S	er than Exploratory Section L3 Purchases k or on a Sign and co	of Advertis	ing Space in a
Subpart 3: (Town Co	Il food or beverage at a fair or similar	☐ Yes (If yes, enter]	Total Receipts here.)		

SUBTOTAL Section L1-Subpart 1 (All Committees) Total Receipts f	rom Sale of Donated Items - This Page	\$0.00
SUBTOTAL Section L1-Subpart 3 (Town Committees ONLY) Total Rec	eipts from Food Purchases - This Page	\$0.00
但是其他的是 是 的是我们是是这种,但是是是一个人们也不是一个人的。	TOTAL of Section L1 Pages	\$0.00
TOTAL OF ALL RECEIPTS FROM SMALL PURCHASES (Enter total on Line 1	6a, Column A of Summary Page Totals)	\$0.00

SEEC	FORM	20
Revised	l January	2015

II. EVENT ACTIVITY (Sections L1 - L5)

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NAME OF COMMITTEE	AME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository) TYPE		OF REPORT	AND MARKET BY THE REAL PROPERTY.	
Bobby Valentine for St	amford		7th d	lay preceding e	lection
HARMON EVEN	L5. In-Kind Donations Not Con-	sidered Contributions Asso	ciated with a I	louse Party	
Name of Host S.Fabrizio Zichichi			or com	event supporting monittee? Yes complete Itemization	re than one candidate No n in Addendum L5
Street Address 214 Westover Rd		City Stamford			State Zip Code CT 06902-1927
Description of Donation food and drink				Fair Mark	et Value of Donation
Event # 100021a	Aggregate value of this Event - all hosts \$250.00	Aggregate Value of all Events—thi	s host/candidate \$0.00		\$250.00

SEEC	FORM	20
Revised	Tanuary	2015

III. NONMONETARY RECEIPTS (Sections M-O)

age	77	

age	77	of	103

NAME OF COMMITTEE (Provide Complete	te Name as Register	red with Filing Reposito	(עמ	TYPE OF REPO	RT	- 15 15 Shirth 26 19 19 19
Bobby Valentine for Stamford				7th day preced	ling election	1
an mandale seeman all the seeman		M. In-Kind Contrib	utions			
Name Rissa Gerych						
Street Address 26 Arnold Dr		Cit St	amford		State CT	Zip Code 06905-1301
-,,	ate Received 0/24/2021	Aggregate Contributions \$575	00	ion of In-Kind Contribution Supplies		
dependent child of a lobbyist?		ntributor or business he/she		r a chief executive officer of a with have a contract with said		rket Value of this ontribution
Is this contribution associated with an event reported in Section L1? Yes V No If yes, list Event #	If yes, indica	a principal of a state contract ate which branch or branche the contract is with:		ive state contractor? Yes Legislative		\$25.00

SUBTOTAL	oction M - This Page \$25.00
TOT	of Section M Pages \$25.00
TOTAL OF ALL IN-KIND CONTRIBUTIONS (Enter total on Line 23, Column A of	mmary Page Totals) \$25.00

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NAME OF COMMITTEE	(Provide Complete Name as Registered with Filing	Repository)		TYPE OF REPORT	PASSES OF	TERRO GUNGERO
Bobby Valentine for S	tamford			7th day preceding	election	THE THE WAY WATER
	P. Expense	es Paid by Commit	ttee	Maria de la companiona dela companiona della companiona della companiona della companiona d	1.2007	
Name of Payee Paragon Payment So	plutions			Date of Payment 10/01/2021	Method of Payment Check # Debit Card FFT	
Street Address 2141 E Broadway Ro	Tempe		State AZ	Zip Code 85282-1892		
Purpose of Expenditure (by code) WEB	Description		Even	t #		Amount
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required u None of the below (does not involve another candidate of Coordinated with reimbursement sought (joint expenditure) Coordinated without reimbursement sought (in-kind continuation)	r committee) Indeper	ıdent	cked)		\$2,273.55
Name of Payee Alba Media LLC				Date of Payment 10/04/2021	Method of Check Debit (#_1163
Street Address 101 Summer St		City Stamford			State CT	Zip Code 06901-2322
Purpose of Expenditure (by code) A-WEB	Description		Even	t #		Amount
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required u. None of the below (does not involve another candidate of Coordinated with reimbursement sought (joint expenditure) Coordinated without reimbursement sought (in-kind control of the contr	r committee) Indeper	ident	□A □B □C □D		\$4,000.00
Name of Payee Jessica Bucci				Date of Payment 10/04/2021	Method of Check Debit (# <u>1153</u>
Street Address 53 Crossbow Ln		City Monroe			State CT	Zip Code 06468-1756
Purpose of Expenditure (by code) CNSLT	Description		Even	t #		Amount
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required un V None of the below (does not involve another candidate or Coordinated with reimbursement sought (joint expenditure) Coordinated without reimbursement sought (in-kind control of the cont	re) Indeper	ıdent	iked) □A □B □C □D		\$2,250.00
Name of Payee Angela Carella				Date of Payment 10/04/2021	Method of Check Debit (# <u>1152</u>
Street Address 26 Buena Vista St		City Stamford			State CT	Zip Code 06907-2401
Purpose of Expenditure (by code) CNSLT	Description		Even	t#		Amount
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required in V None of the below (does not involve another candidate or Coordinated with reimbursement sought (joint expenditure) Coordinated without reimbursement sought (in-kind control of the cont	re) Indepen	dent	ABCD		\$4,500,00

SUBTOTAL Section P - T	This Page \$13,023.55
TOTAL of Section	P Pages \$238,022.63
TOTAL OF ALL EXPENSES PAID BY COMMITTEE (Enter total on Line 19, Column A of Summary Pag	ge Totals) \$238,022.63

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NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository) TYPE OF REPORT						
Bobby Valentine for S	tamford			7th day preceding	election	
Carrie Book to Carrie	P. Expense	es Paid by Commi	ittee			
Name of Payee Julian Pedrouzo				Date of Payment 10/05/2021	Method of Check	# 1160
Street Address 266 Garden Dr		City Bridgeport			State CT	Zip Code 06606-4426
Purpose of Expenditure (by code) CNSLT	Description		Event #			Amount
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required un None of the below (does not involve another candidate or Coordinated with reimbursement sought (joint expenditus Coordinated without reimbursement sought (in-kind cont	committee) Indepe	ndent	ad)		\$5,000.00
Name of Payee Gregory Robustelli				Date of Payment 10/05/2021	Method of Check	# 1159 CardEFT
Street Address 94 Washington St		City Norwalk	· =		State CT	Zip Code 06854-3015
Purpose of Expenditure (by code) CNSLT	Description		Event #			Amount
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required in None of the below (does not involve another candidate or Coordinated with reimbursement sought (joint expenditur Coordinated without reimbursement sought (in-kind cont	re) Independent	ndent	ad)		\$4,000.00
Name of Payee GI Postage Account				Date of Payment 10/06/2021	Method of Check	# 1161
Street Address PO Box 3038		City Stamford	1071		State CT	Zip Code 06905-0038
Purpose of Expenditure (by code) POST	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 Coordinated with reimbursement sought (joint expenditure) Coordinated without reimbursement sought (in-kind cont	committee) Indepe	ndent _	cd)		\$5,824.14
Name of Payee Mail Direct Advertisi	ng			Date of Payment 10/06/2021	Method of Check	# 1162
Street Address PO Box 3038		City Stamford			State CT	Zip Code 06905-0038
Purpose of Expenditure (by code) A-DM	Description		Event #			Amount
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required u. None of the below (does not involve another candidate of Coordinated with reimbursement sought (joint expenditure) Coordinated without reimbursement sought (in-kind cont	re) Indepe	ndent	od)		\$4,169.98

	SUBTOTAL Section P - This Page	\$18,994.12
	TOTAL of Section P Pages	\$238,022.63
TOTAL OF ALL EXPENSES PAID BY COMMITTEE (Enter total on Line 19,	, Column A of Summary Page Totals)	\$238,022.63

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NAME OF COMMITTE	E (Provide Complete Name as Registered with Filing	Repository)	Bh. C	TYPE OF REPORT		A POSITE CONTROL
Bobby Valentine for S	tamford			7th day preceding	election	A LINE AND STORAGE
THE PARTY OF THE P	P. Expens	es Paid by Commi	ttee		Sile Sile	TENED PARTIE
Name of Payee Vector Media Holding	gs Corp.			Date of Payment 10/06/2021	Method of Payment ✓ Check # 1164 Debit Card ☐ EFT	
Street Address 560 Lexington Ave		City New York			State NY	Zip Code 10022-6828
Purpose of Expenditure (by code) A-SIGN	Description		Even	ıt#		Amount
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required u None of the below (does not involve another candidate of Coordinated with reimbursement sought (joint expenditu Coordinated without reimbursement sought (in-kind cont	re) Independent	ndent	cked)		\$5,654.78
Name of Payee Jessica Bucci				Date of Payment 10/08/2021	Method of Check	#
Street Address 53 Crossbow Ln		City Monroe			State CT	Zip Code 06468-1756
Purpose of Expenditure (by code) CNSLT	Description		Even	t#		Amount
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required u. None of the below (does not involve another candidate or Coordinated with reimbursement sought (joint expenditus) Coordinated without reimbursement sought (in-kind cont	committee) Indeper	ndent	Cked)		\$750.00
Name of Payec Ferocious Media				Date of Payment 10/08/2021	Method of Check	#
Street Address 180 Post Rd E, Ste 2	01	City Westport			State CT	Zip Code 06880-3414
Purpose of Expenditure (by code) A-WEB	Description		Event	t#		Amount
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required un None of the below (does not involve another candidate or Coordinated with reimbursement sought (joint expenditur Coordinated without reimbursement sought (in-kind control	committee) Indeper	ıdent	ked)		\$19,999.99
Name of Payee Ferocious Media				Date of Payment 10/08/2021	Method of Check	#
Street Address 180 Post Rd E, Ste 2	01	City Westport			State CT	Zip Code 06880-3414
Purpose of Expenditure (by code) A-WEB	Description		Event	#		Amount
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required un None of the below (does not involve another candidate or Coordinated with reimbursement sought (joint expenditur Coordinated without reimbursement sought (in-kind contra	committee) Indepen	dent	ked)		\$2,500.00

SUBTOTAL Section P - This Page	\$28,904.77
TOTAL of Section P Pages	\$238,022.63
TOTAL OF ALL EXPENSES PAID BY COMMITTEE (Enter total on Line 19, Column A of Summary Page Totals)	\$238,022.63

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NAME OF COMMITTE	E (Provide Complete Name as Registered with Filing	Repository)		TYPE OF REPORT	WI SHEET	10.300 0000	
Bobby Valentine for S	tamford			7th day preceding	election		
article that is a fine	P. Expens	es Paid by Commi	ttee		653705-0	Hamburghesin	
Name of Payer GI Postage Account				Date of Payment 10/08/2021	Check	Method of Payment Check # 1165 Debit Card EFT	
Street Address PO Box 3038		City Stamford			State CT	Zip Code 06905-0038	
Purpose of Expenditure (by code) POST	Description		Even			Amount	
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required u None of the below (does not involve another candidate o Coordinated with reimbursement sought (joint expenditu Coordinated without reimbursement sought (in-kind cont	r committee)	ndent	ABCD		\$21,450.47	
Name of Payee Mail Direct Advertisir	ng			Date of Payment 10/08/2021	Method o		
Street Address PO Box 3038		City Stamford			State CT	Zip Code 06905-0038	
Purpose of Expenditure (by code) A-DM	Description		Even	it#		Amount	
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required u. None of the below (does not involve another candidate of Coordinated with reimbursement sought (joint expenditure) Coordinated without reimbursement sought (in-kind cont	r committee) Indepe	ndent	Cked)		\$17,999.77	
Name of Payee Julian Pedrouzo				Date of Payment 10/08/2021	Method of Check	#	
Street Address 266 Garden Dr		City Bridgeport		I.,	State CT	Zip Code 06606-4426	
Purpose of Expenditure (by code) CNSLT	Description		Even	t#		Amount	
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required un None of the below (does not involve another candidate or Coordinated with reimbursement sought (joint expenditum Coordinated without reimbursement sought (in-kind control	re) Independent	ndent	cked)		\$1,250.00	
Name of Payee Remington Research	1			Date of Payment 10/08/2021	Method of Check	#	
Street Address 800 W 47th St, Ste 2	00	City Kansas City			State MO	Zip Code 64112-1244	
Purpose of Expenditure (by code) POLLS	Description		Even	t#		Amount	
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required in None of the below (does not involve another candidate or Coordinated with reimbursement sought (joint expenditur Coordinated without reimbursement sought (in-kind contract)	re) Indeper	ndent	ked)		\$4,000.00	

	SUBTOTAL Section P - This Page	\$44,700.24
	TOTAL of Section P Pages	\$238,022.63
TOTAL OF ALL EXPENSES PAID BY COMMITTEE (Enter total on Line 19,	Column A of Summary Page Totals)	\$238,022.63

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NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository) TYPE OF REPORT					W 1988	
Bobby Valentine for St	tamford			7th day preceding		
	P. Expense	es Paid by Commi	ttec	ATTENDED TO THE REAL PROPERTY.	1948 PM	
Name of Payee Gregory Robustelli				Date of Payment 10/08/2021	Method of Check	#
Street Address 94 Washington St		City Norwalk		.	State CT	Zip Code 06854-3015
Purpose of Expenditure (by code) CNSLT	Description		Even	t#		Amount
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required u. None of the below (does not involve another candidate of Coordinated with reimbursement sought (joint expenditude) Coordinated without reimbursement sought (in-kind continuous)	re) Independent	ndent	cked)		\$1,000.00
Name of Payee Stamford Florist				Date of Payment 10/08/2021	Method of Check	#
Street Address 625 Bedford St		City Stamford			State CT	Zip Code 06901-1502
Purpose of Expenditure (by code) OVHD	Description		Even	t#		Amount
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required u. None of the below (does not involve another candidate of Coordinated with reimbursement sought (joint expenditur Coordinated without reimbursement sought (in-kind cont	re) Indepen	ndent	Cked)		\$531.75
Name of Payee WPA Intelligence				Date of Payment	Method of Check	#
Street Address 3317 E Memorial Rd	, Ste 201	City Edmond			State OK	Zip Code 73013-7002
Purpose of Expenditure (by code) POLLS	Description		Even	t #		Amount
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required u. None of the below (does not involve another candidate of Coordinated with reimbursement sought (joint expenditure) Coordinated without reimbursement sought (in-kind cont	re) Indepen	ndent	cked)		\$285.69
Name of Payer Zody's The 19th Hole	9			Date of Payment 10/11/2021	Method of Check	# 1168
Street Address 451 Stillwater Rd		City Stamford			State CT	Zip Code 06902-2114
Purpose of Expenditure (by code) FNDR	Description Dinner at golf event			121a		Amount
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required to None of the below (does not involve another candidate or Coordinated with reimbursement sought (joint expenditur Coordinated without reimbursement sought (in-kind cont	re) Indepen	ndent	cked)		\$3,685.29

SUBTOTAL Section P - This Page	\$5,502.73
TOTAL of Section P Pages	\$238,022.63
TOTAL OF ALL EXPENSES PAID BY COMMITTEE (Enter total on Line 19, Column A of Summary Page Totals)	\$238,022.63

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NAME OF COMMITTE	E (Provide Complete Name as Registered with Filing	Repository)	DE LEGIS	TYPE OF REPORT		A tital plant of the
Bobby Valentine for S	tamford			7th day preceding	election	
1000年6月1日中华美国大学	P. Expens	es Paid by Commi	ttee		1000	
Name of Payee Bedford West Holdin	ngs, LLC			Date of Payment 10/12/2021	Method o	#
Street Address 300 Bedford St		City Stamford			State CT	Zip Code 06901-1720
Purpose of Expenditure	Description		Event	и		
(by code) OVHD	Безеприон		Event	#		Amount
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required u None of the below (does not involve another candidate of Coordinated with reimbursement sought (joint expenditu Coordinated without reimbursement sought (in-kind cont	r committee) Indepe	ndent	ked)		\$1,500.00
Name of Payee FLIK Catering				Date of Payment 10/12/2021	Method of Check	#
Street Address 1 Harbor Point Square	re 2200 Atlantic Ave	City Stamford			State CT	Zip Code 06902
Purpose of Expenditure (by code) FNDR	Description catering at golf event		Event 1011			Amount
Expenditure # (if applicable) Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked) None of the below (does not involve another candidate or committee) Coordinated with reimbursement sought (joint expenditure) Coordinated without reimbursement sought (in-kind contribution) Organization: A B C D					\$532.72	
Name of Payee Rissa Gerych				Date of Payment 10/12/2021	Method of Check	# <u>1170</u>
Street Address 26 Arnold Dr		City Stamford			State CT	Zip Code 06905-1301
Purpose of Expenditure (by code) RMB	Description		Event	#		Amount
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required in None of the below (does not involve another candidate or Coordinated with reimbursement sought (joint expenditur Coordinated without reimbursement sought (in-kind continuous)	committee) Indeper	ndent	ABCD		\$16.10
Name of Payce Tim Guzda				Date of Payment 10/12/2021	Method of Check Debit (#_1169
Street Address		City			State	Zip Code
1 Lloyd Rd Purpose of Expenditure	Description	Norwalk	Event	4	СТ	06850-1907
(by code) A-OTH						Amount
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required in None of the below (does not involve another candidate of Coordinated with reimbursement sought (joint expenditure) Coordinated without reimbursement sought (in-kind control of the coordinated without reimbursement sought)	committee) Indeper	ndent	eed)		\$937.50

	SUBTOTAL Section P - This Page	\$2,986.32
	TOTAL of Section P Pages	\$238,022.63
TOTAL OF ALL EXPENSES PAID BY COMMITTEE (Enter total on Line 19,	Column A of Summary Page Totals)	\$238,022,63

Page

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository) TYPE OF REPORT					NOT THE PERSON OF THE PERSON O	
Bobby Valentine for S	tamford			7th day preceding	election	DANIEL DESIGNATION OF THE PARTY.
9月4日本	P. Expense	s Paid by Commi	ttee		Kiri i	第二十二十二十二十二十二十二十二十二十二十二十二十二十二十二十二十二十二十二十
Name of Payee Mail Direct Advertisin	ng			Date of Payment 10/12/2021	Method of Check	#
Street Address PO Box 3038		City Stamford		M	State CT	Zip Code 06905-0038
Purpose of Expenditure (by code) A-DM	Description		Even	t #		Amount
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required un None of the below (does not involve another candidate or Coordinated with reimbursement sought (joint expenditur Coordinated without reimbursement sought (in-kind control	committee) Independent	ndent	Cked)		\$6,008.73
Name of Payce MK&T Design and Pr	rint			Date of Payment 10/12/2021	Method of Check	#
Street Address 2 Lake St		City Norwalk			State CT	Zip Code 06850-1906
Purpose of Expenditure (by code) PRNT	Description		Even	t#		Amount
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required in None of the below (does not involve another candidate or Coordinated with reimbursement sought (joint expenditur Coordinated without reimbursement sought (in-kind control	committee) Indepen	ndent	cked)		\$4,386.94
Name of Payee Stamford Florist				Date of Payment 10/12/2021	Method of Check	#
Street Address 625 Bedford St		City Stamford			State CT	Zip Code 06901-1502
Purpose of Expenditure (by code) OVHD	Description		Even	t #		Amount
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required un None of the below (does not involve another candidate or Coordinated with reimbursement sought (joint expenditur Coordinated without reimbursement sought (in-kind control	committee) Indeper	ndent	cked)		\$133.90
Name of Payee The Blind Rhino				Date of Payment 10/12/2021	Method of Check	
Street Address		City Norwalk			State	Zip Code
15 N Main St	Duridia	NOIWAIK			СТ	06854-2702
Purpose of Expenditure (by code) FNDR	Description Catering at golf event			121a		Amount
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required in None of the below (does not involve another candidate or Coordinated with reimbursement sought (joint expenditur Coordinated without reimbursement sought (in-kind contract)	committee) Indeper	ndent	□A □B □C □D		\$429.40

SUBTOTAL Section P - This Page	\$10,958.97
TOTAL of Section P Pages	\$238,022.63
TOTAL OF ALL EXPENSES PAID BY COMMITTEE (Enter total on Line 19, Column A of Summary Page Totals)	\$238,022.63

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NAME OF COMMITTE	E (Provide Complete Name as Registered with Filing	Repository)	11310	TYPE OF REPORT	VI Jane	
Bobby Valentine for S	Stamford			7th day preceding	election	
国际公司报题的	P. Expense	es Paid by Commi	ittee			D. 上海川東州市(北京
Name of Payce Tim Guzda				Date of Payment 10/13/2021	Method o	f Payment ## 1171 Card EFT
Street Address 1 Lloyd Rd		City Norwalk			State CT	Zip Code 06850-1907
Purpose of Expenditure (by code) A-OTH	Description		Even	ıt#		Amount
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required u None of the below (does not involve another candidate of Coordinated with reimbursement sought (joint expenditus) Coordinated without reimbursement sought (in-kind cont	r committee) Indepe	ndent	cked)		\$1,087.50
Name of Payee Jp Graphics inc				Date of Payment 10/13/2021	Method of Check	#
Street Address 43 Crescent St, Ste	19C	City Stamford			State CT	Zip Code 06906-1816
Purpose of Expenditure (by code) PRNT	Description		Even	t#		Amount
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required un None of the below (does not involve another candidate or Coordinated with reimbursement sought (joint expenditur Coordinated without reimbursement sought (in-kind control	committee) Indeper	ndent	ABCD		\$4,041.30
Name of Payee Jp Graphics inc				Date of Payment 10/13/2021	Method of Check	#
Street Address 43 Crescent St, Ste	19C	City Stamford			State CT	Zip Code 06906-1816
Purpose of Expenditure (by code) PRNT	Description		Event	:#		Amount
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required un None of the below (does not involve another candidate or Coordinated with reimbursement sought (joint expenditur Coordinated without reimbursement sought (in-kind contra	committee) Indeper	ndent	ked)		\$684.89
Name of Payee Signs Pro LLC				Date of Payment 10/13/2021	Method of Check	#
Street Address 100 Research Dr		City Stamford			State CT	Zip Code 06906-1400
Purpose of Expenditure (by code) PRNT	Description		Event	#		Amount
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required un. None of the below (does not involve another candidate or Coordinated with reimbursement sought (joint expenditur Coordinated without reimbursement sought (in-kind contr	committee) Indepen	dent	ked)		\$7,816.73

	SUBTOTAL Section P - This Page	\$13,630.42
	TOTAL of Section P Pages	\$238,022.63
TOTAL OF ALL EXPENSES PAID BY COMMITTEE (Enter total on Line 19, 0	Column A of Summary Page Totals)	\$238,022-63

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NAME OF COMMITTEE	E (Provide Complete Name as Registered with Filing	Repository)	346	TYPE OF REPORT	建筑的	CE OR MINERAL
Bobby Valentine for S	tamford			7th day preceding	election	
	P. Expense	es Paid by Commi	ttee		源。海	可能然然外
Name of Payee Robustelli Merchand	ise Services			Date of Payment 10/14/2021	Method of Payment Check # Debit Card FFT	
Street Address 230 New Canaan Av	e, Apt 6	City Norwalk			State CT	Zip Code 06850-1436
Purpose of Expenditure (by code) MISC	Description Event # Silicone Bracelets			Amount		
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required u None of the below (does not involve another candidate of Coordinated with reimbursement sought (joint expenditus Coordinated without reimbursement sought (in-kind cont	r committee) Indepen	ndent	cked)		\$31.91
Name of Payee Jessica Bucci				Date of Payment 10/15/2021	Method of Check	#
Street Address 53 Crossbow Ln		City Monroe			State CT	Zip Code 06468-1756
Purpose of Expenditure (by code) CNSLT	Description Event #				Amount	
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked) None of the below (does not involve another candidate or committee) Coordinated with reimbursement sought (joint expenditure) Coordinated without reimbursement sought (in-kind contribution) Organization: A B C D					\$750.00
Name of Payee Ferocious Media				Date of Payment 10/15/2021	Method of Check	#
Street Address 180 Post Rd E, Ste 2	201	City Westport		,	State CT	Zip Code 06880-3414
Purpose of Expenditure (by code) A-WEB	Description		Even	st #		Amount
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required u None of the below (does not involve another candidate of Coordinated with reimbursement sought (joint expenditu Coordinated without reimbursement sought (in-kind cont	r committee) re) Independent	ndent	cked)		\$5,000.00
Name of Payce Jencap Specialty Insurance Services Inc. Date of Payment 10/15/2021		Method of Check	# 1044			
Street Address 25 A HASTINGS St		City Mendon			State MA	Zip Code 01756
Purpose of Expenditure (by code) OVHD	Description		Even			Amount
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required u None of the below (does not involve another candidate of Coordinated with reimbursement sought (joint expenditu Coordinated without reimbursement sought (in-kind cont	r committee) Independent	ndent	cked)		\$47.00

SUBTOTAL Section P - This Page	\$5,828.91
TOTAL of Section P Pages	\$238,022.63
TOTAL OF ALL EXPENSES PAID BY COMMITTEE (Enter total on Line 19, Column A of Summary Page Totals)	\$238,022.63

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NAME OF COMMITTE	E (Provide Complete Name as Registered with Filing	Repository)	1.03.80P	TYPE OF REPORT	CONTRACT	og minimus sener	
Bobby Valentine for S	SATURD THE PROPERTY OF SATURDAY STATES AND SATURDAY OF SATURDAY SATURDAY OF SATURDAY SATURDAY SATURDAY OF SATURDAY SATUR	ALC THE PROPERTY OF THE PROPERTY OF	00.1500.0	7th day preceding	election	200000000000000000000000000000000000000	
10万世纪《五世》的第三人	P. Expense	es Paid by Commi	ittee			2.5 That The No.	
Name of Payee Julian Pedrouzo				Date of Payment 10/15/2021	Check	Method of Payment Check # □ Debit Card ✓ EFT	
Street Address 266 Garden Dr		City Bridgeport			State CT	Zip Code 06606-4426	
Purpose of Expenditure (by code) CNSLT	Description		Even	t #		Amount	
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required u. None of the below (does not involve another candidate or Coordinated with reimbursement sought (joint expenditure) Coordinated without reimbursement sought (in-kind cont	r committee) Indepe	ndent	ABCD		\$1,250.00	
Name of Payee Gregory Robustelli				Date of Payment 10/15/2021	Method of Check	#	
Street Address 94 Washington St		City Norwalk			State CT	Zip Code 06854-3015	
Purpose of Expenditure (by code) CNSLT	Description		Event	#		Amount	
Expenditure # (if applicable)						\$1,000.00	
Name of Payee Vanguard Field Strat	egies			Date of Payment 10/15/2021	Method of Check	#	
Street Address 800 W 47th St, Ste 2	00	City Kansas City			State MO	Zip Code 64112-1244	
Purpose of Expenditure (by code) MISC	Description Door-to-door canvassing		Event	#		Amount	
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required un None of the below (does not involve another candidate or Coordinated with reimbursement sought (joint expenditur Coordinated without reimbursement sought (in-kind control	committee) Indeper	ndent	ked)		\$12,000.00	
Name of Payee GI Postage Account				Date of Payment 10/16/2021	Method of Check	# <u>1172</u>	
Street Address		City Stamford			State CT	Zip Code 06905-0038	
PO Box 3038 Purpose of Expenditure (by code) POST	Description		Event	#		Amount	
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required in None of the below (does not involve another candidate or Coordinated with reimbursement sought (joint expenditur Coordinated without reimbursement sought (in-kind contract)	committee) Indeper	ndent	ked)		\$11,264.79	

	SUBTOTAL Section P - This Page	\$25,514.79
	TOTAL of Section P Pages	\$238,022.63
TOTAL OF ALL EXPENSES PAID BY COMMITTEE (Enter total on Line 19,	Column A of Summary Page Totals)	\$238,022.63

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NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository) TYPE OF REPORT					THE WAY	
Bobby Valentine for St	amford			7th day preceding	election	
Continues and the conti	P. Expense	s Paid by Commit	tee	THE STATE OF		
Name of Payee Mail Direct Advertisin	g			Date of Payment 10/16/2021	Method of Check	# 1173
Street Address PO Box 3038	3	City Stamford			State CT	Zip Code 06905-0038
Purpose of Expenditure (by code) A-DM	Description		Even	t#		Amount
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required un None of the below (does not involve another candidate or Coordinated with reimbursement sought (joint expenditur Coordinated without reimbursement sought (in-kind control	re) Indeper	ndent	Cked)		\$9,247.41
Name of Payee Dan Miller				Date of Payment 10/17/2021	Method of Check	#_1043
70 Forest Street		City Stamford			State CT	Zip Code 06901-1831
Purpose of Expenditure (by code) RMB	Description		Even	t #		Amount
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required un None of the below (does not involve another candidate or Coordinated with reimbursement sought (joint expenditure) Coordinated without reimbursement sought (in-kind control	r committee) Indeper	ndent	cked)		\$1,833.90
Name of Payee Ashwin Mital				Date of Payment 10/17/2021	Method of Check	# <u>1041</u>
Street Address 10 Brookside P!		City Wilton			State CT	Zip Code 06897-4403
Purpose of Expenditure (by code) CNSLT	Description		Even	t #		Amount
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required un None of the below (does not involve another candidate or Coordinated with reimbursement sought (joint expenditur Coordinated without reimbursement sought (in-kind cont	re) Indeper	ident	cked)		\$500.00
Name of Payee Alphagraphics Stamf	ord			Date of Payment 10/18/2021	Method of Check	#
Street Address 16 Dyke Ln		City Stamford			State CT	Zip Code 06902-7313
Purpose of Expenditure (by code) PRNT	Description		Even			Amount
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required in None of the below (does not involve another candidate or Coordinated with reimbursement sought (joint expenditur Coordinated without reimbursement sought (in-kind cont	committee) Indeper	dent	cked)		\$1,207.29

(1) 10 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	SUBTOTAL Section P - This Page	\$12,788.60
1000 (1000 1000 1000 1000 1000 1000 100	TOTAL of Section P Pages	\$238,022.63
TOTAL OF ALL EXPENSES PAID BY COMMITTEE (Enter total on Line 19, Co	olumn A of Summary Page Totals)	\$238,022.63

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NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository) TYPE OF REPORT						
Bobby Valentine for S	Stamford			7th day preceding	election	
以外的是为在支持 的	P. Expense	es Paid by Commi	ttee	angles in well the health		
Name of Payee Alphagraphics Stam	ford			Date of Payment 10/18/2021	Method of Check	: #
Street Address 16 Dyke Ln		City Stamford			State CT	Zip Code 06902-7313
Purpose of Expenditure (by code) PRNT	Description		Event	t #		Amount
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required u. None of the below (does not involve another candidate of Coordinated with reimbursement sought (joint expenditus) Coordinated without reimbursement sought (in-kind cont	r committee) Indepe	ndent	ABCD		\$2,102.57
Name of Payee Alphagraphics Stam	ford			Date of Payment 10/18/2021	Method of Check	#
Street Address 16 Dyke Ln		City Stamford			State CT	Zip Code 06902-7313
Purpose of Expenditure (by code) A-DM	Description		Event	#		Amount
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required u. None of the below (does not involve another candidate of Coordinated with reimbursement sought (joint expenditur Coordinated without reimbursement sought (in-kind cont	re) Indepe	ndent	ked)		\$9,044.15
Name of Payee Tim Guzda				Date of Payment 10/18/2021	Method of Check	# 1045
Street Address 1 Lloyd Rd		City Norwalk			State CT	Zip Code 06850-1907
Purpose of Expenditure (by code) A-OTH	Description		Event	#		Amount
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required un None of the below (does not involve another candidate of Coordinated with reimbursement sought (joint expenditure) Coordinated without reimbursement sought (in-kind control of the contro	committee) Indepen	ndent	ked)		\$768.75
Name of Payee Optimum				Date of Payment 10/18/2021	Method of Check	#
Street Address 1111 Stewart Ave		City Bethpage			State NY	Zip Code 11714-3533
Purpose of Expenditure (by code) OVHD	Description		Event	#		Amount
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required un None of the below (does not involve another candidate of Coordinated with reimbursement sought (joint expenditure) Coordinated without reimbursement sought (in-kind cont	re) Indeper	ndent	ked)		\$107.71

	SUBTOTAL Section P - This Page	\$12,023.18
	TOTAL of Section P Pages	\$238,022.63
TOTAL OF ALL EXPENSES PAID BY COMMITTEE (Enter total on Line 1	9, Column A of Summary Page Totals)	\$238,022.63

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NAME OF COMMITTE	E (Provide Complete Name as Registered with Filing	Repository)	1567	TYPE OF REPORT		
Bobby Valentine for S	tamford			7th day preceding	election	
artigue (de programa de la	P. Expens	es Paid by Commi	ttee	Saladia Car		· 公司的国际 (1)
Name of Payee Emily Severance				Date of Payment 10/18/2021	Method o	# 1046
Street Address 82 Fernwood Dr	1	City Stamford			State CT	Zip Code 06903-1920
Purpose of Expenditure (by code) RMB	Description		Even	at #		Amount
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required u None of the below (does not involve another candidate or Coordinated with reimbursement sought (joint expenditure) Coordinated without reimbursement sought (in-kind cont	r committee)	ndent	cked)		\$30,00
Name of Payee Altice a4 Advertising				Date of Payment 10/19/2021	Method of Check	#
Street Address 1111 Stewart Ave		City Bethpage		**	State NY	Zip Code 11714-3533
Purpose of Expenditure (by code) A-TV	Description		Even	t #		Amount
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required to None of the below (does not involve another candidate of Coordinated with reimbursement sought (joint expenditure) Coordinated without reimbursement sought (in-kind cont	re) Indeper	ndent	Cked)		\$11,350.05
Name of Payer Altice a4 Advertising			4	Date of Payment 10/19/2021	Method of Check	#
Street Address 1111 Stewart Ave		City Bethpage			State NY	Zip Code 11714-3533
Purpose of Expenditure (by code) A-WEB	Description		Even	t #		Amount
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required in None of the below (does not involve another candidate or Coordinated with reimbursement sought (joint expenditure) Coordinated without reimbursement sought (in-kind control of the contro	committee) Indepen	ıdent	∴ked)		\$5,656.50
Name of Payee GI Postage Account				Date of Payment 10/20/2021	Method of ✓ Check Debit 0	# <u>1174</u>
PO Box 3038		City Stamford			State CT	Zip Code 06905-0038
Purpose of Expenditure (by code) POST	Description		Even	t #		Amount
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required un None of the below (does not involve another candidate or Coordinated with reimbursement sought (joint expenditur Coordinated without reimbursement sought (in-kind contra	committee) Indepen	dent	ked)		\$3,424.43

SUBTOTAL Sec	ction P - This Page	\$20,460.98
TOTAL of	of Section P Pages	\$238,022.63
TOTAL OF ALL EXPENSES PAID BY COMMITTEE (Enter total on Line 19, Column A of Sum	mary Page Totals)	\$238,022.63

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NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository) TYPE OF REPORT					or the last	Chine Zalorgini di S
Bobby Valentine for S	tamford			7th day preceding	election	
AND AND SOURCE OF SOURCE SOURCE	P. Expense	es Paid by Commi	ittee		A State of	
Name of Payee Mail Direct Advertisin	ng			Date of Payment 10/20/2021	Method of Check	# 1175
Street Address PO Box 3038		City Stamford			State CT	Zip Code 06905-0038
Purpose of Expenditure (by code) A-DM	Description		Even	t #		Amount
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required u None of the below (does not involve another candidate or Coordinated with reimbursement sought (joint expenditure) Coordinated without reimbursement sought (in-kind cont	committee) Indepe	ndent	ABCD		\$2,635.35
Name of Payee Dan Miller				Date of Payment 10/20/2021	Method of Check	# 1047
Street Address 70 Forest Street		City Stamford	114		State CT	Zip Code 06901-1831
Purpose of Expenditure (by code) RMB	Description		Event	t #		Amount
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required u None of the below (does not involve another candidate of Coordinated with reimbursement sought (joint expenditure) Coordinated without reimbursement sought (in-kind cont	re) Independent	ndent	cked)		\$3,138.55
Name of Payce Minuteman Press				Date of Payment 10/20/2021	Method of Check	# 1048
Street Address 513 Summer St		City Stamford			State CT	Zip Code 06901-1314
Purpose of Expenditure (by code) PRNT	Description		Event	t#		Amount
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required u None of the below (does not involve another candidate of Coordinated with reimbursement sought (joint expenditure) Coordinated without reimbursement sought (in-kind cont	re) Indepen	ndent	ked)		\$87.39
Name of Payee State Street Debatin	g Society Ltd.			Date of Payment 10/21/2021	Method of Check	# 1200.00
Street Address 13 Ralsey Rd S		City Stamford			State CT	Zip Code 06902-7811
Purpose of Expenditure (by code) MISC	Description State street debate dinner		Event	t #		Amount
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required u None of the below (does not involve another candidate of Coordinated with reimbursement sought (joint expenditu Coordinated without reimbursement sought (in-kind cont	r committee) Indepen	ndent	cked)		\$1,200.00

	SUBTOTAL Section P - This Page	\$7,061.29
	TOTAL of Section P Pages	\$238,022.63
TOTAL OF ALL EXPENSES PAID BY COMMITTEE (Enter total on Line 19,	Column A of Summary Page Totals)	\$238,022.63

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NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository) TYPE OF REPORT				TYPE OF REPORT	SEP SER	TO THE REAL PROPERTY.
Bobby Valentine for S	tamford			7th day preceding	election	
化型性性性的	P. Expense	es Paid by Commi	ttee		THE SHEET	學的質問這多是
Name of Payee Switchboard Public E	Benefit Corp			Date of Payment 10/21/2021	Method of Check	# 1049
Street Address		City		;	State	Zip Code
PO Box 33485		Washington			DC	20033-0485
Purpose of Expenditure (by code) A-PH-BNK	Description		Even	t #		Amount
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required un None of the below (does not involve another candidate or Coordinated with reimbursement sought (joint expenditur Coordinated without reimbursement sought (in-kind control	committee) Indeper	ndent	cked)		\$143.76
Name of Payee Jessica Bucci				Date of Payment 10/22/2021	Method of Check	#
Street Address 53 Crossbow Ln	,	City Monroe			State CT	Zip Code 06468-1756
Purpose of Expenditure (by code) CNSLT	Description		Even	t #		Amount
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required un None of the below (does not involve another candidate or Coordinated with reimbursement sought (joint expenditur Coordinated without reimbursement sought (in-kind control	committee) Indeper	ndent	cked)		\$750.00
Name of Payee Ashwin Mital				Date of Payment 10/22/2021	Method of Check	#
Street Address 10 Brookside Pl		City Wilton			State CT	Zip Code 06897-4403
Purpose of Expenditure (by code) CNSLT	Description		Event	t #		Amount
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required un None of the below (does not involve another candidate or Coordinated with reimbursement sought (joint expenditur Coordinated without reimbursement sought (in-kind control	committee) Indeper	ndent	cked)		\$500.00
Name of Payee Julian Pedrouzo				Date of Payment 10/22/2021	Method of Check	#
Street Address 266 Garden Dr		City Bridgeport			State CT	Zip Code 06606-4426
Purpose of Expenditure (by code) CNSLT	Description		Eveni	t #		Amount
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required un None of the below (does not involve another candidate or Coordinated with reimbursement sought (joint expenditur Coordinated without reimbursement sought (in-kind control	committee) Indepen	ndent	cked)		\$1,250.00

SUBTOTAL Section P - This Page	\$2,643.76
TOTAL of Section P Pages	\$238,022.63
TOTAL OF ALL EXPENSES PAID BY COMMITTEE (Enter total on Line 19, Column A of Summary Page Totals)	\$238,022.63

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Peviser	Ianuary	201	5

IV. E

EXPENDITURES (Sections P-T)	Page	93	of	102

NAME OF COMMITTE	E (Provide Complete Name as Registered with Filing	Repository)		TYPE OF REPORT	SUSTINE		
Bobby Valentine for S	tamford			7th day preceding	election	election	
"国际国际国际的 "	P. Expens	es Paid by Commi	ttee		5) 118 14 15	Will follow the o	
Name of Payee Gregory Robustelli				Date of Payment 10/22/2021	Method of Check	#	
Street Address 94 Washington St		City Norwalk			State CT	Zip Code 06854-3015	
Purpose of Expenditure (by code) CNSLT	Description		Even	t#		Amount	
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked) None of the below (does not involve another candidate or committee) Coordinated with reimbursement sought (joint expenditure) Coordinated without reimbursement sought (in-kind contribution) Organization: A B C I					\$1,000.00	
Name of Payee Vanguard Field Strat	egies			Date of Payment 10/24/2021	Method of Check	#	
Street Address 800 W 47th St, Ste 2	00	City Kansas City			State MO	Zip Code 64112-1244	
Purpose of Expenditure (by code) MISC	Description Door-to-door canvassing		Event			Amount	
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked) None of the below (does not involve another candidate or committee) Coordinated with reimbursement sought (joint expenditure) Coordinated without reimbursement sought (in-kind contribution) Organization: A B C D					\$12,000.00	

	SUBTOTAL Section P - This Page	\$13,000.00
	TOTAL of Section P Pages	\$238,022.63
TOTAL OF ALL EXPENSES PAID BY COMMITTEE (Enter total on Line 19,	Column A of Summary Page Totals)	\$238,022.63

102

NAME OF COMMITTE	EE (Provide Complete Name as Registered with Filing Rep	pository)	TYPE OF REPORT	V.	在 公司司经 自治的
Bobby Valentine for S	Stamford		7th day preceding el	ection	
	S. Expenses Incurred by Committe	e but Not Paid During	this Period		C.S. BROWN
Name of Creditor Dan Miller				1	Incurred 01/2021
Street Address 70 Forest Street		City Stamford		State CT	Zip Code 06901-1831
Purpose of Expenditure (by code) A-WEB	Description Releve - Web based advertising		Event #		mount Incurred stimate or Actual)
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum S Required unless None of the below (does not involve another candidate or compared to the continuous contin	mmittee) Independent	d) A B C D		\$3,150.00
Name of Creditor Dan Miller					Incurred 01/2021
Street Address 70 Forest Street		City Stamford		State CT	Zip Code 06901-1831
Purpose of Expenditure (by code) WEB	Description NGP Van - Web based contributions	*	Event #		mount Incurred stimate or Actual)
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum S Required unless: None of the below (does not involve another candidate or cor Coordinated with reimbursement sought (joint expenditure) Coordinated without reimbursement sought (in-kind contribution)	mmittee) Independent	A B C D		\$340.00
Name of Creditor Murtha Cullina Attor	rneys				Incurred 1/2021
Street Address 280 Trumbull St		City Hartford		State CT	Zip Code 06103-3509
Purpose of Expenditure (by code) MISC	Description Engaged firm for legal services		Event #		mount Incurred stimate or Actual)
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum S Required unless None of the below (does not involve another candidate or compared to the continuated with reimbursement sought (joint expenditure) Coordinated without reimbursement sought (in-kind contribution)	mmittee) Independent			\$2,000.00
Name of Creditor Releve Branding Ag	gency LL				Incurred 5/2021
Street Address 26 Coulder Trl		City Bronxville		State	Zip Code 10708
Purpose of Expenditure (by code) WEB	Description zoom account upgrade	,*	Event #		mount Incurred timate or Actual)
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum S Required unless None of the below (does not involve another candidate or cor Coordinated with reimbursement sought (joint expenditure) Coordinated without reimbursement sought (in-kind contribu	Independent	A B C D		\$50.00
8 1 1 2 1 1 2 1 3 1 1 1 1 1 1 1 1 1 1 1 1				1101403	
A STATE OF THE STATE OF T		SUBTO	TAL Section S - This Pa	ge ;	\$5,540.00
	VERTICAL PROPERTY OF THE SERVEN		TOTAL of Section S Pag	90,051	\$57,712.56
	TOTAL OF ALL EXPENSES INCURRED BY C	THE RESERVE OF THE PARTY OF THE	IIS PERIOD BUT NOT P of Summary Page Tota	1845-27	\$57,712.56
			pald and still Outstandi	0.70	\$0.00
	TOTAL OF ALL EXPEN (Enter total	on Line 28a, Column A	MMITTEE BUT NOT PA of Summary Page Tota	ID Is)	\$57,712.56

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CRAWCO CALL TO SOME WAS TANDED OF	EE (Frovide Complete Name as Registerea with Filing F	A STATE OF THE PARTY OF THE PAR	TYPE OF REPORT		THE RESERVE OF THE PARTY OF THE
Bobby Valentine for S			7th day preceding e	election	
TANKS AND THE REAL PROPERTY.	S. Expenses Incurred by Commit	tee but Not Paid During	this Period		
Name of Creditor Paragon Payment S	Solutions				Incurred 20/2021
Street Address		City		State	Zip Code
2141 E Broadway R	Rd	Tempe		AZ	85282-1892
Purpose of Expenditure (by code) WEB	Description estamated web payment portal processing feet	s for Oct	Event #		mount Incurred stimate or Actual)
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum S Required unl None of the below (does not involve another candidate or of Coordinated with reimbursement sought (joint expenditure Coordinated without reimbursement sought (in-kind contri	Independent	d)		\$2,000.00
Name of Creditor Dan Miller					Incurred 22/2021
Street Address		City		State	Zip Code
70 Forest Street		Stamford		СТ	06901-1831
Purpose of Expenditure (by code) A-WEB	Description Facebook Advertising		Event #		mount Incurred stimate or Actual)
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum S Required unlown) None of the below (does not involve another candidate or compared with reimbursement sought (joint expenditure) Coordinated without reimbursement sought (in-kind contril	ommittee) Independent	d) A B C D		\$900.00
Name of Creditor Alba Media LLC					Incurred 4/2021
Street Address 101 Summer St		City Stamford		State	Zip Code 06901-2322
Purpose of Expenditure (by code) A-WEB	Description photography & videography	•	Event #		mount Incurred timate or Actual)
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum S Required unlown None of the below (does not involve another candidate or compared with reimbursement sought (joint expenditure). Coordinated without reimbursement sought (in-kind contribute).	ommittee) Independent	ABCD		\$4,000.00
Name of Creditor Jessica Bucci					ncurred 4/2021
Street Address 53 Crossbow Ln		City Monroe		State CT	Zip Code 06468-1756
Purpose of Expenditure (by code) CNSLT	Description Campaign Consultant		Event #		nount Incurred timate or Actual)
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum S Required unle None of the below (does not involve another candidate or c Coordinated with reimbursement sought (joint expenditure) Coordinated without reimbursement sought (in-kind contrib	ommittee) Independent]A		\$750.00
	MAY COOK WITH A STATE OF THE ST				
		SUBTO	TAL Section S - This Pa	ge	\$7,650.00
			OTAL of Section S Pag	es	\$57,712.56
	TOTAL OF ALL EXPENSES INCURRED BY (Enter to)	COMMITTEE DURING TH al on Line 28, Column A			\$57,712.56

Previously reported Expenses Unpaid and still Outstanding +

TOTAL OF ALL EXPENSES INCURRED BY COMMITTEE BUT NOT PAID (Enter total on Line 28a, Column A of Summary Page Totals)

2 Duli nocessimpi marchi 14 pri A	E (Provide Complete Name as Registered with Filing Re	pository)	TYPE OF REPORT	Control of the second
Bobby Valentine for S			7th day preceding ele	ection
CONTRACTOR OF	S. Expenses Incurred by Committee	ee but Not Paid During	this Period	A PROPERTY AND A STATE OF THE S
Name of Creditor Jessica Bucci				Date Incurred 10/24/2021
Street Address 53 Crossbow Ln		City Monroe		State Zip Code CT 06468-1756
Purpose of Expenditure (by code) CNSLT	Description Campaign COnsultant	•	Event #	Amount Incurred (Estimate or Actual)
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum S Required unless None of the below (does not involve another candidate or co. Coordinated with reimbursement sought (joint expenditure) Coordinated without reimbursement sought (in-kind contribu	Independent	A B C D	\$750.00
Name of Creditor Angela Carella				Date Incurred 10/24/2021
Street Address 26 Buena Vista St		City Stamford		State Zip Code CT 06907-2401
Purpose of Expenditure (by code) CNSLT	Description Campaign Consultant	<u></u>	Event #	Amount Incurred (Estimate or Actual)
Expenditure # (if applicable)	A B C D	\$4,000.00		
Name of Creditor GI Postage Account				Date Incurred 10/24/2021
Street Address PO Box 3038		City Stamford		State Zip Code CT 06905-0038
Purpose of Expenditure (by code) POST	Description postage		Event #	Amount Incurred (Estimate or Actual)
Expenditure # (if applicable) Type of Expenditure (Itemization in Addendum S Required unless "None of the below" is checked) None of the below (does not involve another candidate or committee) Coordinated with reimbursement sought (joint expenditure) Coordinated without reimbursement sought (in-kind contribution) Organization: A B C D				
Name of Creditor Mail Direct Advertisi	ng			Date Incurred 10/24/2021
Street Address PO Box 3038		City Stamford		State Zip Code CT 06905-0038
Purpose of Expenditure (by code) A-DM	Description Direct mailing		Event #	Amount Incurred (Estimate or Actual)
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum S Required unless None of the below (does not involve another candidate or core Coordinated with reimbursement sought (joint expenditure) Coordinated without reimbursement sought (in-kind contribution)	mmittee) Independent]A	\$13,524.57
C. Constant Management Communication		Market Services		
		SUBTOT	AL Section S - This Pag	ge \$24,681.50
			OTAL of Section S Page	100
	TOTAL OF ALL EXPENSES INCURRED BY C	COMMITTEE DURING TH al on Line 28, Column A	CONTRACTOR OF THE SERVICE OF THE SER	HE 1 1 1 1 1 1 1 1 1
Carlo Maria		reported Expenses Unp		
	TOTAL OF ALL EXPEN	ISES INCURRED BY CO on Line 28a, Column A	MMITTEE BUT NOT PAI of Summary Page Total	ID (s) \$57,712.56

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NAME OF COMMITT	EE. (Provide Complete Name as Registered with Filing Re	pository)	TYPE OF REPORT		The sales are the
Bobby Valentine for			7th day preceding e	lection	200200000000000000000000000000000000000
性學/的漢葉學的	S. Expenses Incurred by Committee	ee but Not Paid During	this Period	Marie	100000000000000000000000000000000000000
Name of Creditor Dan Miller					Incurred 24/2021
Street Address 70 Forest Street		City Stamford		State	Zip Code 06901-1831
Purpose of Expenditure (by code) A-OTH	Description NationBuilder - Web based advertising		Event #		mount Incurred
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum S Required unless None of the below (does not involve another candidate or co Coordinated with reimbursement sought (joint expenditure) Coordinated without reimbursement sought (in-kind contributions)	Independent)]A	(23	stimate or Actual) \$1,595.00
Name of Creditor Dan Miller					Incurred 4/2021
Street Address 70 Forest Street		City Stamford		State CT	Zip Code 06901-1831
Purpose of Expenditure (by code) A-WEB	Description Releve - web based advertising	11	Event #		mount Incurred timate or Actual)
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum S Required unless None of the below (does not involve another candidate or col Coordinated with reimbursement sought (joint expenditure) Coordinated without reimbursement sought (in-kind contribu	mmittee) Independent	A B C D		\$3,150.00
Name of Creditor Dan Miller					ncurred 4/2021
Street Address 70 Forest Street		City Stamford		State CT	Zip Code 06901-1831
Purpose of Expenditure (by code) WEB	Description NGP - Web based contributions		Event #	1	nount Incurred timate or Actual)
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum S Required unless None of the below (does not involve another candidate or cor Coordinated with reimbursement sought (joint expenditure) Coordinated without reimbursement sought (in-kind contribu	Independent]A		\$340.00
Name of Creditor Dan Miller					ncurred 4/2021
Street Address 70 Forest Street		City Stamford		State CT	Zip Code 06901-1831
Purpose of Expenditure (by code) OVHD	Description google platform		Event #		nount Incurred timate or Actual)
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum S Required unless None of the below (does not involve another candidate or con Coordinated with reimbursement sought (joint expenditure) Coordinated without reimbursement sought (in-kind contributed)	nmittee) Independent]A		\$50.00
		SUBTOT	AL Section S - This Pa	ge	\$5,135.0
		William Control	OTAL of Section S Pag		\$57,712.5
	TOTAL OF ALL EXPENSES INCURRED BY C (Enter total	OMMITTEE DURING TH on Line 28, Column A		William .	\$57,712.50
		reported Expenses Unp		•	\$0.00
	TOTAL OF ALL EXPEN (Enter total	ISES INCURRED BY CO on Line 28a, Column A	MMITTEE BUT NOT PA of Summary Page Tota	ID (s)	\$57,712.56

of 102

\$0.00

\$57,712.56

NAME OF COMMITTE	E (Provide Complete Name as Registered with Filing Rep	ository)	TYPE OF REPORT	TAX SE	THE YEAR STORE HOLDER
Bobby Valentine for S	Stamford		7th day preceding ele		
	S. Expenses Incurred by Committee	e but Not Paid During th	nis Period		gi - gropeniego.
Name of Creditor Parachute Marketing	g LLC				Incurred 24/2021
Street Address 255 Strawberry Hill	Ave	City Stamford		State CT	Zip Code 06902-2547
Purpose of Expenditure	Description		Event #	A	mount Incurred
(by code) A-SIGN	Marketing & advertising				stimate or Actual)
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum S Required unless None of the below (does not involve another candidate or con Coordinated with reimbursement sought (joint expenditure) Coordinated without reimbursement sought (in-kind contributed)	nmittee) Independent]A		\$10,206,06
Name of Creditor Julian Pedrouzo					Incurred 24/2021
Street Address		City		State	Zip Code
266 Garden Dr		Bridgeport		СТ	06606-4426
Purpose of Expenditure (by code) CNSLT	Description Campaign Consultant		Event #		mount Incurred stimate or Actual)
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum S Required unless None of the below (does not involve another candidate or com Coordinated with reimbursement sought (joint expenditure) Coordinated without reimbursement sought (in-kind contributed)	nmittee) Independent]A		\$1,250.00
Name of Creditor Julian Pedrouzo					Incurred 24/2021
Street Address 266 Garden Dr		City Bridgeport		State CT	Zip Code 06606-4426
Purpose of Expenditure (by code) CNSLT	Description Campaign Consultant		Event #		mount Incurred stimate or Actual)
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum S Required unless None of the below (does not involve another candidate or com Coordinated with reimbursement sought (joint expenditum) Coordinated without reimbursement sought (in-kind contributed)	nmittee) Independent]A		\$1,250.00
Name of Creditor Gregory Robustelli				1	Incurred 24/2021
Street Address		City		State	Zip Code
94 Washington St		Norwalk		СТ	06854-3015
Purpose of Expenditure (by code) CNSLT	Description Campaign consultant		Event #		mount Incurred stimate or Actual)
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum S Required unless None of the below (does not involve another candidate or con Coordinated with reimbursement sought (joint expenditum) Coordinated without reimbursement sought (in-kind contributed)	nmittee) Independent]A		\$1,000.00
70.000					
			AL Section S - This Pa	estor.	\$13,706.06
Sarahan Editor			OTAL of Section S Pag	75125	\$57,712.56
	TOTAL OF ALL EXPENSES INCURRED BY C	OMMITTEE DURING THI	S PERIOD BUT NOT P	AID	\$57,712,56

(Enter total on Line 28, Column A of Summary Page Totals)

Previously reported Expenses Unpaid and still Outstanding +

TOTAL OF ALL EXPENSES INCURRED BY COMMITTEE BUT NOT PAID (Enter total on Line 28a, Column A of Summary Page Totals)

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Daviead Innuana	201	<

Page	99	of	10

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)		TYPE OF REPORT				
Bobby Valentine for S	Stamford		7th day preceding election			
The state of the state of	S. Expenses Incurred by Committe	e but Not Paid During	this Period			
Name of Creditor Gregory Robustelli			- Alis-		Incurred 4/2021	
Street Address 94 Washington St		City Norwalk		State CT	Zip Code 06854-3015	
Purpose of Expenditure (by code) CNSLT	Description Event # Campaign Consultant			Amount Incurred (Estimate or Actual)		
Expenditure # (if applicable) Type of Expenditure (Itemization in Addendum S Required unless "None of the below" is checked) None of the below (does not involve another candidate or committee) Coordinated with reimbursement sought (joint expenditure) Coordinated without reimbursement sought (in-kind contribution) Organization: A B C D					\$1,000.00	

SUBTOTAL Section S - This Page	\$1,000.00
TOTAL of Section S Pages	\$57,712.56
TOTAL OF ALL EXPENSES INCURRED BY COMMITTEE DURING THIS PERIOD BUT NOT PAID (Enter total on Line 28, Column A of Summary Page Totals)	\$57,712.56
Previously reported Expenses Unpaid and still Outstanding +	\$0.00
TOTAL OF ALL EXPENSES INCURRED BY COMMITTEE BUT NOT PAID (Enter total on Line 28a, Column A of Summary Page Totals)	\$57,712.56

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NAME OF COMMITTEE	(Provide Complete Name as Register	ed with Filing	Repository)	Sing and	TYPE	F REPORT	5 6 5 6	Ne Salta Way Wan
Bobby Valentine for St	amford			10 mm to 10 000000000000000000000000000000000	7th day	preceding	election	
and the State of	T. Itemization of Reim	bursements	to Committee Wo	rkers and	Consul	tants		
Last Name of Worker/Consu Miller	iltant	First Dan			MI	Date of Pays 10/01/		dor, Person or Entity
Name of Vendor, Person or Chez Vous Bistro	Entity Paid by Committee Worker/Consultant				as repo	nt to Reimburse arted in Section I	·:	Worker/Consultant
Street Address 188 Bedford St			City Stamford				State CT	Zip Code 06901-1901
Purpose of Expenditure (by code) FOOD	Description			Event #				Amount
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addend None of the below (does not involve ano Coordinated with reimbursement sought Coordinated without reimbursement sought	ther candidate or (joint expenditu	r committee) Indepen	ndent	А	CD		\$148.76
Last Name of Worker/Const Miller	iltant	First Dan			MI	Date of Pays 10/01/		lor, Person or Entity
Name of Vendor, Person or Google Services	Entity Paid by Committee Worker/Consultant				as repo	nt to Reimburse rted in Section I eck # 1043):	Worker/Consultant
Street Address 1600 Amphitheatre P	kwy		City Mountain View		-18- D		State CA	Zip Code 94043-1351
Purpose of Expenditure (by code) OVHD	Description	1		Event #				Amount
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addend None of the below (does not involve ano Coordinated with reimbursement sought Coordinated without reimbursement sough	ther candidate or (joint expenditu	r committee) Independent	ndent	A DB	CD		\$51.05
Last Name of Worker/Const Miller		First Dan			MI	Date of Payr 10/01/2		lor, Person or Entity
Name of Vendor, Person or NationBuilder	Entity Paid by Committee Worker/Consultant				as repo	nt to Reimburse rted in Section F ock # 1043	: <u> </u>	Worker/Consultant
Street Address PO Box 811428			City Los Angeles				State CA	Zip Code 90081-0008
Purpose of Expenditure (by code) FNDR	Description Software to support fundraising e	efforts		Event #		-		Amount
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addend None of the below (does not involve ano Coordinated with reimbursement sought Coordinated without reimbursement sought	ther candidate or (joint expenditu	r committee)	ndent	В	CD		\$1,595.00

	SUBTOTAL Section T - This Page	\$1,794.81
State Progressia.	TOTAL of Section T Pages	\$5,018.55
	TOTAL OF ALL REIMBURSEMENT TO COMMITTEE WORKERS AND CONSULTANTS	\$5,018.55

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NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)			TYPE OF REPORT					
Bobby Valentine for S	tamford				7th day preceding election			
	T. Itemization of Reim	bursements	to Committee Wo	rkers and	d Consul	tants		
Last Name of Worker/Cons Miller	ultant	First Dan			MI	Date of Pay 10/11/		ndor, Person or Entity
Name of Vendor, Person or BevMax Ridgeway	Entity Paid by Committee Worker/Consultant	7			as герс	nt to Reimburse orted in Section eck # 1047	P:	Worker/Consultant
Street Address			City			10-11	State	Zip Code
2202 Bedford St			Stamford				CT	06905-3905
Purpose of Expenditure (by code) FNDR	Description Beer for golf outing			Event #				Amount
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addend None of the below (does not involve ano Coordinated with reimbursement sought Coordinated without reimbursement sought	ther candidate o	r committee) Indepe	ndent	A В	CD		\$51.90
Last Name of Worker/Consu Miller	altant	First Dan			MI	Date of Pays 10/11/		dor, Person or Entity
Name of Vendor, Person or E. Gaynor Brennan G	Entity Paid by Committee Worker/Consultant Golf Course				as repo	nt to Reimburse rted in Section F eck # 1047):	Worker/Consultant
Street Address			City				State	Zip Code
451 Stillwater Rd			Stamford				CT	06902-2114
Purpose of Expenditure (by code) FNDR	Description Greens fees & Carts for golf outin	ng		Event # 101121	а			Amount
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum T Required unless "None of the below" is checked) None of the below (does not involve another candidate or committee) Coordinated with reimbursement sought (joint expenditure) Coordinated without reimbursement sought (in-kind contribution) Type of Expenditure (Itemization in Addendum T Required unless "None of the below" is checked) Independent Coordinated without reimbursement sought (in-kind contribution)				\$3,086.65			
Last Name of Worker/Consu	ıltant	First			MI			dor, Person or Entity
Gerych		Rissa				10/12/2	2021	
Name of Vendor, Person or US Postal Service	Entity Paid by Committee Worker/Consultant				as repo	nt to Reimburse nted in Section F ock # 1170):	Worker/Consultant
Street Address 24 Camp Ave			City Stamford				State CT	Zip Code 06907-9992
Purpose of Expenditure (by code) POST	Description			Event #				Amount
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum T Required unless "None of the below" is checked) None of the below (does not involve another candidate or committee) Coordinated with reimbursement sought (joint expenditure) Coordinated without reimbursement sought (in-kind contribution) Type of Expenditure (Itemization in Addendum T Required unless "None of the below" is checked) Independent Organization: A B C D					\$16.10		

SUBTOTAL Section T - This Page	\$3,154.65
TOTAL of Section T Pages	\$5,018.55
TOTAL OF ALL REIMBURSEMENT TO COMMITTEE WORKERS AND CONSULTANTS	\$5,018.55

SEEC FOR	RM 20
Revised Janu	110rv 2015

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102 NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository) TYPE OF REPORT Bobby Valentine for Stamford 7th day preceding election T. Itemization of Reimbursements to Committee Workers and Consultants Last Name of Worker/Consultant Date of Payment to Vendor, Person or Entity Severance **Emily** 10/18/2021 Name of Vendor, Person or Entity Paid by Committee Worker/Consultant Payment to Reimburse Committee Worker/Consultant Fiverr as reported in Section P: ✓ Check # 1046 Debit Card EFT Street Address City State Zip Code Tel Aviv 6473409 8 Eliezer Kaplan St Purpose of Expenditure Description Event # Amount (by code) A-WEB Type of Expenditure (Itemization in Addendum T Required unless "None of the below" is checked) Expenditure # \$30.00 (if applicable) None of the below (does not involve another candidate or committee) Independent Coordinated with reimbursement sought (joint expenditure) Organization: A B C D Coordinated without reimbursement sought (in-kind contribution) Last Name of Worker/Consultant First Date of Payment to Vendor, Person or Entity Miller Dan 10/20/2021 Name of Vendor, Person or Entity Paid by Committee Worker/Consultant Payment to Reimburse Committee Worker/Consultant Google Services as reported in Section P: ✓ Check # 1043 Debit Card EFT Street Address City State Zip Code Mountain View CA 94043-1351 1600 Amphitheatre Pkwy Purpose of Expenditure Description Event # Amount (by code) OVHD Expenditure # Type of Expenditure (Itemization in Addendum T Required unless "None of the below" is checked) \$39.09 (if applicable) None of the below (does not involve another candidate or committee) Independent Coordinated with reimbursement sought (joint expenditure) Organization: A B C D Coordinated without reimbursement sought (in-kind contribution)

	SUBTOTAL Section T - This Page	\$69.09
	TOTAL of Section T Pages	\$5,018.55
TOTAL OF ALL REIMBURSEMENT TO COMMITTE	EE WORKERS AND CONSULTANTS	\$5,018. 55