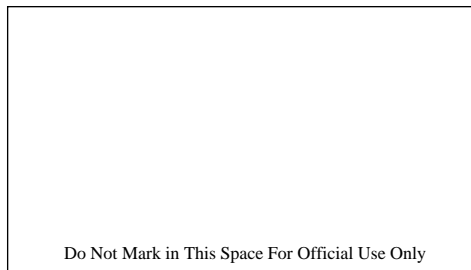



SEEC FORM 20

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



COVER PAGE

1. NAME OF COMMITTEE			
Bobby Valentine for Stamford			
2. TREASURER NAME			
First	MI	Last	Suffix
Rissa		Gerych	
3. TREASURER ADDRESS			
Street Address	City		State Zip Code
26 Arnold Drive	Stamford		CT 06905
4. ELECTION/REFERENDUM DATE	5. OFFICE SOUGHT <i>(Complete only if Candidate Committee)</i>	6. DISTRICT NUMBER	
(mm/dd/yyyy)		<i>(if applicable)</i>	
11/02/2021	Mayor	0	
7. CANDIDATE NAME <i>(Complete only if Candidate or Exploratory Committee)</i>			
First	MI	Last	Suffix
Bobby		Valentine	
8. TYPE OF REPORT (Check One Box)			
<input type="checkbox"/> January 10 filing	<input type="checkbox"/> 7th day preceding primary	<input type="checkbox"/> 7th day preceding referendum	<input type="checkbox"/> Initial Contribution or Disbursement <i>(PACs ONLY)</i>
<input type="checkbox"/> April 10 filing	<input type="checkbox"/> 30 days following primary	<input type="checkbox"/> 45 days following referendum	<input checked="" type="checkbox"/> Amendment to
<input checked="" type="checkbox"/> July 10 filing	<input type="checkbox"/> 7th day preceding election	<input type="checkbox"/> Deficit	Type of Report:
<input type="checkbox"/> October 10 filing	<input type="checkbox"/> 12th day preceding election <i>(State Central Committees Only)</i>	<input type="checkbox"/> Termination	July 10 filing
<input type="checkbox"/> 24 Hour Independent Expenditure	<input type="checkbox"/> 45 days following election not held in November		_____
<input type="checkbox"/> Primary <input type="checkbox"/> Election			
9. PERIOD COVERED			
Beginning Date		Ending Date	
04/01/2021		thru 06/30/2021	
10. CERTIFICATION			
I hereby certify and state, under penalties of false statement, that all of the information set forth on this Itemized Campaign Finance Disclosure Statement for the period covered is true, accurate and complete.			
			
TREASURER OR DEPUTY TREASURER (SIGNATURE)		Rissa Gerych	
		PRINT NAME OF SIGNER	
		7-11-21	
		DATE (mm/dd/yyyy)	
<i>A person who is found to have knowingly and willfully violated any provisions of the campaign finance statutes faces a civil penalty or imprisonment or both.</i>			

SEEC FORM 20

Itemized Campaign Finance Disclosure Statement

CONNECTICUT STATE ELECTIONS ENFORCEMENT COMMISSION

Revised January 2015

Page 2 of 349

SUMMARY PAGE TOTALS

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)	TYPE OF REPORT	
Bobby Valentine for Stamford	July 10 filing	
	COLUMN A This Period	COLUMN B Aggregate
11. Balance on hand January 1 of current year for Ongoing and Party Committees OR Balance on hand from day Committee was formed for all other committees		\$0.00
12. Balance on hand at the beginning of Reporting Period	\$0.00	
13. Contributions received from Individuals (Section A and B)	\$303,219.21	\$303,219.21
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. <i>Per Public Act 11-48, effective January 1, 2012 Section L2. removed</i>		
16c. Total Purchases of Advertising - Program Book or Sign (Section L3)		
17. Total Monetary Receipts (add totals for lines 13-16c)	\$303,219.21	\$303,219.21
18. Subtotals (add totals in Line 12 + 17 in Column A; and in Line 11 + 17 in Column B)	\$303,219.21	\$303,219.21
19. Expenditures Paid by Committee (Section P)	\$38,000.07	\$38,000.07
20. Balance on hand at close of Reporting Period (Subtract Line 19 from Line 18 in both Columns)	\$265,219.14	\$265,219.14
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)	\$4,250.00	\$4,250.00
23. In-kind Contributions Received (Section M)	\$25.00	\$25.00
24. Refundable Deposit to Telephone Company (Section N)	\$0.00	\$0.00
25. Loan Balance	\$0.00	
25a. + Loans Received (Section D)	\$0.00	\$0.00
25b. + Interest and Penalties on Loan	\$0.00	\$0.00
25c. - Payments on Loan	\$0.00	\$0.00
25d. Total Outstanding Loan Amount	\$0.00	
26. Campaign Expenses Paid by Candidate (Section Q)	\$0.00	\$0.00
27. Expenses Incurred on Committee Credit Card (Section R)	\$0.00	\$0.00
28. Expenses Incurred by Committee During this Period but Not Paid (Section S)	\$16,111.15	
28a. Total Outstanding Expenses Incurred by Committee still Unpaid (Section S)	\$16,111.15	

I. MONETARY RECEIPTS (Sections A-K)

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)				TYPE OF REPORT	
Bobby Valentine for Stamford				July 10 filing	
A. Total Contributions from Small Contributors - Received this Period ONLY (See instructions for definition of Small Contributor)				Subtotal Section A \$385.01	
B. Itemized Contributions from Individuals					
Last Name		First		M.I.	
Alba		Brian			
Residential Street Address		City		State	Zip Code
99 James St		Greenwich		CT	06830-6904
Principal Occupation		Name of Employer			
Self Employed		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?		Amount of Contribution \$3.00	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Is this contribution associated with an event reported in Section L1? <i>If yes, list Event #</i>		Is contributor a principal of a state contractor or prospective state contractor? <i>If yes, indicate which branch or branches of government the contract is with:</i>			
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Executive <input type="checkbox"/> Legislative			
Method of contribution:		Date Received		Aggregate contributions	
<input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		04/30/2021		\$8.00	
Last Name		First		M.I.	
Romano		Doug			
Residential Street Address		City		State	Zip Code
92 Newfield Dr		Stamford		CT	06905-1417
Principal Occupation		Name of Employer			
Sales Rep		Vision4 Fund Distributors			
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?		Amount of Contribution \$1,000.00	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Is this contribution associated with an event reported in Section L1? <i>If yes, list Event #</i>		Is contributor a principal of a state contractor or prospective state contractor? <i>If yes, indicate which branch or branches of government the contract is with:</i>			
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Executive <input type="checkbox"/> Legislative			
Method of contribution:		Date Received		Aggregate contributions	
<input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		04/30/2021		\$1,000.00	
Last Name		First		M.I.	
chiappetta		joseph			
Residential Street Address		City		State	Zip Code
12105 PLANTATION Way		Palm Beach		FL	33480
Principal Occupation		Name of Employer			
Analyst		J&R Partners			
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?		Amount of Contribution \$1,000.00	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Is this contribution associated with an event reported in Section L1? <i>If yes, list Event #</i>		Is contributor a principal of a state contractor or prospective state contractor? <i>If yes, indicate which branch or branches of government the contract is with:</i>			
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Executive <input type="checkbox"/> Legislative			
Method of contribution:		Date Received		Aggregate contributions	
<input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		05/02/2021		\$1,000.00	

SUBTOTAL Section B - This Page	\$2,003.00
TOTAL of Section B Pages	\$302,834.20
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B) <i>(Enter total on Line 13, Column A of Summary Page)</i>	\$303,219.21

I. MONETARY RECEIPTS (Sections A-K)

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)				TYPE OF REPORT	
Bobby Valentine for Stamford				July 10 filing	
A. Total Contributions from Small Contributors - Received this Period ONLY (See instructions for definition of Small Contributor)				Subtotal Section A \$385.01	
B. Itemized Contributions from Individuals					
Last Name Gaglio		First Anthony		M.I.	
Residential Street Address 1387 Seaview Ave		City Bridgeport		State CT	Zip Code 06607-1069
Principal Occupation Contractor		Name of Employer Viking Construction			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		If contribution is in excess of \$400 to a candidate 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? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		Amount of Contribution \$1,000.00	
Is this contribution associated with an event reported in Section L1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>If yes, list Event #</i>		Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>If yes, indicate which branch or branches of government the contract is with:</i> <input type="checkbox"/> Executive <input type="checkbox"/> Legislative			
Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		Date Received 05/05/2021	Aggregate contributions \$1,000.00		
Last Name Gaglio Jr		First Anthony		M.I.	
Residential Street Address 72 Little Hill Dr		City Stamford		State CT	Zip Code 06905-2319
Principal Occupation Vice President		Name of Employer Viking Construction Inc			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		If contribution is in excess of \$400 to a candidate 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? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		Amount of Contribution \$1,000.00	
Is this contribution associated with an event reported in Section L1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>If yes, list Event #</i>		Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>If yes, indicate which branch or branches of government the contract is with:</i> <input type="checkbox"/> Executive <input type="checkbox"/> Legislative			
Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		Date Received 05/05/2021	Aggregate contributions \$1,000.00		
Last Name Antonelli		First Nino		M.I.	
Residential Street Address 169 Nichols Ave		City Stamford		State CT	Zip Code 06905-2200
Principal Occupation Retired		Name of Employer Retired			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		If contribution is in excess of \$400 to a candidate 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? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution \$100.00	
Is this contribution associated with an event reported in Section L1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>If yes, list Event #</i>		Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>If yes, indicate which branch or branches of government the contract is with:</i> <input type="checkbox"/> Executive <input type="checkbox"/> Legislative			
Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		Date Received 05/06/2021	Aggregate contributions \$100.00		

SUBTOTAL Section B - This Page	\$2,100.00
TOTAL of Section B Pages	\$302,834.20
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B) <i>(Enter total on Line 13, Column A of Summary Page)</i>	\$303,219.21

I. MONETARY RECEIPTS (Sections A-K)

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)				TYPE OF REPORT	
Bobby Valentine for Stamford				July 10 filing	
A. Total Contributions from Small Contributors - Received this Period ONLY (See instructions for definition of Small Contributor)				Subtotal Section A \$385.01	
B. Itemized Contributions from Individuals					
Last Name		First		M.I.	
Katchko		Bob			
Residential Street Address		City		State	Zip Code
315 Pepper Ridge Rd		Stamford		CT	06905-2801
Principal Occupation		Name of Employer			
Self Employed		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?		Amount of Contribution \$500.00	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Is this contribution associated with an event reported in Section L1? <i>If yes, list Event #</i>		Is contributor a principal of a state contractor or prospective state contractor? <i>If yes, indicate which branch or branches of government the contract is with:</i>			
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Executive <input type="checkbox"/> Legislative			
Method of contribution:		Date Received		Aggregate contributions	
<input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		05/07/2021		\$510.00	
Last Name		First		M.I.	
Arnone		Kelley			
Residential Street Address		City		State	Zip Code
133 White Birch Rd		New Canaan		CT	06840-6723
Principal Occupation		Name of Employer			
Exec assistant		Canaccord genuity			
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?		Amount of Contribution \$1,000.00	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Is this contribution associated with an event reported in Section L1? <i>If yes, list Event #</i>		Is contributor a principal of a state contractor or prospective state contractor? <i>If yes, indicate which branch or branches of government the contract is with:</i>			
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Executive <input type="checkbox"/> Legislative			
Method of contribution:		Date Received		Aggregate contributions	
<input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		05/07/2021		\$1,000.00	
Last Name		First		M.I.	
Kelly		Thomas			
Residential Street Address		City		State	Zip Code
155 Brewster St, Apt 2H		Bridgeport		CT	06605-3106
Principal Occupation		Name of Employer			
Retired		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?		Amount of Contribution \$1,000.00	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Is this contribution associated with an event reported in Section L1? <i>If yes, list Event #</i>		Is contributor a principal of a state contractor or prospective state contractor? <i>If yes, indicate which branch or branches of government the contract is with:</i>			
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Executive <input type="checkbox"/> Legislative			
Method of contribution:		Date Received		Aggregate contributions	
<input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		05/07/2021		\$1,000.00	

SUBTOTAL Section B - This Page	\$2,500.00
TOTAL of Section B Pages	\$302,834.20
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B) <i>(Enter total on Line 13, Column A of Summary Page)</i>	\$303,219.21

I. MONETARY RECEIPTS (Sections A-K)

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)				TYPE OF REPORT	
Bobby Valentine for Stamford				July 10 filing	
A. Total Contributions from Small Contributors - Received this Period ONLY (See instructions for definition of Small Contributor)				Subtotal Section A \$385.01	
B. Itemized Contributions from Individuals					
Last Name		First		M.I.	
Galemba		Tom			
Residential Street Address		City		State	Zip Code
8401 Southside Blvd, Apt 506		Jacksonville		FL	32256-1607
Principal Occupation		Name of Employer			
Retired		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?		Amount of Contribution \$10.00	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Is this contribution associated with an event reported in Section L1? <i>If yes, list Event #</i>		Is contributor a principal of a state contractor or prospective state contractor? <i>If yes, indicate which branch or branches of government the contract is with:</i>			
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Executive <input type="checkbox"/> Legislative			
Method of contribution:		Date Received		Aggregate contributions	
<input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		05/07/2021		\$10.00	
Last Name		First		M.I.	
Balluff		Brian			
Residential Street Address		City		State	Zip Code
137 Magnolia Blvd		Harahan		LA	70123-5007
Principal Occupation		Name of Employer			
CPA		Balluff Accounting & Consulting LLC			
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?		Amount of Contribution \$1,000.00	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Is this contribution associated with an event reported in Section L1? <i>If yes, list Event #</i>		Is contributor a principal of a state contractor or prospective state contractor? <i>If yes, indicate which branch or branches of government the contract is with:</i>			
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Executive <input type="checkbox"/> Legislative			
Method of contribution:		Date Received		Aggregate contributions	
<input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		05/07/2021		\$1,000.00	
Last Name		First		M.I.	
Castrignano		Robert			
Residential Street Address		City		State	Zip Code
157 Idlewood Dr		Stamford		CT	06905-2407
Principal Occupation		Name of Employer			
Banking		Piper, Sandler			
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?		Amount of Contribution \$1,000.00	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Is this contribution associated with an event reported in Section L1? <i>If yes, list Event #</i>		Is contributor a principal of a state contractor or prospective state contractor? <i>If yes, indicate which branch or branches of government the contract is with:</i>			
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Executive <input type="checkbox"/> Legislative			
Method of contribution:		Date Received		Aggregate contributions	
<input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		05/07/2021		\$1,000.00	

SUBTOTAL Section B - This Page	\$2,010.00
TOTAL of Section B Pages	\$302,834.20
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B) <i>(Enter total on Line 13, Column A of Summary Page)</i>	\$303,219.21

I. MONETARY RECEIPTS (Sections A-K)

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)				TYPE OF REPORT	
Bobby Valentine for Stamford				July 10 filing	
A. Total Contributions from Small Contributors - Received this Period ONLY (See instructions for definition of Small Contributor)				Subtotal Section A \$385.01	
B. Itemized Contributions from Individuals					
Last Name		First		M.I.	
LaScala Ostrowski		Lori			
Residential Street Address		City		State	Zip Code
211 E Rocks Rd		Norwalk		CT	06851-1109
Principal Occupation		Name of Employer			
Account executive		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?		Amount of Contribution	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Is this contribution associated with an event reported in Section L1?		Is contributor a principal of a state contractor or prospective state contractor?		\$50.00	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>If yes, list Event #</i>		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>If yes, indicate which branch or branches of government the contract is with:</i> <input type="checkbox"/> Executive <input type="checkbox"/> Legislative			
Method of contribution:		Date Received		Aggregate contributions	
<input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		05/07/2021		\$50.00	
Last Name		First		M.I.	
Bisordi		Lance			
Residential Street Address		City		State	Zip Code
22 Ralph St		Stamford		CT	06902-7833
Principal Occupation		Name of Employer			
Investor		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?		Amount of Contribution	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Is this contribution associated with an event reported in Section L1?		Is contributor a principal of a state contractor or prospective state contractor?		\$50.00	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>If yes, list Event #</i>		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>If yes, indicate which branch or branches of government the contract is with:</i> <input type="checkbox"/> Executive <input type="checkbox"/> Legislative			
Method of contribution:		Date Received		Aggregate contributions	
<input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		05/07/2021		\$120.00	
Last Name		First		M.I.	
Lerch		Michael			
Residential Street Address		City		State	Zip Code
703 Champagne Rd		Incline Village		NV	89451-8000
Principal Occupation		Name of Employer			
Investment Manager		Evolution Capital Management LLC			
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?		Amount of Contribution	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Is this contribution associated with an event reported in Section L1?		Is contributor a principal of a state contractor or prospective state contractor?		\$1,000.00	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>If yes, list Event #</i>		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>If yes, indicate which branch or branches of government the contract is with:</i> <input type="checkbox"/> Executive <input type="checkbox"/> Legislative			
Method of contribution:		Date Received		Aggregate contributions	
<input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		05/07/2021		\$1,000.00	

SUBTOTAL Section B - This Page	\$1,100.00
TOTAL of Section B Pages	\$302,834.20
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B) <i>(Enter total on Line 13, Column A of Summary Page)</i>	\$303,219.21

I. MONETARY RECEIPTS (Sections A-K)

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)				TYPE OF REPORT	
Bobby Valentine for Stamford				July 10 filing	
A. Total Contributions from Small Contributors - Received this Period ONLY (See instructions for definition of Small Contributor)				Subtotal Section A \$385.01	
B. Itemized Contributions from Individuals					
Last Name		First		M.I.	
Pavia		Michael			
Residential Street Address		City		State	Zip Code
1392 Hope St		Stamford		CT	06907-1403
Principal Occupation		Name of Employer			
Owner		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?		Amount of Contribution \$1,000.00	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Is this contribution associated with an event reported in Section L1?		Is contributor a principal of a state contractor or prospective state contractor?		Amount of Contribution \$1,000.00	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>If yes, list Event #</i>		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>If yes, indicate which branch or branches of government the contract is with:</i> <input type="checkbox"/> Executive <input type="checkbox"/> Legislative			
Method of contribution:		Date Received		Aggregate contributions	
<input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		05/07/2021		\$1,000.00	
Last Name		First		M.I.	
Tibbetts		Lance			
Residential Street Address		City		State	Zip Code
35 W Broad St		Stamford		CT	06902-3766
Principal Occupation		Name of Employer			
Retired		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?		Amount of Contribution \$1,000.00	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Is this contribution associated with an event reported in Section L1?		Is contributor a principal of a state contractor or prospective state contractor?		Amount of Contribution \$1,000.00	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>If yes, list Event #</i>		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>If yes, indicate which branch or branches of government the contract is with:</i> <input type="checkbox"/> Executive <input type="checkbox"/> Legislative			
Method of contribution:		Date Received		Aggregate contributions	
<input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		05/07/2021		\$1,000.00	
Last Name		First		M.I.	
Lupinacci		Brad			
Residential Street Address		City		State	Zip Code
5 Westwood Ct		Stamford		CT	06902-1517
Principal Occupation		Name of Employer			
Banker		First County Bank			
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?		Amount of Contribution \$1,000.00	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Is this contribution associated with an event reported in Section L1?		Is contributor a principal of a state contractor or prospective state contractor?		Amount of Contribution \$1,000.00	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>If yes, list Event #</i>		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>If yes, indicate which branch or branches of government the contract is with:</i> <input type="checkbox"/> Executive <input type="checkbox"/> Legislative			
Method of contribution:		Date Received		Aggregate contributions	
<input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		05/07/2021		\$1,000.00	

SUBTOTAL Section B - This Page	\$3,000.00
TOTAL of Section B Pages	\$302,834.20
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B) <i>(Enter total on Line 13, Column A of Summary Page)</i>	\$303,219.21

I. MONETARY RECEIPTS (Sections A-K)

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)				TYPE OF REPORT	
Bobby Valentine for Stamford				July 10 filing	
A. Total Contributions from Small Contributors - Received this Period ONLY (See instructions for definition of Small Contributor)				Subtotal Section A \$385.01	
B. Itemized Contributions from Individuals					
Last Name		First		M.I.	
Mascolo		Harry			
Residential Street Address		City		State	Zip Code
31 Malvern Rd		Stamford		CT	06905-2103
Principal Occupation		Name of Employer			
Insurance Sales		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?		Amount of Contribution	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Is this contribution associated with an event reported in Section L1?		Is contributor a principal of a state contractor or prospective state contractor?		\$50.00	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>If yes, list Event #</i>		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>If yes, indicate which branch or branches of government the contract is with:</i> <input type="checkbox"/> Executive <input type="checkbox"/> Legislative			
Method of contribution:		Date Received	Aggregate contributions		
<input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		05/07/2021	\$50.00		
Last Name		First		M.I.	
maguire		James			
Residential Street Address		City		State	Zip Code
65 Sugarloaf Mountain Rd		Ridgefield		CT	06877-1819
Principal Occupation		Name of Employer			
Manager		Bank of New York Mellon			
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?		Amount of Contribution	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Is this contribution associated with an event reported in Section L1?		Is contributor a principal of a state contractor or prospective state contractor?		\$20.00	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>If yes, list Event #</i>		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>If yes, indicate which branch or branches of government the contract is with:</i> <input type="checkbox"/> Executive <input type="checkbox"/> Legislative			
Method of contribution:		Date Received	Aggregate contributions		
<input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		05/07/2021	\$20.00		
Last Name		First		M.I.	
McAleer		Andrew			
Residential Street Address		City		State	Zip Code
16 Roberta Ln		Greenwich		CT	06830-3954
Principal Occupation		Name of Employer			
Executive		MCA Associates			
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?		Amount of Contribution	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Is this contribution associated with an event reported in Section L1?		Is contributor a principal of a state contractor or prospective state contractor?		\$1,000.00	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>If yes, list Event #</i>		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>If yes, indicate which branch or branches of government the contract is with:</i> <input type="checkbox"/> Executive <input type="checkbox"/> Legislative			
Method of contribution:		Date Received	Aggregate contributions		
<input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		05/07/2021	\$1,000.00		

SUBTOTAL Section B - This Page	\$1,070.00
TOTAL of Section B Pages	\$302,834.20
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B) <i>(Enter total on Line 13, Column A of Summary Page)</i>	\$303,219.21

I. MONETARY RECEIPTS (Sections A-K)

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)				TYPE OF REPORT	
Bobby Valentine for Stamford				July 10 filing	
A. Total Contributions from Small Contributors - Received this Period ONLY (See instructions for definition of Small Contributor)				Subtotal Section A \$385.01	
B. Itemized Contributions from Individuals					
Last Name		First		M.I.	
McAleer		Valerie			
Residential Street Address		City		State	Zip Code
16 Roberta Ln		Greenwich		CT	06830-3954
Principal Occupation		Name of Employer			
Homemaker		Not 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?		Amount of Contribution	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Is this contribution associated with an event reported in Section L1?		Is contributor a principal of a state contractor or prospective state contractor?		\$1,000.00	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>If yes, list Event #</i>		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>If yes, indicate which branch or branches of government the contract is with:</i> <input type="checkbox"/> Executive <input type="checkbox"/> Legislative			
Method of contribution:		Date Received		Aggregate contributions	
<input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		05/07/2021		\$1,000.00	
Last Name		First		M.I.	
Sasser		Patrick			
Residential Street Address		City		State	Zip Code
166 Skyline Ln		Stamford		CT	06903-2911
Principal Occupation		Name of Employer			
Firefighter		City of Stamford			
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?		Amount of Contribution	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Is this contribution associated with an event reported in Section L1?		Is contributor a principal of a state contractor or prospective state contractor?		\$200.00	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>If yes, list Event #</i>		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>If yes, indicate which branch or branches of government the contract is with:</i> <input type="checkbox"/> Executive <input type="checkbox"/> Legislative			
Method of contribution:		Date Received		Aggregate contributions	
<input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		05/07/2021		\$200.00	
Last Name		First		M.I.	
Orgera		Michael			
Residential Street Address		City		State	Zip Code
21 Berrian Rd		Stamford		CT	06905-2333
Principal Occupation		Name of Employer			
Fire Fighter		Stamford			
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?		Amount of Contribution	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Is this contribution associated with an event reported in Section L1?		Is contributor a principal of a state contractor or prospective state contractor?		\$100.00	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>If yes, list Event #</i>		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>If yes, indicate which branch or branches of government the contract is with:</i> <input type="checkbox"/> Executive <input type="checkbox"/> Legislative			
Method of contribution:		Date Received		Aggregate contributions	
<input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		05/07/2021		\$100.00	

SUBTOTAL Section B - This Page	\$1,300.00
TOTAL of Section B Pages	\$302,834.20
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B) <i>(Enter total on Line 13, Column A of Summary Page)</i>	\$303,219.21

I. MONETARY RECEIPTS (Sections A-K)

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)				TYPE OF REPORT	
Bobby Valentine for Stamford				July 10 filing	
A. Total Contributions from Small Contributors - Received this Period ONLY (See instructions for definition of Small Contributor)				Subtotal Section A \$385.01	
B. Itemized Contributions from Individuals					
Last Name		First		M.I.	
Ricevuto		John			
Residential Street Address		City		State	Zip Code
575 Haviland Rd		Stamford		CT	06903-2236
Principal Occupation		Name of Employer			
Owner HVAC company		Self			
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?		Amount of Contribution	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Is this contribution associated with an event reported in Section L1?		Is contributor a principal of a state contractor or prospective state contractor?		\$50.00	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>If yes, list Event #</i>		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>If yes, indicate which branch or branches of government the contract is with:</i> <input type="checkbox"/> Executive <input type="checkbox"/> Legislative			
Method of contribution:		Date Received	Aggregate contributions		
<input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		05/07/2021	\$100.00		
Last Name		First		M.I.	
Micros		Matt			
Residential Street Address		City		State	Zip Code
6 Belmont St		Milford		CT	06460-8137
Principal Occupation		Name of Employer			
Soccer Coach		Sacred Heart University			
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?		Amount of Contribution	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Is this contribution associated with an event reported in Section L1?		Is contributor a principal of a state contractor or prospective state contractor?		\$100.00	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>If yes, list Event #</i>		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>If yes, indicate which branch or branches of government the contract is with:</i> <input type="checkbox"/> Executive <input type="checkbox"/> Legislative			
Method of contribution:		Date Received	Aggregate contributions		
<input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		05/07/2021	\$100.00		
Last Name		First		M.I.	
Lightfield		jackie			
Residential Street Address		City		State	Zip Code
PO Box 783		Norwalk		CT	06852-0783
Principal Occupation		Name of Employer			
Executive		US Daily Digital			
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?		Amount of Contribution	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Is this contribution associated with an event reported in Section L1?		Is contributor a principal of a state contractor or prospective state contractor?		\$50.00	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>If yes, list Event #</i>		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>If yes, indicate which branch or branches of government the contract is with:</i> <input type="checkbox"/> Executive <input type="checkbox"/> Legislative			
Method of contribution:		Date Received	Aggregate contributions		
<input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		05/07/2021	\$50.00		

SUBTOTAL Section B - This Page	\$200.00
TOTAL of Section B Pages	\$302,834.20
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B) <i>(Enter total on Line 13, Column A of Summary Page)</i>	\$303,219.21

I. MONETARY RECEIPTS (Sections A-K)

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)				TYPE OF REPORT	
Bobby Valentine for Stamford				July 10 filing	
A. Total Contributions from Small Contributors - Received this Period ONLY (See instructions for definition of Small Contributor)				Subtotal Section A \$385.01	
B. Itemized Contributions from Individuals					
Last Name		First		M.I.	
Ostrowski		John			
Residential Street Address		City		State	Zip Code
211 E Rocks Rd		Norwalk		CT	06851-1109
Principal Occupation		Name of Employer			
Engineer		Macys/ Bloomingdales			
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?		Amount of Contribution	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Is this contribution associated with an event reported in Section L1?		Is contributor a principal of a state contractor or prospective state contractor?		\$50.00	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>If yes, list Event #</i>		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>If yes, indicate which branch or branches of government the contract is with:</i> <input type="checkbox"/> Executive <input type="checkbox"/> Legislative			
Method of contribution:		Date Received		Aggregate contributions	
<input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		05/07/2021		\$700.00	
Last Name		First		M.I.	
Stiskin		Robert			
Residential Street Address		City		State	Zip Code
1500 S Ocean Blvd, Apt 701		Pompano Beach		FL	33062-7417
Principal Occupation		Name of Employer			
Owner		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?		Amount of Contribution	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Is this contribution associated with an event reported in Section L1?		Is contributor a principal of a state contractor or prospective state contractor?		\$150.00	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>If yes, list Event #</i>		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>If yes, indicate which branch or branches of government the contract is with:</i> <input type="checkbox"/> Executive <input type="checkbox"/> Legislative			
Method of contribution:		Date Received		Aggregate contributions	
<input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		05/07/2021		\$150.00	
Last Name		First		M.I.	
Torre		Joseph			
Residential Street Address		City		State	Zip Code
350 Savin Ave, Apt 31		West Haven		CT	06516-5864
Principal Occupation		Name of Employer			
Teacher		West Haven Board of Education			
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?		Amount of Contribution	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Is this contribution associated with an event reported in Section L1?		Is contributor a principal of a state contractor or prospective state contractor?		\$50.00	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>If yes, list Event #</i>		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>If yes, indicate which branch or branches of government the contract is with:</i> <input type="checkbox"/> Executive <input type="checkbox"/> Legislative			
Method of contribution:		Date Received		Aggregate contributions	
<input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		05/07/2021		\$50.00	

SUBTOTAL Section B - This Page	\$250.00
TOTAL of Section B Pages	\$302,834.20
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B) <i>(Enter total on Line 13, Column A of Summary Page)</i>	\$303,219.21

I. MONETARY RECEIPTS (Sections A-K)

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)				TYPE OF REPORT	
Bobby Valentine for Stamford				July 10 filing	
A. Total Contributions from Small Contributors - Received this Period ONLY (See instructions for definition of Small Contributor)				Subtotal Section A \$385.01	
B. Itemized Contributions from Individuals					
Last Name DellaCamera		First Ralph		M.I.	
Residential Street Address 11 Mill Brook Rd W		City Stamford		State CT	Zip Code 06902-1019
Principal Occupation Owner		Name of Employer Self Employed			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		If contribution is in excess of \$400 to a candidate 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? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution \$1,000.00	
Is this contribution associated with an event reported in Section L1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>If yes, list Event #</i>		Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>If yes, indicate which branch or branches of government the contract is with:</i> <input type="checkbox"/> Executive <input type="checkbox"/> Legislative			
Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		Date Received 05/11/2021	Aggregate contributions \$1,000.00		
Last Name Smith		First Mark		M.I.	
Residential Street Address 27 Lanark Rd		City Stamford		State CT	Zip Code 06902-7819
Principal Occupation Self Employed		Name of Employer Self Employed			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		If contribution is in excess of \$400 to a candidate 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? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution \$1,000.00	
Is this contribution associated with an event reported in Section L1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>If yes, list Event #</i>		Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>If yes, indicate which branch or branches of government the contract is with:</i> <input type="checkbox"/> Executive <input type="checkbox"/> Legislative			
Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		Date Received 05/08/2021	Aggregate contributions \$1,000.00		
Last Name Vera		First Martin		M.I.	
Residential Street Address 29 Penzance Rd		City Stamford		State CT	Zip Code 06902-3016
Principal Occupation commodity broker		Name of Employer FIS USA			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		If contribution is in excess of \$400 to a candidate 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? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution \$50.00	
Is this contribution associated with an event reported in Section L1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>If yes, list Event #</i>		Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>If yes, indicate which branch or branches of government the contract is with:</i> <input type="checkbox"/> Executive <input type="checkbox"/> Legislative			
Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		Date Received 05/07/2021	Aggregate contributions \$50.00		

SUBTOTAL Section B - This Page	\$2,050.00
TOTAL of Section B Pages	\$302,834.20
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B) <i>(Enter total on Line 13, Column A of Summary Page)</i>	\$303,219.21

I. MONETARY RECEIPTS (Sections A-K)

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)				TYPE OF REPORT	
Bobby Valentine for Stamford				July 10 filing	
A. Total Contributions from Small Contributors - Received this Period ONLY (See instructions for definition of Small Contributor)				Subtotal Section A \$385.01	
B. Itemized Contributions from Individuals					
Last Name		First		M.I.	
Abbott		Frank			
Residential Street Address		City		State	Zip Code
10 Linden Hts		Norwalk		CT	06851-1552
Principal Occupation		Name of Employer			
Mgr		Redniss & Mead			
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?		Amount of Contribution	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Is this contribution associated with an event reported in Section L1?		Is contributor a principal of a state contractor or prospective state contractor?		\$1,000.00	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>If yes, list Event #</i>		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>If yes, indicate which branch or branches of government the contract is with:</i> <input type="checkbox"/> Executive <input type="checkbox"/> Legislative			
Method of contribution:		Date Received		Aggregate contributions	
<input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		05/08/2021		\$1,000.00	
Last Name		First		M.I.	
Brandi		Jeffrey			
Residential Street Address		City		State	Zip Code
100 Prospect St, Apt S108		Stamford		CT	06901-1649
Principal Occupation		Name of Employer			
National Account Manager		Melissa & Doug LLC			
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?		Amount of Contribution	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Is this contribution associated with an event reported in Section L1?		Is contributor a principal of a state contractor or prospective state contractor?		\$100.00	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>If yes, list Event #</i>		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>If yes, indicate which branch or branches of government the contract is with:</i> <input type="checkbox"/> Executive <input type="checkbox"/> Legislative			
Method of contribution:		Date Received		Aggregate contributions	
<input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		05/08/2021		\$100.00	
Last Name		First		M.I.	
Kelly		Art			
Residential Street Address		City		State	Zip Code
18 Holcomb St		West Haven		CT	06516-7211
Principal Occupation		Name of Employer			
Restaurant Owner		Self			
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?		Amount of Contribution	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Is this contribution associated with an event reported in Section L1?		Is contributor a principal of a state contractor or prospective state contractor?		\$1,000.00	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>If yes, list Event #</i>		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>If yes, indicate which branch or branches of government the contract is with:</i> <input type="checkbox"/> Executive <input type="checkbox"/> Legislative			
Method of contribution:		Date Received		Aggregate contributions	
<input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		05/08/2021		\$1,000.00	

SUBTOTAL Section B - This Page	\$2,100.00
TOTAL of Section B Pages	\$302,834.20
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B) <i>(Enter total on Line 13, Column A of Summary Page)</i>	\$303,219.21

I. MONETARY RECEIPTS (Sections A-K)

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)				TYPE OF REPORT	
Bobby Valentine for Stamford				July 10 filing	
A. Total Contributions from Small Contributors - Received this Period ONLY (See instructions for definition of Small Contributor)				Subtotal Section A \$385.01	
B. Itemized Contributions from Individuals					
Last Name Innaurato		First Michael		M.I.	
Residential Street Address 258 Ingleside Dr, # 284		City Stamford		State CT	Zip Code 06903-1900
Principal Occupation COO		Name of Employer BEC			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		If contribution is in excess of \$400 to a candidate 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? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution \$100.00	
Is this contribution associated with an event reported in Section L1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>If yes, list Event #</i>		Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>If yes, indicate which branch or branches of government the contract is with:</i> <input type="checkbox"/> Executive <input type="checkbox"/> Legislative			
Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		Date Received 05/08/2021	Aggregate contributions \$100.00		
Last Name Herbst		First Timothy		M.I.	
Residential Street Address 58 Turtle Bay Dr		City Branford		State CT	Zip Code 06405-4967
Principal Occupation Attorney/Real Estate Developer		Name of Employer Self Employed			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		If contribution is in excess of \$400 to a candidate 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? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution \$1,000.00	
Is this contribution associated with an event reported in Section L1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>If yes, list Event #</i>		Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>If yes, indicate which branch or branches of government the contract is with:</i> <input type="checkbox"/> Executive <input type="checkbox"/> Legislative			
Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		Date Received 05/08/2021	Aggregate contributions \$1,000.00		
Last Name Sabini		First Lou		M.I.	
Residential Street Address 151 Wood Ridge Dr		City Stamford		State CT	Zip Code 06905-2623
Principal Occupation Retired		Name of Employer Retired			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		If contribution is in excess of \$400 to a candidate 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? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution \$20.00	
Is this contribution associated with an event reported in Section L1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>If yes, list Event #</i>		Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>If yes, indicate which branch or branches of government the contract is with:</i> <input type="checkbox"/> Executive <input type="checkbox"/> Legislative			
Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		Date Received 05/08/2021	Aggregate contributions \$20.00		

SUBTOTAL Section B - This Page	\$1,120.00
TOTAL of Section B Pages	\$302,834.20
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B) <i>(Enter total on Line 13, Column A of Summary Page)</i>	\$303,219.21

I. MONETARY RECEIPTS (Sections A-K)

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)				TYPE OF REPORT	
Bobby Valentine for Stamford				July 10 filing	
A. Total Contributions from Small Contributors - Received this Period ONLY (See instructions for definition of Small Contributor)				Subtotal Section A \$385.01	
B. Itemized Contributions from Individuals					
Last Name		First		M.I.	
Santopietro		Joseph			
Residential Street Address		City		State	Zip Code
34 Southgate Rd		Waterbury		CT	06708-3226
Principal Occupation		Name of Employer			
Self Employed		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?		Amount of Contribution \$100.00	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Is this contribution associated with an event reported in Section L1? <i>If yes, list Event #</i>		Is contributor a principal of a state contractor or prospective state contractor? <i>If yes, indicate which branch or branches of government the contract is with:</i>			
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Executive <input type="checkbox"/> Legislative			
Method of contribution:		Date Received		Aggregate contributions	
<input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		05/08/2021		\$100.00	
Last Name		First		M.I.	
Northrop		Kelly			
Residential Street Address		City		State	Zip Code
63 Harvest Hill Ln		Stamford		CT	06905-2814
Principal Occupation		Name of Employer			
Manager		Edgewell Personal Care			
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?		Amount of Contribution \$50.00	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Is this contribution associated with an event reported in Section L1? <i>If yes, list Event #</i>		Is contributor a principal of a state contractor or prospective state contractor? <i>If yes, indicate which branch or branches of government the contract is with:</i>			
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Executive <input type="checkbox"/> Legislative			
Method of contribution:		Date Received		Aggregate contributions	
<input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		05/08/2021		\$50.00	
Last Name		First		M.I.	
Redniss		Rick			
Residential Street Address		City		State	Zip Code
54 Brookhollow Ln		Stamford		CT	06902-1015
Principal Occupation		Name of Employer			
Planner		Redniss&mead			
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?		Amount of Contribution \$500.00	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Is this contribution associated with an event reported in Section L1? <i>If yes, list Event #</i>		Is contributor a principal of a state contractor or prospective state contractor? <i>If yes, indicate which branch or branches of government the contract is with:</i>			
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Executive <input type="checkbox"/> Legislative			
Method of contribution:		Date Received		Aggregate contributions	
<input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		05/08/2021		\$500.00	

SUBTOTAL Section B - This Page	\$650.00
TOTAL of Section B Pages	\$302,834.20
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B) <i>(Enter total on Line 13, Column A of Summary Page)</i>	\$303,219.21

I. MONETARY RECEIPTS (Sections A-K)

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)				TYPE OF REPORT	
Bobby Valentine for Stamford				July 10 filing	
A. Total Contributions from Small Contributors - Received this Period ONLY (See instructions for definition of Small Contributor)				Subtotal Section A \$385.01	
B. Itemized Contributions from Individuals					
Last Name		First		M.I.	
Pupo		Paul			
Residential Street Address		City		State	Zip Code
1035 Garden Breeze Way		Las Vegas		NV	89123-3626
Principal Occupation		Name of Employer			
Retired		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?		Amount of Contribution \$100.00	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Is this contribution associated with an event reported in Section L1? <i>If yes, list Event #</i>		Is contributor a principal of a state contractor or prospective state contractor? <i>If yes, indicate which branch or branches of government the contract is with:</i>			
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Executive <input type="checkbox"/> Legislative			
Method of contribution:		Date Received		Aggregate contributions	
<input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		05/08/2021		\$100.00	
Last Name		First		M.I.	
DeVito		Michael			
Residential Street Address		City		State	Zip Code
58 Mayflower Ave		Stamford		CT	06906-1921
Principal Occupation		Name of Employer			
Not Employed		Not 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?		Amount of Contribution \$100.00	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Is this contribution associated with an event reported in Section L1? <i>If yes, list Event #</i>		Is contributor a principal of a state contractor or prospective state contractor? <i>If yes, indicate which branch or branches of government the contract is with:</i>			
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Executive <input type="checkbox"/> Legislative			
Method of contribution:		Date Received		Aggregate contributions	
<input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		05/08/2021		\$170.00	
Last Name		First		M.I.	
Fuller		Samuel			
Residential Street Address		City		State	Zip Code
40 Contentment Island Rd		Darien		CT	06820-6211
Principal Occupation		Name of Employer			
Real Estate Development		Fuller Development, LLC			
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?		Amount of Contribution \$100.00	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Is this contribution associated with an event reported in Section L1? <i>If yes, list Event #</i>		Is contributor a principal of a state contractor or prospective state contractor? <i>If yes, indicate which branch or branches of government the contract is with:</i>			
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Executive <input type="checkbox"/> Legislative			
Method of contribution:		Date Received		Aggregate contributions	
<input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		05/08/2021		\$100.00	

SUBTOTAL Section B - This Page	\$300.00
TOTAL of Section B Pages	\$302,834.20
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B) <i>(Enter total on Line 13, Column A of Summary Page)</i>	\$303,219.21

I. MONETARY RECEIPTS (Sections A-K)

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)				TYPE OF REPORT	
Bobby Valentine for Stamford				July 10 filing	
A. Total Contributions from Small Contributors - Received this Period ONLY (See instructions for definition of Small Contributor)				Subtotal Section A \$385.01	
B. Itemized Contributions from Individuals					
Last Name Handler		First Jane		M.I.	
Residential Street Address 597 Westport Ave, Unit C354		City Norwalk		State CT	Zip Code 06851-4468
Principal Occupation Retired		Name of Employer Retired			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		If contribution is in excess of \$400 to a candidate 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? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution \$100.00	
Is this contribution associated with an event reported in Section L1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>If yes, list Event #</i>		Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>If yes, indicate which branch or branches of government the contract is with:</i> <input type="checkbox"/> Executive <input type="checkbox"/> Legislative			
Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		Date Received 05/08/2021	Aggregate contributions \$100.00		
Last Name Katz		First Claudia		M.I.	
Residential Street Address 45 Turn Of River Rd		City Stamford		State CT	Zip Code 06905-2033
Principal Occupation Director of Nurses		Name of Employer Waveny Care Center			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		If contribution is in excess of \$400 to a candidate 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? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution \$50.00	
Is this contribution associated with an event reported in Section L1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>If yes, list Event #</i>		Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>If yes, indicate which branch or branches of government the contract is with:</i> <input type="checkbox"/> Executive <input type="checkbox"/> Legislative			
Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		Date Received 05/08/2021	Aggregate contributions \$50.00		
Last Name Anastos		First Steven		M.I.	
Residential Street Address 88 Verplank Ave		City Stamford		State CT	Zip Code 06902-8237
Principal Occupation Realtor		Name of Employer William Raveis Real Estate			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		If contribution is in excess of \$400 to a candidate 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? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution \$500.00	
Is this contribution associated with an event reported in Section L1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>If yes, list Event #</i>		Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>If yes, indicate which branch or branches of government the contract is with:</i> <input type="checkbox"/> Executive <input type="checkbox"/> Legislative			
Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		Date Received 05/08/2021	Aggregate contributions \$500.00		

SUBTOTAL Section B - This Page	\$650.00
TOTAL of Section B Pages	\$302,834.20
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B) <i>(Enter total on Line 13, Column A of Summary Page)</i>	\$303,219.21

I. MONETARY RECEIPTS (Sections A-K)

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)				TYPE OF REPORT	
Bobby Valentine for Stamford				July 10 filing	
A. Total Contributions from Small Contributors - Received this Period ONLY (See instructions for definition of Small Contributor)				Subtotal Section A \$385.01	
B. Itemized Contributions from Individuals					
Last Name		First		M.I.	
Hersh		Jeff			
Residential Street Address		City		State	Zip Code
10 Larchmont Ave		Larchmont		NY	10538-4235
Principal Occupation		Name of Employer			
Attorney		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?		Amount of Contribution \$500.00	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Is this contribution associated with an event reported in Section L1? <i>If yes, list Event #</i>		Is contributor a principal of a state contractor or prospective state contractor? <i>If yes, indicate which branch or branches of government the contract is with:</i>			
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Executive <input type="checkbox"/> Legislative			
Method of contribution:		Date Received		Aggregate contributions	
<input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		05/08/2021		\$1,000.00	
Last Name		First		M.I.	
haber		Leonard			
Residential Street Address		City		State	Zip Code
111 New England Dr		Stamford		CT	06903-5018
Principal Occupation		Name of Employer			
retired		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?		Amount of Contribution \$50.00	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Is this contribution associated with an event reported in Section L1? <i>If yes, list Event #</i>		Is contributor a principal of a state contractor or prospective state contractor? <i>If yes, indicate which branch or branches of government the contract is with:</i>			
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Executive <input type="checkbox"/> Legislative			
Method of contribution:		Date Received		Aggregate contributions	
<input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		05/09/2021		\$100.00	
Last Name		First		M.I.	
chiappetta		rebecca			
Residential Street Address		City		State	Zip Code
12105 PLANTATION Way		Palm Beach		FL	33480
Principal Occupation		Name of Employer			
Not Employed		Not 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?		Amount of Contribution \$1,000.00	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Is this contribution associated with an event reported in Section L1? <i>If yes, list Event #</i>		Is contributor a principal of a state contractor or prospective state contractor? <i>If yes, indicate which branch or branches of government the contract is with:</i>			
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Executive <input type="checkbox"/> Legislative			
Method of contribution:		Date Received		Aggregate contributions	
<input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		05/09/2021		\$1,000.00	

SUBTOTAL Section B - This Page	\$1,550.00
TOTAL of Section B Pages	\$302,834.20
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B) <i>(Enter total on Line 13, Column A of Summary Page)</i>	\$303,219.21

I. MONETARY RECEIPTS (Sections A-K)

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)				TYPE OF REPORT	
Bobby Valentine for Stamford				July 10 filing	
A. Total Contributions from Small Contributors - Received this Period ONLY (See instructions for definition of Small Contributor)				Subtotal Section A \$385.01	
B. Itemized Contributions from Individuals					
Last Name Attanasio		First Tony		M.I.	
Residential Street Address 3838 Camino Del Rio N, Ste 360		City San Diego		State CA	Zip Code 92108-1762
Principal Occupation Retired		Name of Employer Retired			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		If contribution is in excess of \$400 to a candidate 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? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution \$250.00	
Is this contribution associated with an event reported in Section L1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>If yes, list Event #</i>		Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>If yes, indicate which branch or branches of government the contract is with:</i> <input type="checkbox"/> Executive <input type="checkbox"/> Legislative			
Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		Date Received 05/09/2021	Aggregate contributions \$500.00		
Last Name BRAFF		First Nelson		M.I.	
Residential Street Address 50 Ross Ave		City Demarest		State NJ	Zip Code 07627-2711
Principal Occupation Owner		Name of Employer Esquire			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		If contribution is in excess of \$400 to a candidate 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? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution \$1,000.00	
Is this contribution associated with an event reported in Section L1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>If yes, list Event #</i>		Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>If yes, indicate which branch or branches of government the contract is with:</i> <input type="checkbox"/> Executive <input type="checkbox"/> Legislative			
Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		Date Received 05/09/2021	Aggregate contributions \$1,000.00		
Last Name COLATRELLA		First LYNNE		M.I.	
Residential Street Address 17 Prince Pl		City Stamford		State CT	Zip Code 06905-4824
Principal Occupation Director		Name of Employer Stamford downtown			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		If contribution is in excess of \$400 to a candidate 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? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution \$5.00	
Is this contribution associated with an event reported in Section L1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>If yes, list Event #</i>		Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>If yes, indicate which branch or branches of government the contract is with:</i> <input type="checkbox"/> Executive <input type="checkbox"/> Legislative			
Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		Date Received 05/09/2021	Aggregate contributions \$5.00		

SUBTOTAL Section B - This Page	\$1,255.00
TOTAL of Section B Pages	\$302,834.20
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B) <i>(Enter total on Line 13, Column A of Summary Page)</i>	\$303,219.21

I. MONETARY RECEIPTS (Sections A-K)

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)				TYPE OF REPORT	
Bobby Valentine for Stamford				July 10 filing	
A. Total Contributions from Small Contributors - Received this Period ONLY (See instructions for definition of Small Contributor)				Subtotal Section A \$385.01	
B. Itemized Contributions from Individuals					
Last Name		First		M.I.	
Bralower		Edward			
Residential Street Address		City		State	Zip Code
46 Lakewood Dr		Stamford		CT	06903-3617
Principal Occupation		Name of Employer			
TV Producer		Wonderama			
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?		Amount of Contribution	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Is this contribution associated with an event reported in Section L1?		Is contributor a principal of a state contractor or prospective state contractor?		\$500.00	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>If yes, list Event #</i>		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>If yes, indicate which branch or branches of government the contract is with:</i> <input type="checkbox"/> Executive <input type="checkbox"/> Legislative			
Method of contribution:		Date Received		Aggregate contributions	
<input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		05/10/2021		\$500.00	
Last Name		First		M.I.	
McMahon		Linda			
Residential Street Address		City		State	Zip Code
1055 Washington Blvd		Stamford		CT	06901-2216
Principal Occupation		Name of Employer			
Executive		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?		Amount of Contribution	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Is this contribution associated with an event reported in Section L1?		Is contributor a principal of a state contractor or prospective state contractor?		\$1,000.00	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>If yes, list Event #</i>		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>If yes, indicate which branch or branches of government the contract is with:</i> <input type="checkbox"/> Executive <input type="checkbox"/> Legislative			
Method of contribution:		Date Received		Aggregate contributions	
<input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		05/10/2021		\$1,000.00	
Last Name		First		M.I.	
Gottfred		Robert			
Residential Street Address		City		State	Zip Code
345 N La Salle Dr, Apt 4402		Chicago		IL	60654-6386
Principal Occupation		Name of Employer			
Owner		Erie-LaSalle Body Shop & Car Care Centers			
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?		Amount of Contribution	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Is this contribution associated with an event reported in Section L1?		Is contributor a principal of a state contractor or prospective state contractor?		\$1,000.00	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>If yes, list Event #</i>		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>If yes, indicate which branch or branches of government the contract is with:</i> <input type="checkbox"/> Executive <input type="checkbox"/> Legislative			
Method of contribution:		Date Received		Aggregate contributions	
<input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		05/10/2021		\$1,000.00	

SUBTOTAL Section B - This Page	\$2,500.00
TOTAL of Section B Pages	\$302,834.20
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B) <i>(Enter total on Line 13, Column A of Summary Page)</i>	\$303,219.21

I. MONETARY RECEIPTS (Sections A-K)

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)				TYPE OF REPORT	
Bobby Valentine for Stamford				July 10 filing	
A. Total Contributions from Small Contributors - Received this Period ONLY (See instructions for definition of Small Contributor)				Subtotal Section A \$385.01	
B. Itemized Contributions from Individuals					
Last Name		First		M.I.	
Chisholm		Richard			
Residential Street Address		City		State	Zip Code
333 S Windsor Blvd		Los Angeles		CA	90020-4711
Principal Occupation			Name of Employer		
Chief Executive Officer			Evolution Capital Management LLC		
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?		Amount of Contribution	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Is this contribution associated with an event reported in Section L1?		Is contributor a principal of a state contractor or prospective state contractor?		\$1,000.00	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>If yes, list Event #</i>		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>If yes, indicate which branch or branches of government the contract is with:</i> <input type="checkbox"/> Executive <input type="checkbox"/> Legislative			
Method of contribution:			Date Received	Aggregate contributions	
<input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order			05/10/2021	\$1,000.00	
Last Name		First		M.I.	
Alter		Bruce			
Residential Street Address		City		State	Zip Code
9700 SW 84th Ave		Miami		FL	33156-2443
Principal Occupation			Name of Employer		
Attorney			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?		Amount of Contribution	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Is this contribution associated with an event reported in Section L1?		Is contributor a principal of a state contractor or prospective state contractor?		\$250.00	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>If yes, list Event #</i>		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>If yes, indicate which branch or branches of government the contract is with:</i> <input type="checkbox"/> Executive <input type="checkbox"/> Legislative			
Method of contribution:			Date Received	Aggregate contributions	
<input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order			05/10/2021	\$250.00	
Last Name		First		M.I.	
Aldrich		Thomas			
Residential Street Address		City		State	Zip Code
28 Hirsch Rd		Stamford		CT	06905-3207
Principal Occupation			Name of Employer		
Banker			Goldman Sachs		
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?		Amount of Contribution	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Is this contribution associated with an event reported in Section L1?		Is contributor a principal of a state contractor or prospective state contractor?		\$150.00	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>If yes, list Event #</i>		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>If yes, indicate which branch or branches of government the contract is with:</i> <input type="checkbox"/> Executive <input type="checkbox"/> Legislative			
Method of contribution:			Date Received	Aggregate contributions	
<input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order			05/10/2021	\$200.00	

SUBTOTAL Section B - This Page	\$1,400.00
TOTAL of Section B Pages	\$302,834.20
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B) <i>(Enter total on Line 13, Column A of Summary Page)</i>	\$303,219.21

I. MONETARY RECEIPTS (Sections A-K)

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)				TYPE OF REPORT	
Bobby Valentine for Stamford				July 10 filing	
A. Total Contributions from Small Contributors - Received this Period ONLY (See instructions for definition of Small Contributor)				Subtotal Section A \$385.01	
B. Itemized Contributions from Individuals					
Last Name		First		M.I.	
Melzer		Sondra			
Residential Street Address		City		State	Zip Code
180 Turn Of River Rd, Unit 1D		Stamford		CT	06905-1331
Principal Occupation			Name of Employer		
Retired College Professor			None		
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?		Amount of Contribution	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Is this contribution associated with an event reported in Section L1?		Is contributor a principal of a state contractor or prospective state contractor?		\$200.00	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>If yes, list Event #</i>		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>If yes, indicate which branch or branches of government the contract is with:</i> <input type="checkbox"/> Executive <input type="checkbox"/> Legislative			
Method of contribution:			Date Received	Aggregate contributions	
<input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order			05/10/2021	\$220.00	
Last Name		First		M.I.	
Ramppen		Frank			
Residential Street Address		City		State	Zip Code
82 HICKORY Dr		New Canaan		AE	09840
Principal Occupation			Name of Employer		
Partner			BVSA		
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?		Amount of Contribution	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Is this contribution associated with an event reported in Section L1?		Is contributor a principal of a state contractor or prospective state contractor?		\$1,000.00	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>If yes, list Event #</i>		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>If yes, indicate which branch or branches of government the contract is with:</i> <input type="checkbox"/> Executive <input type="checkbox"/> Legislative			
Method of contribution:			Date Received	Aggregate contributions	
<input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order			05/08/2021	\$1,000.00	
Last Name		First		M.I.	
SANSEVERINO		ALFRED			
Residential Street Address		City		State	Zip Code
118 Winesap Rd		Stamford		CT	06903-1812
Principal Occupation			Name of Employer		
RETIRED			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?		Amount of Contribution	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Is this contribution associated with an event reported in Section L1?		Is contributor a principal of a state contractor or prospective state contractor?		\$250.00	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>If yes, list Event #</i>		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>If yes, indicate which branch or branches of government the contract is with:</i> <input type="checkbox"/> Executive <input type="checkbox"/> Legislative			
Method of contribution:			Date Received	Aggregate contributions	
<input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order			05/14/2021	\$250.00	

SUBTOTAL Section B - This Page	\$1,450.00
TOTAL of Section B Pages	\$302,834.20
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B) <i>(Enter total on Line 13, Column A of Summary Page)</i>	\$303,219.21

I. MONETARY RECEIPTS (Sections A-K)

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)				TYPE OF REPORT	
Bobby Valentine for Stamford				July 10 filing	
A. Total Contributions from Small Contributors - Received this Period ONLY (See instructions for definition of Small Contributor)				Subtotal Section A \$385.01	
B. Itemized Contributions from Individuals					
Last Name		First		M.I.	
GIANNATTASIO		JOHN			
Residential Street Address		City		State	Zip Code
56 Maple St		Darien		CT	06820-5209
Principal Occupation		Name of Employer			
NA		NA			
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?		Amount of Contribution	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Is this contribution associated with an event reported in Section L1?		Is contributor a principal of a state contractor or prospective state contractor?		\$1,000.00	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>If yes, list Event #</i>		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>If yes, indicate which branch or branches of government the contract is with:</i> <input type="checkbox"/> Executive <input type="checkbox"/> Legislative			
Method of contribution:		Date Received		Aggregate contributions	
<input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		05/13/2021		\$1,000.00	
Last Name		First		M.I.	
Nunziante		Lisa			
Residential Street Address		City		State	Zip Code
180 Glenbrook Rd, Apt 20		Stamford		CT	06902-3042
Principal Occupation		Name of Employer			
Accountant		The Professional Associates P.C.			
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?		Amount of Contribution	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Is this contribution associated with an event reported in Section L1?		Is contributor a principal of a state contractor or prospective state contractor?		\$100.00	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>If yes, list Event #</i>		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>If yes, indicate which branch or branches of government the contract is with:</i> <input type="checkbox"/> Executive <input type="checkbox"/> Legislative			
Method of contribution:		Date Received		Aggregate contributions	
<input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		05/13/2021		\$100.00	
Last Name		First		M.I.	
Cohen		Gary		I	
Residential Street Address		City		State	Zip Code
70 Forest St, Apt 17A		Stamford		CT	06901-1881
Principal Occupation		Name of Employer			
NA		NA			
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?		Amount of Contribution	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Is this contribution associated with an event reported in Section L1?		Is contributor a principal of a state contractor or prospective state contractor?		\$500.00	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>If yes, list Event #</i>		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>If yes, indicate which branch or branches of government the contract is with:</i> <input type="checkbox"/> Executive <input type="checkbox"/> Legislative			
Method of contribution:		Date Received		Aggregate contributions	
<input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		05/16/2021		\$1,000.00	

SUBTOTAL Section B - This Page	\$1,600.00
TOTAL of Section B Pages	\$302,834.20
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B) <i>(Enter total on Line 13, Column A of Summary Page)</i>	\$303,219.21

I. MONETARY RECEIPTS (Sections A-K)

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)				TYPE OF REPORT	
Bobby Valentine for Stamford				July 10 filing	
A. Total Contributions from Small Contributors - Received this Period ONLY (See instructions for definition of Small Contributor)				Subtotal Section A \$385.01	
B. Itemized Contributions from Individuals					
Last Name		First		M.I.	
Cohen		Carol			
Residential Street Address		City		State	Zip Code
70 Forest St, Apt 17A		Stamford		CT	06901-1881
Principal Occupation		Name of Employer			
NA		NA			
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?		Amount of Contribution	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Is this contribution associated with an event reported in Section L1?		Is contributor a principal of a state contractor or prospective state contractor?		\$500.00	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>If yes, list Event #</i>		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>If yes, indicate which branch or branches of government the contract is with:</i> <input type="checkbox"/> Executive <input type="checkbox"/> Legislative			
Method of contribution:		Date Received	Aggregate contributions		
<input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		05/16/2021	\$1,000.00		
Last Name		First		M.I.	
Mannetti		Diane			
Residential Street Address		City		State	Zip Code
2437 Bedford St, Unit C4		Stamford		CT	06905-3914
Principal Occupation		Name of Employer			
Teacher		Stamford Public Schools			
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?		Amount of Contribution	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
Is this contribution associated with an event reported in Section L1?		Is contributor a principal of a state contractor or prospective state contractor?		\$50.00	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>If yes, list Event #</i>		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>If yes, indicate which branch or branches of government the contract is with:</i> <input type="checkbox"/> Executive <input type="checkbox"/> Legislative			
Method of contribution:		Date Received	Aggregate contributions		
<input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		05/12/2021	\$70.00		
Last Name		First		M.I.	
Vinci		Deedee			
Residential Street Address		City		State	Zip Code
413 Glenbrook Rd, Apt 10		Stamford		CT	06906-2126
Principal Occupation		Name of Employer			
Retired		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?		Amount of Contribution	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Is this contribution associated with an event reported in Section L1?		Is contributor a principal of a state contractor or prospective state contractor?		\$50.00	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>If yes, list Event #</i>		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>If yes, indicate which branch or branches of government the contract is with:</i> <input type="checkbox"/> Executive <input type="checkbox"/> Legislative			
Method of contribution:		Date Received	Aggregate contributions		
<input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		05/13/2021	\$50.00		

SUBTOTAL Section B - This Page	\$600.00
TOTAL of Section B Pages	\$302,834.20
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B) <i>(Enter total on Line 13, Column A of Summary Page)</i>	\$303,219.21

I. MONETARY RECEIPTS (Sections A-K)

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)				TYPE OF REPORT	
Bobby Valentine for Stamford				July 10 filing	
A. Total Contributions from Small Contributors - Received this Period ONLY (See instructions for definition of Small Contributor)				Subtotal Section A \$385.01	
B. Itemized Contributions from Individuals					
Last Name		First		M.I.	
Meehan		Peggy			
Residential Street Address		City		State	Zip Code
1412 Newfield Ave		Stamford		CT	06905-1416
Principal Occupation		Name of Employer			
Realtor		Coldwell Banker			
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?		Amount of Contribution	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Is this contribution associated with an event reported in Section L1?		Is contributor a principal of a state contractor or prospective state contractor?		\$100.00	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>If yes, list Event #</i>		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>If yes, indicate which branch or branches of government the contract is with:</i> <input type="checkbox"/> Executive <input type="checkbox"/> Legislative			
Method of contribution:		Date Received		Aggregate contributions	
<input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		05/13/2021		\$100.00	
Last Name		First		M.I.	
Pascale		Victor			
Residential Street Address		City		State	Zip Code
32 Robert Cres		Stony Brook		NY	11790-3204
Principal Occupation		Name of Employer			
Mortgage Banker		Freedom Mortgage			
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?		Amount of Contribution	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Is this contribution associated with an event reported in Section L1?		Is contributor a principal of a state contractor or prospective state contractor?		\$1,000.00	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>If yes, list Event #</i>		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>If yes, indicate which branch or branches of government the contract is with:</i> <input type="checkbox"/> Executive <input type="checkbox"/> Legislative			
Method of contribution:		Date Received		Aggregate contributions	
<input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		05/11/2021		\$1,000.00	
Last Name		First		M.I.	
Cruz		Marti			
Residential Street Address		City		State	Zip Code
56 Cold Spring Rd		Stamford		CT	06905-4251
Principal Occupation		Name of Employer			
Director Benefits		Warner music group			
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?		Amount of Contribution	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Is this contribution associated with an event reported in Section L1?		Is contributor a principal of a state contractor or prospective state contractor?		\$500.00	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>If yes, list Event #</i>		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>If yes, indicate which branch or branches of government the contract is with:</i> <input type="checkbox"/> Executive <input type="checkbox"/> Legislative			
Method of contribution:		Date Received		Aggregate contributions	
<input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		05/12/2021		\$500.00	

SUBTOTAL Section B - This Page	\$1,600.00
TOTAL of Section B Pages	\$302,834.20
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B) <i>(Enter total on Line 13, Column A of Summary Page)</i>	\$303,219.21

I. MONETARY RECEIPTS (Sections A-K)

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)				TYPE OF REPORT	
Bobby Valentine for Stamford				July 10 filing	
A. Total Contributions from Small Contributors - Received this Period ONLY (See instructions for definition of Small Contributor)				Subtotal Section A \$385.01	
B. Itemized Contributions from Individuals					
Last Name		First		M.I.	
Pierce		Joseph			
Residential Street Address		City		State	Zip Code
125 Davenport Farm Ln W		Stamford		CT	06903-5148
Principal Occupation		Name of Employer			
Investor		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?		Amount of Contribution	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Is this contribution associated with an event reported in Section L1?		Is contributor a principal of a state contractor or prospective state contractor?		\$1,000.00	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>If yes, list Event #</i>		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>If yes, indicate which branch or branches of government the contract is with:</i> <input type="checkbox"/> Executive <input type="checkbox"/> Legislative			
Method of contribution:		Date Received	Aggregate contributions		
<input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		05/12/2021	\$1,000.00		
Last Name		First		M.I.	
Robustelli		Katie			
Residential Street Address		City		State	Zip Code
1204 Hope St, Apt 9		Stamford		CT	06907-1658
Principal Occupation		Name of Employer			
Executive Assistant		Interactive Brokers			
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?		Amount of Contribution	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Is this contribution associated with an event reported in Section L1?		Is contributor a principal of a state contractor or prospective state contractor?		\$100.00	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>If yes, list Event #</i>		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>If yes, indicate which branch or branches of government the contract is with:</i> <input type="checkbox"/> Executive <input type="checkbox"/> Legislative			
Method of contribution:		Date Received	Aggregate contributions		
<input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		05/13/2021	\$100.00		
Last Name		First		M.I.	
Ganino		Joe			
Residential Street Address		City		State	Zip Code
55 Gibson Ave		Trumbull		CT	06611-3737
Principal Occupation		Name of Employer			
Retired		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?		Amount of Contribution	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Is this contribution associated with an event reported in Section L1?		Is contributor a principal of a state contractor or prospective state contractor?		\$200.00	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>If yes, list Event #</i>		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>If yes, indicate which branch or branches of government the contract is with:</i> <input type="checkbox"/> Executive <input type="checkbox"/> Legislative			
Method of contribution:		Date Received	Aggregate contributions		
<input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		05/11/2021	\$200.00		

SUBTOTAL Section B - This Page	\$1,300.00
TOTAL of Section B Pages	\$302,834.20
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B) <i>(Enter total on Line 13, Column A of Summary Page)</i>	\$303,219.21

I. MONETARY RECEIPTS (Sections A-K)

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)				TYPE OF REPORT	
Bobby Valentine for Stamford				July 10 filing	
A. Total Contributions from Small Contributors - Received this Period ONLY (See instructions for definition of Small Contributor)				Subtotal Section A \$385.01	
B. Itemized Contributions from Individuals					
Last Name Snyder		First Beryl		M.I.	
Residential Street Address 10 W 66th St, Apt 9F		City New York		State NY	Zip Code 10023-6235
Principal Occupation Principal		Name of Employer HBJ Investments, LLC			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		If contribution is in excess of \$400 to a candidate 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? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution \$500.00	
Is this contribution associated with an event reported in Section L1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>If yes, list Event #</i>		Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>If yes, indicate which branch or branches of government the contract is with:</i> <input type="checkbox"/> Executive <input type="checkbox"/> Legislative			
Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		Date Received 05/11/2021	Aggregate contributions \$500.00		
Last Name Kozlowski		First Dennis and Kimberly		M.I.	
Residential Street Address 845 United Nations Plz		City New York		State NY	Zip Code 10017-3540
Principal Occupation Owner		Name of Employer Harborside Advisors LLC			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		If contribution is in excess of \$400 to a candidate 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? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution \$1,000.00	
Is this contribution associated with an event reported in Section L1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>If yes, list Event #</i>		Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>If yes, indicate which branch or branches of government the contract is with:</i> <input type="checkbox"/> Executive <input type="checkbox"/> Legislative			
Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		Date Received 05/11/2021	Aggregate contributions \$1,000.00		
Last Name Green		First Tucker		M.I.	
Residential Street Address 216 Main St		City New Canaan		State CT	Zip Code 06840-5602
Principal Occupation Founder		Name of Employer Conscious Voter Contact Inc.			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		If contribution is in excess of \$400 to a candidate 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? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution \$250.00	
Is this contribution associated with an event reported in Section L1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>If yes, list Event #</i>		Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>If yes, indicate which branch or branches of government the contract is with:</i> <input type="checkbox"/> Executive <input type="checkbox"/> Legislative			
Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		Date Received 05/11/2021	Aggregate contributions \$1,000.00		

SUBTOTAL Section B - This Page	\$1,750.00
TOTAL of Section B Pages	\$302,834.20
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B) <i>(Enter total on Line 13, Column A of Summary Page)</i>	\$303,219.21

I. MONETARY RECEIPTS (Sections A-K)

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)				TYPE OF REPORT	
Bobby Valentine for Stamford				July 10 filing	
A. Total Contributions from Small Contributors - Received this Period ONLY (See instructions for definition of Small Contributor)				Subtotal Section A \$385.01	
B. Itemized Contributions from Individuals					
Last Name Fox		First Bryan		M.I.	
Residential Street Address 10 Wedgemere Rd		City Stamford		State CT	Zip Code 06905-1517
Principal Occupation Financial advisor		Name of Employer Merrill Lynch			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		If contribution is in excess of \$400 to a candidate 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? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution \$150.00	
Is this contribution associated with an event reported in Section L1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>If yes, list Event #</i>		Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>If yes, indicate which branch or branches of government the contract is with:</i> <input type="checkbox"/> Executive <input type="checkbox"/> Legislative			
Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		Date Received 05/11/2021	Aggregate contributions \$150.00		
Last Name Burke		First Mike		M.I.	
Residential Street Address 18 Woolsley Ave		City Trumbull		State CT	Zip Code 06611-4422
Principal Occupation Headhunter		Name of Employer Nurke & Associates			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		If contribution is in excess of \$400 to a candidate 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? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution \$250.00	
Is this contribution associated with an event reported in Section L1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>If yes, list Event #</i>		Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>If yes, indicate which branch or branches of government the contract is with:</i> <input type="checkbox"/> Executive <input type="checkbox"/> Legislative			
Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		Date Received 05/12/2021	Aggregate contributions \$250.00		
Last Name McLeod		First Daniel		M.I.	
Residential Street Address 411 Soundview Ave		City Stamford		State CT	Zip Code 06902-7120
Principal Occupation Retired		Name of Employer Retired			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		If contribution is in excess of \$400 to a candidate 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? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution \$1,000.00	
Is this contribution associated with an event reported in Section L1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>If yes, list Event #</i>		Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>If yes, indicate which branch or branches of government the contract is with:</i> <input type="checkbox"/> Executive <input type="checkbox"/> Legislative			
Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		Date Received 05/12/2021	Aggregate contributions \$1,000.00		

SUBTOTAL Section B - This Page	\$1,400.00
TOTAL of Section B Pages	\$302,834.20
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B) <i>(Enter total on Line 13, Column A of Summary Page)</i>	\$303,219.21

I. MONETARY RECEIPTS (Sections A-K)

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)				TYPE OF REPORT	
Bobby Valentine for Stamford				July 10 filing	
A. Total Contributions from Small Contributors - Received this Period ONLY (See instructions for definition of Small Contributor)				Subtotal Section A \$385.01	
B. Itemized Contributions from Individuals					
Last Name		First		M.I.	
Pierce		Barbara			
Residential Street Address		City		State	Zip Code
125 Davenport Farm Ln W		Stamford		CT	06903-5148
Principal Occupation		Name of Employer			
Investor		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?		Amount of Contribution	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Is this contribution associated with an event reported in Section L1?		Is contributor a principal of a state contractor or prospective state contractor?		\$1,000.00	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>If yes, list Event #</i>		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>If yes, indicate which branch or branches of government the contract is with:</i> <input type="checkbox"/> Executive <input type="checkbox"/> Legislative			
Method of contribution:		Date Received		Aggregate contributions	
<input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		05/12/2021		\$1,000.00	
Last Name		First		M.I.	
Oliver		Myrna			
Residential Street Address		City		State	Zip Code
2010		Hailey		ID	83333
Principal Occupation		Name of Employer			
Retired		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?		Amount of Contribution	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Is this contribution associated with an event reported in Section L1?		Is contributor a principal of a state contractor or prospective state contractor?		\$50.00	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>If yes, list Event #</i>		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>If yes, indicate which branch or branches of government the contract is with:</i> <input type="checkbox"/> Executive <input type="checkbox"/> Legislative			
Method of contribution:		Date Received		Aggregate contributions	
<input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		05/12/2021		\$50.00	
Last Name		First		M.I.	
Rubino		Gene			
Residential Street Address		City		State	Zip Code
63 Eastover Rd		Stamford		CT	06905-1402
Principal Occupation		Name of Employer			
Real Estate		Plaza Realty & Mgmt. Corp.			
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?		Amount of Contribution	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Is this contribution associated with an event reported in Section L1?		Is contributor a principal of a state contractor or prospective state contractor?		\$1,000.00	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>If yes, list Event #</i>		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>If yes, indicate which branch or branches of government the contract is with:</i> <input type="checkbox"/> Executive <input type="checkbox"/> Legislative			
Method of contribution:		Date Received		Aggregate contributions	
<input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		05/12/2021		\$1,000.00	

SUBTOTAL Section B - This Page	\$2,050.00
TOTAL of Section B Pages	\$302,834.20
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B) <i>(Enter total on Line 13, Column A of Summary Page)</i>	\$303,219.21

I. MONETARY RECEIPTS (Sections A-K)

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)				TYPE OF REPORT	
Bobby Valentine for Stamford				July 10 filing	
A. Total Contributions from Small Contributors - Received this Period ONLY (See instructions for definition of Small Contributor)				Subtotal Section A \$385.01	
B. Itemized Contributions from Individuals					
Last Name OHora		First James		M.I.	
Residential Street Address 382 White Oak Shade Rd		City New Canaan		State CT	Zip Code 06840-6929
Principal Occupation Business Development/Sales		Name of Employer Rellevate, Inc			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		If contribution is in excess of \$400 to a candidate 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? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution \$60.00	
Is this contribution associated with an event reported in Section L1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>If yes, list Event #</i>		Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>If yes, indicate which branch or branches of government the contract is with:</i> <input type="checkbox"/> Executive <input type="checkbox"/> Legislative			
Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		Date Received 05/13/2021	Aggregate contributions \$60.00		
Last Name Rizzuto		First Leandro		M.I.	
Residential Street Address 961 Jasmine Dr		City Delray Beach		State FL	Zip Code 33483-4705
Principal Occupation Retired		Name of Employer Retired			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		If contribution is in excess of \$400 to a candidate 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? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution \$1,000.00	
Is this contribution associated with an event reported in Section L1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>If yes, list Event #</i>		Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>If yes, indicate which branch or branches of government the contract is with:</i> <input type="checkbox"/> Executive <input type="checkbox"/> Legislative			
Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		Date Received 05/12/2021	Aggregate contributions \$1,000.00		
Last Name Rizzuto		First Denise		M.I.	
Residential Street Address 961 Jasmine Dr		City Delray Beach		State FL	Zip Code 33483-4705
Principal Occupation Retired		Name of Employer Retired			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		If contribution is in excess of \$400 to a candidate 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? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution \$1,000.00	
Is this contribution associated with an event reported in Section L1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>If yes, list Event #</i>		Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>If yes, indicate which branch or branches of government the contract is with:</i> <input type="checkbox"/> Executive <input type="checkbox"/> Legislative			
Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		Date Received 05/12/2021	Aggregate contributions \$1,000.00		

SUBTOTAL Section B - This Page	\$2,060.00
TOTAL of Section B Pages	\$302,834.20
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B) <i>(Enter total on Line 13, Column A of Summary Page)</i>	\$303,219.21

I. MONETARY RECEIPTS (Sections A-K)

NAME OF COMMITTEE <i>(Provide Complete Name as Registered with Filing Repository)</i>				TYPE OF REPORT	
Bobby Valentine for Stamford				July 10 filing	
A. Total Contributions from Small Contributors - Received this Period ONLY <i>(See instructions for definition of Small Contributor)</i>				Subtotal Section A \$385.01	
B. Itemized Contributions from Individuals					
Last Name		First		M.I.	
Dane		Christopher			
Residential Street Address		City		State	Zip Code
52 Boulderol Rd		Stamford		CT	06903-1329
Principal Occupation		Name of Employer			
President		Hickory Global Partners			
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?		Amount of Contribution	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Is this contribution associated with an event reported in Section L1?		Is contributor a principal of a state contractor or prospective state contractor?		\$75.00	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>If yes, list Event #</i>		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>If yes, indicate which branch or branches of government the contract is with:</i> <input type="checkbox"/> Executive <input type="checkbox"/> Legislative			
Method of contribution:		Date Received		Aggregate contributions	
<input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		05/12/2021		\$75.00	
Last Name		First		M.I.	
Arnone		Matthew			
Residential Street Address		City		State	Zip Code
200 W 67th St, Apt 32H		New York		NY	10023-0109
Principal Occupation		Name of Employer			
Director		Delos			
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?		Amount of Contribution	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Is this contribution associated with an event reported in Section L1?		Is contributor a principal of a state contractor or prospective state contractor?		\$250.00	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>If yes, list Event #</i>		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>If yes, indicate which branch or branches of government the contract is with:</i> <input type="checkbox"/> Executive <input type="checkbox"/> Legislative			
Method of contribution:		Date Received		Aggregate contributions	
<input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		05/12/2021		\$250.00	
Last Name		First		M.I.	
Madison		Sheryl			
Residential Street Address		City		State	Zip Code
160 Bunnell Ave		Stratford		CT	06614-2723
Principal Occupation		Name of Employer			
Administrator		Sacred Heart University			
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?		Amount of Contribution	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Is this contribution associated with an event reported in Section L1?		Is contributor a principal of a state contractor or prospective state contractor?		\$100.00	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>If yes, list Event #</i>		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>If yes, indicate which branch or branches of government the contract is with:</i> <input type="checkbox"/> Executive <input type="checkbox"/> Legislative			
Method of contribution:		Date Received		Aggregate contributions	
<input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		05/16/2021		\$100.00	

SUBTOTAL Section B - This Page	\$425.00
TOTAL of Section B Pages	\$302,834.20
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B) <i>(Enter total on Line 13, Column A of Summary Page)</i>	\$303,219.21

I. MONETARY RECEIPTS (Sections A-K)

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)				TYPE OF REPORT	
Bobby Valentine for Stamford				July 10 filing	
A. Total Contributions from Small Contributors - Received this Period ONLY (See instructions for definition of Small Contributor)				Subtotal Section A \$385.01	
B. Itemized Contributions from Individuals					
Last Name Downer		First John		M.I.	
Residential Street Address 66 Dogwood Ln		City Stamford		State CT	Zip Code 06903-4503
Principal Occupation Retired		Name of Employer Retired			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		If contribution is in excess of \$400 to a candidate 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? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution \$1,000.00	
Is this contribution associated with an event reported in Section L1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>If yes, list Event #</i>		Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>If yes, indicate which branch or branches of government the contract is with:</i> <input type="checkbox"/> Executive <input type="checkbox"/> Legislative			
Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		Date Received 05/13/2021	Aggregate contributions \$1,000.00		
Last Name Arnone		First Bill		M.I.	
Residential Street Address 68 White Oak Ln		City Stamford		State CT	Zip Code 06905-1521
Principal Occupation CPA		Name of Employer Capital Financial Management			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		If contribution is in excess of \$400 to a candidate 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? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution \$1,000.00	
Is this contribution associated with an event reported in Section L1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>If yes, list Event #</i>		Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>If yes, indicate which branch or branches of government the contract is with:</i> <input type="checkbox"/> Executive <input type="checkbox"/> Legislative			
Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		Date Received 05/13/2021	Aggregate contributions \$1,000.00		
Last Name Ippolito		First William		M.I.	
Residential Street Address 54 Lanark Rd		City Stamford		State CT	Zip Code 06902-7820
Principal Occupation Retired		Name of Employer Retired			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		If contribution is in excess of \$400 to a candidate 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? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution \$1,000.00	
Is this contribution associated with an event reported in Section L1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>If yes, list Event #</i>		Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>If yes, indicate which branch or branches of government the contract is with:</i> <input type="checkbox"/> Executive <input type="checkbox"/> Legislative			
Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		Date Received 05/13/2021	Aggregate contributions \$1,000.00		

SUBTOTAL Section B - This Page	\$3,000.00
TOTAL of Section B Pages	\$302,834.20
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B) <i>(Enter total on Line 13, Column A of Summary Page)</i>	\$303,219.21

I. MONETARY RECEIPTS (Sections A-K)

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)				TYPE OF REPORT	
Bobby Valentine for Stamford				July 10 filing	
A. Total Contributions from Small Contributors - Received this Period ONLY (See instructions for definition of Small Contributor)				Subtotal Section A \$385.01	
B. Itemized Contributions from Individuals					
Last Name		First		M.I.	
Dellacamera		Frances			
Residential Street Address		City		State	Zip Code
11 Mill Brook Rd W		Stamford		CT	06902-1019
Principal Occupation		Name of Employer			
RN		SHMG			
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?		Amount of Contribution	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		\$1,000.00	
Is this contribution associated with an event reported in Section L1? <i>If yes, list Event #</i>		Is contributor a principal of a state contractor or prospective state contractor? <i>If yes, indicate which branch or branches of government the contract is with:</i>			
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Executive <input type="checkbox"/> Legislative			
Method of contribution:		Date Received	Aggregate contributions		
<input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		05/13/2021	\$1,000.00		
Last Name		First		M.I.	
Salvatore		Ronald			
Residential Street Address		City		State	Zip Code
42 N Meadows Ln		Stamford		CT	06903-5151
Principal Occupation		Name of Employer			
Executive		Accurate Lock and Hardware			
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?		Amount of Contribution	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		\$1,000.00	
Is this contribution associated with an event reported in Section L1? <i>If yes, list Event #</i>		Is contributor a principal of a state contractor or prospective state contractor? <i>If yes, indicate which branch or branches of government the contract is with:</i>			
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Executive <input type="checkbox"/> Legislative			
Method of contribution:		Date Received	Aggregate contributions		
<input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		05/13/2021	\$1,000.00		
Last Name		First		M.I.	
Stapleton		Walker			
Residential Street Address		City		State	Zip Code
4461 Preserve Pkwy S		Littleton		CO	80121-2189
Principal Occupation		Name of Employer			
Real Estate		SonomaWest			
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?		Amount of Contribution	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		\$1,000.00	
Is this contribution associated with an event reported in Section L1? <i>If yes, list Event #</i>		Is contributor a principal of a state contractor or prospective state contractor? <i>If yes, indicate which branch or branches of government the contract is with:</i>			
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Executive <input type="checkbox"/> Legislative			
Method of contribution:		Date Received	Aggregate contributions		
<input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		05/13/2021	\$1,000.00		

SUBTOTAL Section B - This Page	\$3,000.00
TOTAL of Section B Pages	\$302,834.20
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B) <i>(Enter total on Line 13, Column A of Summary Page)</i>	\$303,219.21

I. MONETARY RECEIPTS (Sections A-K)

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)				TYPE OF REPORT	
Bobby Valentine for Stamford				July 10 filing	
A. Total Contributions from Small Contributors - Received this Period ONLY (See instructions for definition of Small Contributor)				Subtotal Section A \$385.01	
B. Itemized Contributions from Individuals					
Last Name		First		M.I.	
Faughnan		Peggy and Kevin			
Residential Street Address		City		State	Zip Code
16 Butler Ln		New Canaan		CT	06840-6817
Principal Occupation		Name of Employer			
retired		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?		Amount of Contribution \$100.00	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Is this contribution associated with an event reported in Section L1?		Is contributor a principal of a state contractor or prospective state contractor?			
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
If yes, list Event #		If yes, indicate which branch or branches of government the contract is with:			
		<input type="checkbox"/> Executive <input type="checkbox"/> Legislative			
Method of contribution:		Date Received		Aggregate contributions	
<input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		05/13/2021		\$100.00	
Last Name		First		M.I.	
Charles		Bruce			
Residential Street Address		City		State	Zip Code
1920 Main St, Ste 1170		Irvine		CA	92614-7230
Principal Occupation		Name of Employer			
Attorney		Charles & Kane			
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?		Amount of Contribution \$100.00	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Is this contribution associated with an event reported in Section L1?		Is contributor a principal of a state contractor or prospective state contractor?			
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
If yes, list Event #		If yes, indicate which branch or branches of government the contract is with:			
		<input type="checkbox"/> Executive <input type="checkbox"/> Legislative			
Method of contribution:		Date Received		Aggregate contributions	
<input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		05/13/2021		\$100.00	
Last Name		First		M.I.	
Ienner		Edward			
Residential Street Address		City		State	Zip Code
2 Mountainview Ter, Unit 1224		Danbury		CT	06810-4165
Principal Occupation		Name of Employer			
Executive Director- Credit & Collections		Meredith Corp.			
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?		Amount of Contribution \$100.00	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Is this contribution associated with an event reported in Section L1?		Is contributor a principal of a state contractor or prospective state contractor?			
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
If yes, list Event #		If yes, indicate which branch or branches of government the contract is with:			
		<input type="checkbox"/> Executive <input type="checkbox"/> Legislative			
Method of contribution:		Date Received		Aggregate contributions	
<input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		05/13/2021		\$100.00	

SUBTOTAL Section B - This Page	\$300.00
TOTAL of Section B Pages	\$302,834.20
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B) <i>(Enter total on Line 13, Column A of Summary Page)</i>	\$303,219.21

I. MONETARY RECEIPTS (Sections A-K)

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)				TYPE OF REPORT	
Bobby Valentine for Stamford				July 10 filing	
A. Total Contributions from Small Contributors - Received this Period ONLY (See instructions for definition of Small Contributor)				Subtotal Section A \$385.01	
B. Itemized Contributions from Individuals					
Last Name		First		M.I.	
Curatolo		Raymond			
Residential Street Address		City		State	Zip Code
1 Eastern Ln		New Milford		CT	06776-3944
Principal Occupation		Name of Employer			
Consultant		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?		Amount of Contribution	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Is this contribution associated with an event reported in Section L1?		Is contributor a principal of a state contractor or prospective state contractor?		\$50.00	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>If yes, list Event #</i>		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>If yes, indicate which branch or branches of government the contract is with:</i> <input type="checkbox"/> Executive <input type="checkbox"/> Legislative			
Method of contribution:		Date Received		Aggregate contributions	
<input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		05/14/2021		\$50.00	
Last Name		First		M.I.	
Salvatore		Rodd			
Residential Street Address		City		State	Zip Code
16 Denicola Rd		Stamford		CT	06905-2932
Principal Occupation		Name of Employer			
Executive		Accurate Lock			
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?		Amount of Contribution	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Is this contribution associated with an event reported in Section L1?		Is contributor a principal of a state contractor or prospective state contractor?		\$100.00	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>If yes, list Event #</i>		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>If yes, indicate which branch or branches of government the contract is with:</i> <input type="checkbox"/> Executive <input type="checkbox"/> Legislative			
Method of contribution:		Date Received		Aggregate contributions	
<input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		05/14/2021		\$100.00	
Last Name		First		M.I.	
Stapleton		Craig			
Residential Street Address		City		State	Zip Code
55 Old Field Point Rd, Ste 2		Greenwich		CT	06830-6149
Principal Occupation		Name of Employer			
Executive		Stapleton Management			
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?		Amount of Contribution	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Is this contribution associated with an event reported in Section L1?		Is contributor a principal of a state contractor or prospective state contractor?		\$1,000.00	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>If yes, list Event #</i>		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>If yes, indicate which branch or branches of government the contract is with:</i> <input type="checkbox"/> Executive <input type="checkbox"/> Legislative			
Method of contribution:		Date Received		Aggregate contributions	
<input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		05/14/2021		\$1,000.00	

SUBTOTAL Section B - This Page	\$1,150.00
TOTAL of Section B Pages	\$302,834.20
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B) <i>(Enter total on Line 13, Column A of Summary Page)</i>	\$303,219.21

I. MONETARY RECEIPTS (Sections A-K)

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)				TYPE OF REPORT	
Bobby Valentine for Stamford				July 10 filing	
A. Total Contributions from Small Contributors - Received this Period ONLY (See instructions for definition of Small Contributor)				Subtotal Section A \$385.01	
B. Itemized Contributions from Individuals					
Last Name		First		M.I.	
Stapleton		Dorothy			
Residential Street Address		City		State	Zip Code
55 Old Field Point Rd		Greenwich		CT	06830-6149
Principal Occupation		Name of Employer			
Retired		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?		Amount of Contribution	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Is this contribution associated with an event reported in Section L1?		Is contributor a principal of a state contractor or prospective state contractor?		\$1,000.00	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>If yes, list Event #</i>		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>If yes, indicate which branch or branches of government the contract is with:</i> <input type="checkbox"/> Executive <input type="checkbox"/> Legislative			
Method of contribution:		Date Received	Aggregate contributions		
<input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		05/14/2021	\$1,000.00		
Last Name		First		M.I.	
Ferro		Diane			
Residential Street Address		City		State	Zip Code
49 Deleo Dr		Stamford		CT	06906-1006
Principal Occupation		Name of Employer			
NA		NA			
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?		Amount of Contribution	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Is this contribution associated with an event reported in Section L1?		Is contributor a principal of a state contractor or prospective state contractor?		\$1,000.00	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>If yes, list Event #</i>		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>If yes, indicate which branch or branches of government the contract is with:</i> <input type="checkbox"/> Executive <input type="checkbox"/> Legislative			
Method of contribution:		Date Received	Aggregate contributions		
<input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		05/14/2021	\$1,000.00		
Last Name		First		M.I.	
Fanali		Gary		P	
Residential Street Address		City		State	Zip Code
63 Buckingham Dr		Stamford		CT	06902-8308
Principal Occupation		Name of Employer			
NA		NA			
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?		Amount of Contribution	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Is this contribution associated with an event reported in Section L1?		Is contributor a principal of a state contractor or prospective state contractor?		\$500.00	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>If yes, list Event #</i>		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>If yes, indicate which branch or branches of government the contract is with:</i> <input type="checkbox"/> Executive <input type="checkbox"/> Legislative			
Method of contribution:		Date Received	Aggregate contributions		
<input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		05/14/2021	\$500.00		

SUBTOTAL Section B - This Page	\$2,500.00
TOTAL of Section B Pages	\$302,834.20
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B) <i>(Enter total on Line 13, Column A of Summary Page)</i>	\$303,219.21

I. MONETARY RECEIPTS (Sections A-K)

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)				TYPE OF REPORT	
Bobby Valentine for Stamford				July 10 filing	
A. Total Contributions from Small Contributors - Received this Period ONLY (See instructions for definition of Small Contributor)				Subtotal Section A \$385.01	
B. Itemized Contributions from Individuals					
Last Name		First		M.I.	
Fanali		Dana		P	
Residential Street Address		City		State	Zip Code
63 Buckingham Dr		Stamford		CT	06902-8308
Principal Occupation		Name of Employer			
NA		NA			
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?		Amount of Contribution	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Is this contribution associated with an event reported in Section L1?		Is contributor a principal of a state contractor or prospective state contractor?		\$500.00	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>If yes, list Event #</i>		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>If yes, indicate which branch or branches of government the contract is with:</i> <input type="checkbox"/> Executive <input type="checkbox"/> Legislative			
Method of contribution:		Date Received	Aggregate contributions		
<input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		05/14/2021	\$500.00		
Last Name		First		M.I.	
Bellantoni		Rocco			
Residential Street Address		City		State	Zip Code
3 Alongquin Rd		Norwalk		CT	06851
Principal Occupation		Name of Employer			
NA		NA			
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?		Amount of Contribution	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Is this contribution associated with an event reported in Section L1?		Is contributor a principal of a state contractor or prospective state contractor?		\$1,000.00	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>If yes, list Event #</i>		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>If yes, indicate which branch or branches of government the contract is with:</i> <input type="checkbox"/> Executive <input type="checkbox"/> Legislative			
Method of contribution:		Date Received	Aggregate contributions		
<input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		05/14/2021	\$1,000.00		
Last Name		First		M.I.	
Ferro		Michael			
Residential Street Address		City		State	Zip Code
49 Deleo Dr.		Stamford		CT	06906-1006
Principal Occupation		Name of Employer			
NA		NA			
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?		Amount of Contribution	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Is this contribution associated with an event reported in Section L1?		Is contributor a principal of a state contractor or prospective state contractor?		\$1,000.00	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>If yes, list Event #</i>		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>If yes, indicate which branch or branches of government the contract is with:</i> <input type="checkbox"/> Executive <input type="checkbox"/> Legislative			
Method of contribution:		Date Received	Aggregate contributions		
<input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		05/14/2021	\$1,000.00		

SUBTOTAL Section B - This Page	\$2,500.00
TOTAL of Section B Pages	\$302,834.20
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B) <i>(Enter total on Line 13, Column A of Summary Page)</i>	\$303,219.21

I. MONETARY RECEIPTS (Sections A-K)

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)				TYPE OF REPORT	
Bobby Valentine for Stamford				July 10 filing	
A. Total Contributions from Small Contributors - Received this Period ONLY (See instructions for definition of Small Contributor)				Subtotal Section A \$385.01	
B. Itemized Contributions from Individuals					
Last Name		First		M.I.	
Sarner		George			
Residential Street Address		City		State	Zip Code
6660 SE Harbor Cir		Stuart		FL	34996-1961
Principal Occupation		Name of Employer			
NA		NA			
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?		Amount of Contribution	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Is this contribution associated with an event reported in Section L1?		Is contributor a principal of a state contractor or prospective state contractor?		\$1,000.00	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>If yes, list Event #</i>		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>If yes, indicate which branch or branches of government the contract is with:</i> <input type="checkbox"/> Executive <input type="checkbox"/> Legislative			
Method of contribution:		Date Received		Aggregate contributions	
<input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		05/14/2021		\$1,000.00	
Last Name		First		M.I.	
Sarner		Patricia			
Residential Street Address		City		State	Zip Code
6660 SE Harbor Cir		Stuart		FL	34996-1961
Principal Occupation		Name of Employer			
NA		NA			
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?		Amount of Contribution	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Is this contribution associated with an event reported in Section L1?		Is contributor a principal of a state contractor or prospective state contractor?		\$1,000.00	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>If yes, list Event #</i>		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>If yes, indicate which branch or branches of government the contract is with:</i> <input type="checkbox"/> Executive <input type="checkbox"/> Legislative			
Method of contribution:		Date Received		Aggregate contributions	
<input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		05/14/2021		\$1,000.00	
Last Name		First		M.I.	
Dolan		Ken Maryanne			
Residential Street Address		City		State	Zip Code
22 Nyselius Pl		Stamford		CT	06905-2523
Principal Occupation		Name of Employer			
Retired		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?		Amount of Contribution	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Is this contribution associated with an event reported in Section L1?		Is contributor a principal of a state contractor or prospective state contractor?		\$150.00	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>If yes, list Event #</i>		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>If yes, indicate which branch or branches of government the contract is with:</i> <input type="checkbox"/> Executive <input type="checkbox"/> Legislative			
Method of contribution:		Date Received		Aggregate contributions	
<input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		05/14/2021		\$150.00	

SUBTOTAL Section B - This Page	\$2,150.00
TOTAL of Section B Pages	\$302,834.20
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B) <i>(Enter total on Line 13, Column A of Summary Page)</i>	\$303,219.21

I. MONETARY RECEIPTS (Sections A-K)

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)				TYPE OF REPORT	
Bobby Valentine for Stamford				July 10 filing	
A. Total Contributions from Small Contributors - Received this Period ONLY (See instructions for definition of Small Contributor)				Subtotal Section A \$385.01	
B. Itemized Contributions from Individuals					
Last Name		First		M.I.	
Manocherian		John			
Residential Street Address		City		State	Zip Code
135 Central Park W		New York		NY	10023-2413
Principal Occupation		Name of Employer			
Real Estate		Pan Am. Equities, Inc			
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?		Amount of Contribution	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Is this contribution associated with an event reported in Section L1?		Is contributor a principal of a state contractor or prospective state contractor?		\$1,000.00	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>If yes, list Event #</i>		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>If yes, indicate which branch or branches of government the contract is with:</i> <input type="checkbox"/> Executive <input type="checkbox"/> Legislative			
Method of contribution:		Date Received		Aggregate contributions	
<input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		05/14/2021		\$1,000.00	
Last Name		First		M.I.	
lopp		Kimberly			
Residential Street Address		City		State	Zip Code
52 S Bedford Rd		Pound Ridge		NY	10576-2014
Principal Occupation		Name of Employer			
Unemployed		Unemployed			
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?		Amount of Contribution	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Is this contribution associated with an event reported in Section L1?		Is contributor a principal of a state contractor or prospective state contractor?		\$1,000.00	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>If yes, list Event #</i>		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>If yes, indicate which branch or branches of government the contract is with:</i> <input type="checkbox"/> Executive <input type="checkbox"/> Legislative			
Method of contribution:		Date Received		Aggregate contributions	
<input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		05/14/2021		\$1,000.00	
Last Name		First		M.I.	
Concolino		Robert			
Residential Street Address		City		State	Zip Code
PO Box 180		Lake Arrowhead		CA	92352-0180
Principal Occupation		Name of Employer			
Relational Consultant & Strategist		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?		Amount of Contribution	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Is this contribution associated with an event reported in Section L1?		Is contributor a principal of a state contractor or prospective state contractor?		\$100.00	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>If yes, list Event #</i>		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>If yes, indicate which branch or branches of government the contract is with:</i> <input type="checkbox"/> Executive <input type="checkbox"/> Legislative			
Method of contribution:		Date Received		Aggregate contributions	
<input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		05/14/2021		\$200.00	

SUBTOTAL Section B - This Page	\$2,100.00
TOTAL of Section B Pages	\$302,834.20
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B) <i>(Enter total on Line 13, Column A of Summary Page)</i>	\$303,219.21

I. MONETARY RECEIPTS (Sections A-K)

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)				TYPE OF REPORT	
Bobby Valentine for Stamford				July 10 filing	
A. Total Contributions from Small Contributors - Received this Period ONLY (See instructions for definition of Small Contributor)				Subtotal Section A \$385.01	
B. Itemized Contributions from Individuals					
Last Name		First		M.I.	
Manocherian		Jennifer			
Residential Street Address		City		State	Zip Code
11 Griffen Ave		Scarsdale		NY	10583-7658
Principal Occupation		Name of Employer			
Writer		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?		Amount of Contribution \$1,000.00	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Is this contribution associated with an event reported in Section L1?		Is contributor a principal of a state contractor or prospective state contractor?		Amount of Contribution \$1,000.00	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>If yes, list Event #</i>		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>If yes, indicate which branch or branches of government the contract is with:</i> <input type="checkbox"/> Executive <input type="checkbox"/> Legislative			
Method of contribution:		Date Received		Aggregate contributions	
<input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		05/14/2021		\$1,000.00	
Last Name		First		M.I.	
Cohn		Maddy			
Residential Street Address		City		State	Zip Code
88 Bentwood Dr		Stamford		CT	06903-2036
Principal Occupation		Name of Employer			
Retired		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?		Amount of Contribution \$100.00	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Is this contribution associated with an event reported in Section L1?		Is contributor a principal of a state contractor or prospective state contractor?		Amount of Contribution \$100.00	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>If yes, list Event #</i>		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>If yes, indicate which branch or branches of government the contract is with:</i> <input type="checkbox"/> Executive <input type="checkbox"/> Legislative			
Method of contribution:		Date Received		Aggregate contributions	
<input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		05/15/2021		\$100.00	
Last Name		First		M.I.	
Cingari		Joe			
Residential Street Address		City		State	Zip Code
13 Ralsey Rd S		Stamford		CT	06902-7811
Principal Occupation		Name of Employer			
Self Employed		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?		Amount of Contribution \$1,000.00	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Is this contribution associated with an event reported in Section L1?		Is contributor a principal of a state contractor or prospective state contractor?		Amount of Contribution \$1,000.00	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>If yes, list Event #</i>		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>If yes, indicate which branch or branches of government the contract is with:</i> <input type="checkbox"/> Executive <input type="checkbox"/> Legislative			
Method of contribution:		Date Received		Aggregate contributions	
<input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		05/15/2021		\$1,000.00	

SUBTOTAL Section B - This Page	\$2,100.00
TOTAL of Section B Pages	\$302,834.20
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B) <i>(Enter total on Line 13, Column A of Summary Page)</i>	\$303,219.21

I. MONETARY RECEIPTS (Sections A-K)

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)				TYPE OF REPORT	
Bobby Valentine for Stamford				July 10 filing	
A. Total Contributions from Small Contributors - Received this Period ONLY (See instructions for definition of Small Contributor)				Subtotal Section A \$385.01	
B. Itemized Contributions from Individuals					
Last Name Zvon		First Thomas		M.I.	
Residential Street Address 183 Mimosa Cir		City Ridgefield		State CT	Zip Code 06877-2504
Principal Occupation General Manager		Name of Employer Stamford Ford Lincoln			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		If contribution is in excess of \$400 to a candidate 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? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution \$50.00	
Is this contribution associated with an event reported in Section L1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>If yes, list Event #</i>		Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>If yes, indicate which branch or branches of government the contract is with:</i> <input type="checkbox"/> Executive <input type="checkbox"/> Legislative			
Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		Date Received 05/15/2021	Aggregate contributions \$50.00		
Last Name Berkoff		First Michael		M.I.	
Residential Street Address 17 Cedar St		City Stamford		State CT	Zip Code 06902-6903
Principal Occupation Administrator		Name of Employer Self Employed			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		If contribution is in excess of \$400 to a candidate 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? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution \$1,000.00	
Is this contribution associated with an event reported in Section L1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>If yes, list Event #</i>		Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>If yes, indicate which branch or branches of government the contract is with:</i> <input type="checkbox"/> Executive <input type="checkbox"/> Legislative			
Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		Date Received 05/16/2021	Aggregate contributions \$1,000.00		
Last Name Levine		First David		M.I.	
Residential Street Address 695 Atlantic St, Unit 212		City Stamford		State CT	Zip Code 06902-9322
Principal Occupation Lawyer		Name of Employer Daniel Berger			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		If contribution is in excess of \$400 to a candidate 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? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution \$20.00	
Is this contribution associated with an event reported in Section L1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>If yes, list Event #</i>		Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>If yes, indicate which branch or branches of government the contract is with:</i> <input type="checkbox"/> Executive <input type="checkbox"/> Legislative			
Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		Date Received 05/16/2021	Aggregate contributions \$50.00		

SUBTOTAL Section B - This Page	\$1,070.00
TOTAL of Section B Pages	\$302,834.20
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B) <i>(Enter total on Line 13, Column A of Summary Page)</i>	\$303,219.21

I. MONETARY RECEIPTS (Sections A-K)

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)				TYPE OF REPORT	
Bobby Valentine for Stamford				July 10 filing	
A. Total Contributions from Small Contributors - Received this Period ONLY (See instructions for definition of Small Contributor)				Subtotal Section A \$385.01	
B. Itemized Contributions from Individuals					
Last Name		First		M.I.	
Carlucci		Domenic			
Residential Street Address		City		State	Zip Code
2000 N Peytonville Ave		Southlake		TX	76092-3403
Principal Occupation		Name of Employer			
Retired		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?		Amount of Contribution	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Is this contribution associated with an event reported in Section L1?		Is contributor a principal of a state contractor or prospective state contractor?		\$50.00	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>If yes, list Event #</i>		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>If yes, indicate which branch or branches of government the contract is with:</i> <input type="checkbox"/> Executive <input type="checkbox"/> Legislative			
Method of contribution:		Date Received		Aggregate contributions	
<input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		05/16/2021		\$50.00	
Last Name		First		M.I.	
Fraiori		Marc			
Residential Street Address		City		State	Zip Code
22 Little John Ln		Stamford		CT	06907-1122
Principal Occupation		Name of Employer			
Realtor / IT Consulting / Video Production		2M Realty Group / Marc Anthony Video			
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?		Amount of Contribution	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Is this contribution associated with an event reported in Section L1?		Is contributor a principal of a state contractor or prospective state contractor?		\$50.00	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>If yes, list Event #</i>		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>If yes, indicate which branch or branches of government the contract is with:</i> <input type="checkbox"/> Executive <input type="checkbox"/> Legislative			
Method of contribution:		Date Received		Aggregate contributions	
<input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		05/16/2021		\$50.00	
Last Name		First		M.I.	
Cavaliero		Diane			
Residential Street Address		City		State	Zip Code
112 Euclid Ave, Apt 2		Stamford		CT	06902-6264
Principal Occupation		Name of Employer			
Retired		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?		Amount of Contribution	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Is this contribution associated with an event reported in Section L1?		Is contributor a principal of a state contractor or prospective state contractor?		\$25.00	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>If yes, list Event #</i>		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>If yes, indicate which branch or branches of government the contract is with:</i> <input type="checkbox"/> Executive <input type="checkbox"/> Legislative			
Method of contribution:		Date Received		Aggregate contributions	
<input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		05/16/2021		\$25.00	

SUBTOTAL Section B - This Page	\$125.00
TOTAL of Section B Pages	\$302,834.20
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B) <i>(Enter total on Line 13, Column A of Summary Page)</i>	\$303,219.21

I. MONETARY RECEIPTS (Sections A-K)

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)				TYPE OF REPORT	
Bobby Valentine for Stamford				July 10 filing	
A. Total Contributions from Small Contributors - Received this Period ONLY (See instructions for definition of Small Contributor)				Subtotal Section A \$385.01	
B. Itemized Contributions from Individuals					
Last Name		First		M.I.	
McRedmond		Dick			
Residential Street Address		City		State	Zip Code
11 Gray Squirrel Dr		New Canaan		CT	06840-6902
Principal Occupation		Name of Employer			
Retired		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?		Amount of Contribution	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Is this contribution associated with an event reported in Section L1?		Is contributor a principal of a state contractor or prospective state contractor?		\$500.00	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>If yes, list Event #</i>		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>If yes, indicate which branch or branches of government the contract is with:</i> <input type="checkbox"/> Executive <input type="checkbox"/> Legislative			
Method of contribution:		Date Received		Aggregate contributions	
<input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		05/16/2021		\$500.00	
Last Name		First		M.I.	
Manocherian		Judith			
Residential Street Address		City		State	Zip Code
135 Central Park W		New York		NY	10023-2413
Principal Occupation		Name of Employer			
Homemaker		Not 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?		Amount of Contribution	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Is this contribution associated with an event reported in Section L1?		Is contributor a principal of a state contractor or prospective state contractor?		\$1,000.00	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>If yes, list Event #</i>		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>If yes, indicate which branch or branches of government the contract is with:</i> <input type="checkbox"/> Executive <input type="checkbox"/> Legislative			
Method of contribution:		Date Received		Aggregate contributions	
<input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		05/16/2021		\$1,000.00	
Last Name		First		M.I.	
Lorentz		Douglas			
Residential Street Address		City		State	Zip Code
11205 154th PI NE		Redmond		WA	98052-2510
Principal Occupation		Name of Employer			
Investment banking		Monument Group			
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?		Amount of Contribution	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Is this contribution associated with an event reported in Section L1?		Is contributor a principal of a state contractor or prospective state contractor?		\$500.00	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>If yes, list Event #</i>		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>If yes, indicate which branch or branches of government the contract is with:</i> <input type="checkbox"/> Executive <input type="checkbox"/> Legislative			
Method of contribution:		Date Received		Aggregate contributions	
<input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		05/16/2021		\$500.00	

SUBTOTAL Section B - This Page	\$2,000.00
TOTAL of Section B Pages	\$302,834.20
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B) <i>(Enter total on Line 13, Column A of Summary Page)</i>	\$303,219.21

I. MONETARY RECEIPTS (Sections A-K)

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)				TYPE OF REPORT	
Bobby Valentine for Stamford				July 10 filing	
A. Total Contributions from Small Contributors - Received this Period ONLY (See instructions for definition of Small Contributor)				Subtotal Section A \$385.01	
B. Itemized Contributions from Individuals					
Last Name		First		M.I.	
selkowitz		Arthur			
Residential Street Address		City		State	Zip Code
262 Ocean Dr E		Stamford		CT	06902-8238
Principal Occupation		Name of Employer			
Retired		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?		Amount of Contribution \$1,000.00	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
Is this contribution associated with an event reported in Section L1? <i>If yes, list Event #</i>		Is contributor a principal of a state contractor or prospective state contractor? <i>If yes, indicate which branch or branches of government the contract is with:</i>			
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Executive <input type="checkbox"/> Legislative			
Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order			Date Received	Aggregate contributions	
			05/24/2021	\$1,000.00	
Last Name		First		M.I.	
Striano		Bob			
Residential Street Address		City		State	Zip Code
2004 Isla Vista Ln		Naples		FL	34105-3071
Principal Occupation		Name of Employer			
Retired		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?		Amount of Contribution \$500.00	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Is this contribution associated with an event reported in Section L1? <i>If yes, list Event #</i>		Is contributor a principal of a state contractor or prospective state contractor? <i>If yes, indicate which branch or branches of government the contract is with:</i>			
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Executive <input type="checkbox"/> Legislative			
Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order			Date Received	Aggregate contributions	
			05/17/2021	\$500.00	
Last Name		First		M.I.	
musumeci		robert			
Residential Street Address		City		State	Zip Code
99 Black Rock Rd		Stamford		CT	06903-1430
Principal Occupation		Name of Employer			
NA		NA			
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?		Amount of Contribution \$1,000.00	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Is this contribution associated with an event reported in Section L1? <i>If yes, list Event #</i>		Is contributor a principal of a state contractor or prospective state contractor? <i>If yes, indicate which branch or branches of government the contract is with:</i>			
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Executive <input type="checkbox"/> Legislative			
Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order			Date Received	Aggregate contributions	
			05/25/2021	\$1,000.00	

SUBTOTAL Section B - This Page	\$2,500.00
TOTAL of Section B Pages	\$302,834.20
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B) <i>(Enter total on Line 13, Column A of Summary Page)</i>	\$303,219.21

I. MONETARY RECEIPTS (Sections A-K)

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)				TYPE OF REPORT	
Bobby Valentine for Stamford				July 10 filing	
A. Total Contributions from Small Contributors - Received this Period ONLY (See instructions for definition of Small Contributor)				Subtotal Section A \$385.01	
B. Itemized Contributions from Individuals					
Last Name		First		M.I.	
Hernandez		Russell			
Residential Street Address		City		State	Zip Code
26 Col Sheldon Ln		Pound Ridge		NY	10576-1408
Principal Occupation		Name of Employer			
Consultant		Atlantic Development Advisors			
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?		Amount of Contribution	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Is this contribution associated with an event reported in Section L1?		Is contributor a principal of a state contractor or prospective state contractor?		\$1,000.00	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>If yes, list Event #</i>		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>If yes, indicate which branch or branches of government the contract is with:</i> <input type="checkbox"/> Executive <input type="checkbox"/> Legislative			
Method of contribution:		Date Received	Aggregate contributions		
<input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		05/26/2021	\$1,000.00		
Last Name		First		M.I.	
Giuliano		Tim			
Residential Street Address		City		State	Zip Code
168 Belltown Rd, Apt 15		Stamford		CT	06905-3313
Principal Occupation		Name of Employer			
Self Employed		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?		Amount of Contribution	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Is this contribution associated with an event reported in Section L1?		Is contributor a principal of a state contractor or prospective state contractor?		\$50.00	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>If yes, list Event #</i>		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>If yes, indicate which branch or branches of government the contract is with:</i> <input type="checkbox"/> Executive <input type="checkbox"/> Legislative			
Method of contribution:		Date Received	Aggregate contributions		
<input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		05/18/2021	\$50.00		
Last Name		First		M.I.	
Severance		Emily			
Residential Street Address		City		State	Zip Code
82 Fernwood Dr		Stamford		CT	06903-1920
Principal Occupation		Name of Employer			
Unemployed		Unemployed			
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?		Amount of Contribution	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Is this contribution associated with an event reported in Section L1?		Is contributor a principal of a state contractor or prospective state contractor?		\$5.00	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>If yes, list Event #</i>		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>If yes, indicate which branch or branches of government the contract is with:</i> <input type="checkbox"/> Executive <input type="checkbox"/> Legislative			
Method of contribution:		Date Received	Aggregate contributions		
<input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		05/16/2021	\$5.00		

SUBTOTAL Section B - This Page	\$1,055.00
TOTAL of Section B Pages	\$302,834.20
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B) <i>(Enter total on Line 13, Column A of Summary Page)</i>	\$303,219.21

I. MONETARY RECEIPTS (Sections A-K)

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)				TYPE OF REPORT	
Bobby Valentine for Stamford				July 10 filing	
A. Total Contributions from Small Contributors - Received this Period ONLY (See instructions for definition of Small Contributor)				Subtotal Section A \$385.01	
B. Itemized Contributions from Individuals					
Last Name		First		M.I.	
Guarnieri		Michael			
Residential Street Address		City		State	Zip Code
7 Ken Ct		Stamford		CT	06905-1027
Principal Occupation		Name of Employer			
Retired		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?		Amount of Contribution	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Is this contribution associated with an event reported in Section L1?		Is contributor a principal of a state contractor or prospective state contractor?		\$50.00	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>If yes, list Event #</i>		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>If yes, indicate which branch or branches of government the contract is with:</i> <input type="checkbox"/> Executive <input type="checkbox"/> Legislative			
Method of contribution:		Date Received		Aggregate contributions	
<input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		06/03/2021		\$50.00	
Last Name		First		M.I.	
Sabia		James		A	
Residential Street Address		City		State	Zip Code
17 Prince Pl		Stamford		CT	06905-4824
Principal Occupation		Name of Employer			
NA		NA			
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?		Amount of Contribution	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Is this contribution associated with an event reported in Section L1?		Is contributor a principal of a state contractor or prospective state contractor?		\$50.00	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>If yes, list Event #</i>		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>If yes, indicate which branch or branches of government the contract is with:</i> <input type="checkbox"/> Executive <input type="checkbox"/> Legislative			
Method of contribution:		Date Received		Aggregate contributions	
<input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		05/30/2021		\$50.00	
Last Name		First		M.I.	
hersh		philip			
Residential Street Address		City		State	Zip Code
2 S Division St		Peekskill		NY	10566-3608
Principal Occupation		Name of Employer			
Attorney		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?		Amount of Contribution	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Is this contribution associated with an event reported in Section L1?		Is contributor a principal of a state contractor or prospective state contractor?		\$1,000.00	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>If yes, list Event #</i>		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>If yes, indicate which branch or branches of government the contract is with:</i> <input type="checkbox"/> Executive <input type="checkbox"/> Legislative			
Method of contribution:		Date Received		Aggregate contributions	
<input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		06/02/2021		\$1,000.00	

SUBTOTAL Section B - This Page	\$1,100.00
TOTAL of Section B Pages	\$302,834.20
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B) <i>(Enter total on Line 13, Column A of Summary Page)</i>	\$303,219.21

I. MONETARY RECEIPTS (Sections A-K)

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)				TYPE OF REPORT	
Bobby Valentine for Stamford				July 10 filing	
A. Total Contributions from Small Contributors - Received this Period ONLY (See instructions for definition of Small Contributor)				Subtotal Section A \$385.01	
B. Itemized Contributions from Individuals					
Last Name		First		M.I.	
Robustelli		Rick			
Residential Street Address		City		State	Zip Code
180 Turn Of River Rd, Unit 5B		Stamford		CT	06905-1399
Principal Occupation		Name of Employer			
NA		NA			
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?		Amount of Contribution	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Is this contribution associated with an event reported in Section L1?		Is contributor a principal of a state contractor or prospective state contractor?		\$1,000.00	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>If yes, list Event #</i>		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>If yes, indicate which branch or branches of government the contract is with:</i> <input type="checkbox"/> Executive <input type="checkbox"/> Legislative			
Method of contribution:		Date Received		Aggregate contributions	
<input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		05/28/2021		\$1,000.00	
Last Name		First		M.I.	
Severance		David			
Residential Street Address		City		State	Zip Code
82 Fernwood Dr		Stamford		CT	06903-1920
Principal Occupation		Name of Employer			
Consultant		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?		Amount of Contribution	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Is this contribution associated with an event reported in Section L1?		Is contributor a principal of a state contractor or prospective state contractor?		\$100.00	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>If yes, list Event #</i>		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>If yes, indicate which branch or branches of government the contract is with:</i> <input type="checkbox"/> Executive <input type="checkbox"/> Legislative			
Method of contribution:		Date Received		Aggregate contributions	
<input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		05/24/2021		\$100.00	
Last Name		First		M.I.	
Ospina		JD			
Residential Street Address		City		State	Zip Code
61 Clinton Ave		Stamford		CT	06901-3319
Principal Occupation		Name of Employer			
Project manager		Community Health center			
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?		Amount of Contribution	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Is this contribution associated with an event reported in Section L1?		Is contributor a principal of a state contractor or prospective state contractor?		\$5.00	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>If yes, list Event #</i>		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>If yes, indicate which branch or branches of government the contract is with:</i> <input type="checkbox"/> Executive <input type="checkbox"/> Legislative			
Method of contribution:		Date Received		Aggregate contributions	
<input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		05/16/2021		\$5.00	

SUBTOTAL Section B - This Page	\$1,105.00
TOTAL of Section B Pages	\$302,834.20
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B) <i>(Enter total on Line 13, Column A of Summary Page)</i>	\$303,219.21

I. MONETARY RECEIPTS (Sections A-K)

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)				TYPE OF REPORT	
Bobby Valentine for Stamford				July 10 filing	
A. Total Contributions from Small Contributors - Received this Period ONLY (See instructions for definition of Small Contributor)				Subtotal Section A \$385.01	
B. Itemized Contributions from Individuals					
Last Name Iacobelli		First Michael		M.I.	
Residential Street Address 70 Forest St		City Stamford		State CT	Zip Code 06901-1831
Principal Occupation Financial Advisor		Name of Employer Merrill Lynch			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		If contribution is in excess of \$400 to a candidate 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? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution \$250.00	
Is this contribution associated with an event reported in Section L1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>If yes, list Event #</i>		Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>If yes, indicate which branch or branches of government the contract is with:</i> <input type="checkbox"/> Executive <input type="checkbox"/> Legislative			
Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		Date Received 06/03/2021	Aggregate contributions \$260.00		
Last Name deputy		First warner		M.I.	
Residential Street Address 159 Old Stamford Rd		City New Canaan		State CT	Zip Code 06840-6248
Principal Occupation Attorney/Consultant		Name of Employer warner deputy			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		If contribution is in excess of \$400 to a candidate 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? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution \$250.00	
Is this contribution associated with an event reported in Section L1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>If yes, list Event #</i>		Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>If yes, indicate which branch or branches of government the contract is with:</i> <input type="checkbox"/> Executive <input type="checkbox"/> Legislative			
Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		Date Received 05/25/2021	Aggregate contributions \$300.00		
Last Name Zezima		First Lily		M.I.	
Residential Street Address 23 Pepper Ridge Pl		City Stamford		State CT	Zip Code 06905-2804
Principal Occupation Paraprofessional		Name of Employer Town of darien			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		If contribution is in excess of \$400 to a candidate 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? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution \$50.00	
Is this contribution associated with an event reported in Section L1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>If yes, list Event #</i>		Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>If yes, indicate which branch or branches of government the contract is with:</i> <input type="checkbox"/> Executive <input type="checkbox"/> Legislative			
Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		Date Received 05/23/2021	Aggregate contributions \$50.00		

SUBTOTAL Section B - This Page	\$550.00
TOTAL of Section B Pages	\$302,834.20
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B) <i>(Enter total on Line 13, Column A of Summary Page)</i>	\$303,219.21

I. MONETARY RECEIPTS (Sections A-K)

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)				TYPE OF REPORT	
Bobby Valentine for Stamford				July 10 filing	
A. Total Contributions from Small Contributors - Received this Period ONLY (See instructions for definition of Small Contributor)				Subtotal Section A \$385.01	
B. Itemized Contributions from Individuals					
Last Name Vitti		First Thomas		M.I.	
Residential Street Address 9 Weatherly Ln		City Norwalk		State CT	Zip Code 06854-1105
Principal Occupation Consultant		Name of Employer Self Employed			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		If contribution is in excess of \$400 to a candidate 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? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution \$200.00	
Is this contribution associated with an event reported in Section L1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>If yes, list Event #</i>		Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>If yes, indicate which branch or branches of government the contract is with:</i> <input type="checkbox"/> Executive <input type="checkbox"/> Legislative			
Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		Date Received 05/17/2021	Aggregate contributions \$200.00		
Last Name Giordano		First Angela		M.I.	
Residential Street Address 47 Todd Ln		City Stamford		State CT	Zip Code 06905-2913
Principal Occupation Manager		Name of Employer Town of Greenwich			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		If contribution is in excess of \$400 to a candidate 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? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution \$100.00	
Is this contribution associated with an event reported in Section L1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>If yes, list Event #</i>		Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>If yes, indicate which branch or branches of government the contract is with:</i> <input type="checkbox"/> Executive <input type="checkbox"/> Legislative			
Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		Date Received 05/24/2021	Aggregate contributions \$100.00		
Last Name Salvatore		First Paul		M.I.	
Residential Street Address 230 New Canaan Ave, Apt 6		City Norwalk		State CT	Zip Code 06850-1436
Principal Occupation Meetings, Merchandise, Multimedia Management		Name of Employer Robustelli Meetings, Merchandise, Multimedia			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		If contribution is in excess of \$400 to a candidate 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? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution \$200.00	
Is this contribution associated with an event reported in Section L1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>If yes, list Event #</i>		Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>If yes, indicate which branch or branches of government the contract is with:</i> <input type="checkbox"/> Executive <input type="checkbox"/> Legislative			
Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		Date Received 06/03/2021	Aggregate contributions \$200.00		

SUBTOTAL Section B - This Page	\$500.00
TOTAL of Section B Pages	\$302,834.20
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B) <i>(Enter total on Line 13, Column A of Summary Page)</i>	\$303,219.21

I. MONETARY RECEIPTS (Sections A-K)

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)				TYPE OF REPORT	
Bobby Valentine for Stamford				July 10 filing	
A. Total Contributions from Small Contributors - Received this Period ONLY (See instructions for definition of Small Contributor)				Subtotal Section A \$385.01	
B. Itemized Contributions from Individuals					
Last Name		First		M.I.	
Wainwright		Andy			
Residential Street Address		City		State	Zip Code
38 Van Rensselaer Ave		Stamford		CT	06902-8020
Principal Occupation		Name of Employer			
Sales		Expeditors			
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?		Amount of Contribution	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Is this contribution associated with an event reported in Section L1?		Is contributor a principal of a state contractor or prospective state contractor?		\$1,000.00	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>If yes, list Event #</i>		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>If yes, indicate which branch or branches of government the contract is with:</i> <input type="checkbox"/> Executive <input type="checkbox"/> Legislative			
Method of contribution:		Date Received	Aggregate contributions		
<input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		05/16/2021	\$1,000.00		
Last Name		First		M.I.	
Wood		Terrie E.			
Residential Street Address		City		State	Zip Code
50 Saint Nicholas Rd		Darien		CT	06820-2823
Principal Occupation		Name of Employer			
Legislator		State of CT			
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?		Amount of Contribution	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Is this contribution associated with an event reported in Section L1?		Is contributor a principal of a state contractor or prospective state contractor?		\$500.00	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>If yes, list Event #</i>		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>If yes, indicate which branch or branches of government the contract is with:</i> <input type="checkbox"/> Executive <input type="checkbox"/> Legislative			
Method of contribution:		Date Received	Aggregate contributions		
<input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		05/16/2021	\$500.00		
Last Name		First		M.I.	
Tellini		Raymond		P	
Residential Street Address		City		State	Zip Code
199 Van Rensselaer Ave		Stamford		CT	06902-8211
Principal Occupation		Name of Employer			
NA		NA			
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?		Amount of Contribution	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Is this contribution associated with an event reported in Section L1?		Is contributor a principal of a state contractor or prospective state contractor?		\$200.00	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>If yes, list Event #</i>		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>If yes, indicate which branch or branches of government the contract is with:</i> <input type="checkbox"/> Executive <input type="checkbox"/> Legislative			
Method of contribution:		Date Received	Aggregate contributions		
<input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		05/16/2021	\$200.00		

SUBTOTAL Section B - This Page	\$1,700.00
TOTAL of Section B Pages	\$302,834.20
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B) <i>(Enter total on Line 13, Column A of Summary Page)</i>	\$303,219.21

I. MONETARY RECEIPTS (Sections A-K)

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)				TYPE OF REPORT	
Bobby Valentine for Stamford				July 10 filing	
A. Total Contributions from Small Contributors - Received this Period ONLY (See instructions for definition of Small Contributor)				Subtotal Section A \$385.01	
B. Itemized Contributions from Individuals					
Last Name		First		M.I.	
Rubino		Anthony			
Residential Street Address		City		State	Zip Code
34 Three Lakes Dr		Stamford		CT	06902-8318
Principal Occupation		Name of Employer			
Owner		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?		Amount of Contribution	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
Is this contribution associated with an event reported in Section L1?		Is contributor a principal of a state contractor or prospective state contractor?		\$100.00	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>If yes, list Event #</i>		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>If yes, indicate which branch or branches of government the contract is with:</i> <input type="checkbox"/> Executive <input type="checkbox"/> Legislative			
Method of contribution:		Date Received		Aggregate contributions	
<input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		05/16/2021		\$100.00	
Last Name		First		M.I.	
Donnelly		Connor			
Residential Street Address		City		State	Zip Code
200 Broad St, Apt 2107		Stamford		CT	06901-2068
Principal Occupation		Name of Employer			
Executive		Fairfield University			
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?		Amount of Contribution	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Is this contribution associated with an event reported in Section L1?		Is contributor a principal of a state contractor or prospective state contractor?		\$50.00	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>If yes, list Event #</i>		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>If yes, indicate which branch or branches of government the contract is with:</i> <input type="checkbox"/> Executive <input type="checkbox"/> Legislative			
Method of contribution:		Date Received		Aggregate contributions	
<input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		05/17/2021		\$50.00	
Last Name		First		M.I.	
Cohen		Alexandra			
Residential Street Address		City		State	Zip Code
30 Crown Ln		Greenwich		CT	06831-3102
Principal Occupation		Name of Employer			
Director		Steven and Alexandra Cohen Foundation			
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?		Amount of Contribution	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Is this contribution associated with an event reported in Section L1?		Is contributor a principal of a state contractor or prospective state contractor?		\$1,000.00	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>If yes, list Event #</i>		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>If yes, indicate which branch or branches of government the contract is with:</i> <input type="checkbox"/> Executive <input type="checkbox"/> Legislative			
Method of contribution:		Date Received		Aggregate contributions	
<input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		05/17/2021		\$1,000.00	

SUBTOTAL Section B - This Page	\$1,150.00
TOTAL of Section B Pages	\$302,834.20
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B) <i>(Enter total on Line 13, Column A of Summary Page)</i>	\$303,219.21

I. MONETARY RECEIPTS (Sections A-K)

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)				TYPE OF REPORT	
Bobby Valentine for Stamford				July 10 filing	
A. Total Contributions from Small Contributors - Received this Period ONLY (See instructions for definition of Small Contributor)				Subtotal Section A \$385.01	
B. Itemized Contributions from Individuals					
Last Name		First		M.I.	
Swist		Marty and Jessica			
Residential Street Address		City		State	Zip Code
3350 W Crown Pointe Blvd		Naples		FL	34112-7433
Principal Occupation		Name of Employer			
Happily retired		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?		Amount of Contribution \$100.00	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Is this contribution associated with an event reported in Section L1? <i>If yes, list Event #</i>		Is contributor a principal of a state contractor or prospective state contractor? <i>If yes, indicate which branch or branches of government the contract is with:</i>			
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Executive <input type="checkbox"/> Legislative			
Method of contribution:		Date Received		Aggregate contributions	
<input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		05/17/2021		\$100.00	
Last Name		First		M.I.	
Pittelli		Joseph			
Residential Street Address		City		State	Zip Code
2085 Amesbury Cir		Wellington		FL	33414-8086
Principal Occupation		Name of Employer			
Regional Director		Family Dollar			
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?		Amount of Contribution \$100.00	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Is this contribution associated with an event reported in Section L1? <i>If yes, list Event #</i>		Is contributor a principal of a state contractor or prospective state contractor? <i>If yes, indicate which branch or branches of government the contract is with:</i>			
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Executive <input type="checkbox"/> Legislative			
Method of contribution:		Date Received		Aggregate contributions	
<input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		05/17/2021		\$100.00	
Last Name		First		M.I.	
Cribbin		Theresa			
Residential Street Address		City		State	Zip Code
100 Wedgemere Rd		Stamford		CT	06905-1517
Principal Occupation		Name of Employer			
Attorney		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?		Amount of Contribution \$50.00	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Is this contribution associated with an event reported in Section L1? <i>If yes, list Event #</i>		Is contributor a principal of a state contractor or prospective state contractor? <i>If yes, indicate which branch or branches of government the contract is with:</i>			
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Executive <input type="checkbox"/> Legislative			
Method of contribution:		Date Received		Aggregate contributions	
<input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		05/17/2021		\$50.00	

SUBTOTAL Section B - This Page	\$250.00
TOTAL of Section B Pages	\$302,834.20
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B) <i>(Enter total on Line 13, Column A of Summary Page)</i>	\$303,219.21

I. MONETARY RECEIPTS (Sections A-K)

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)				TYPE OF REPORT	
Bobby Valentine for Stamford				July 10 filing	
A. Total Contributions from Small Contributors - Received this Period ONLY (See instructions for definition of Small Contributor)				Subtotal Section A \$385.01	
B. Itemized Contributions from Individuals					
Last Name Pisacich		First Brian		M.I.	
Residential Street Address 51 Birch Hill Rd		City Newtown		State CT	Zip Code 06470-1717
Principal Occupation Financial Advisor		Name of Employer Merrill Lynch			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		If contribution is in excess of \$400 to a candidate 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? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution \$200.00	
Is this contribution associated with an event reported in Section L1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>If yes, list Event #</i>		Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>If yes, indicate which branch or branches of government the contract is with:</i> <input type="checkbox"/> Executive <input type="checkbox"/> Legislative			
Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		Date Received 05/17/2021	Aggregate contributions \$200.00		
Last Name Battinelli-Colucci		First Linda		M.I.	
Residential Street Address 79 Cross Country Trl		City Stamford		State CT	Zip Code 06903-3339
Principal Occupation Retired		Name of Employer Retired			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		If contribution is in excess of \$400 to a candidate 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? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution \$150.00	
Is this contribution associated with an event reported in Section L1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>If yes, list Event #</i>		Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>If yes, indicate which branch or branches of government the contract is with:</i> <input type="checkbox"/> Executive <input type="checkbox"/> Legislative			
Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		Date Received 05/18/2021	Aggregate contributions \$200.00		
Last Name Brown		First Peter		M.I.	
Residential Street Address 731 Newfield Ave		City Stamford		State CT	Zip Code 06905-2908
Principal Occupation Retired		Name of Employer Retired			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		If contribution is in excess of \$400 to a candidate 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? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution \$100.00	
Is this contribution associated with an event reported in Section L1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>If yes, list Event #</i>		Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>If yes, indicate which branch or branches of government the contract is with:</i> <input type="checkbox"/> Executive <input type="checkbox"/> Legislative			
Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		Date Received 05/18/2021	Aggregate contributions \$100.00		

SUBTOTAL Section B - This Page	\$450.00
TOTAL of Section B Pages	\$302,834.20
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B) <i>(Enter total on Line 13, Column A of Summary Page)</i>	\$303,219.21

I. MONETARY RECEIPTS (Sections A-K)

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)				TYPE OF REPORT	
Bobby Valentine for Stamford				July 10 filing	
A. Total Contributions from Small Contributors - Received this Period ONLY (See instructions for definition of Small Contributor)				Subtotal Section A \$385.01	
B. Itemized Contributions from Individuals					
Last Name		First		M.I.	
Cribbin III		Thomas			
Residential Street Address		City		State	Zip Code
204 10th St		Jersey City		NJ	07302-7404
Principal Occupation		Name of Employer			
Law enforcement		Government			
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?		Amount of Contribution	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		\$20.00	
Is this contribution associated with an event reported in Section L1?		Is contributor a principal of a state contractor or prospective state contractor?			
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>If yes, list Event #</i>		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>If yes, indicate which branch or branches of government the contract is with:</i> <input type="checkbox"/> Executive <input type="checkbox"/> Legislative			
Method of contribution:		Date Received	Aggregate contributions		
<input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		05/18/2021	\$20.00		
Last Name		First		M.I.	
DeFrancesco		Dan			
Residential Street Address		City		State	Zip Code
107 Hickory Dr		New Canaan		CT	06840-5136
Principal Occupation		Name of Employer			
Executive		International Marketing Systems			
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?		Amount of Contribution	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		\$1,000.00	
Is this contribution associated with an event reported in Section L1?		Is contributor a principal of a state contractor or prospective state contractor?			
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>If yes, list Event #</i>		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>If yes, indicate which branch or branches of government the contract is with:</i> <input type="checkbox"/> Executive <input type="checkbox"/> Legislative			
Method of contribution:		Date Received	Aggregate contributions		
<input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		05/18/2021	\$1,000.00		
Last Name		First		M.I.	
O'Malley		Peter			
Residential Street Address		City		State	Zip Code
515 S Figueroa St, Ste 1988		Los Angeles		CA	90071-3311
Principal Occupation		Name of Employer			
Retired		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?		Amount of Contribution	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		\$1,000.00	
Is this contribution associated with an event reported in Section L1?		Is contributor a principal of a state contractor or prospective state contractor?			
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>If yes, list Event #</i>		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>If yes, indicate which branch or branches of government the contract is with:</i> <input type="checkbox"/> Executive <input type="checkbox"/> Legislative			
Method of contribution:		Date Received	Aggregate contributions		
<input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		05/18/2021	\$1,000.00		

SUBTOTAL Section B - This Page	\$2,020.00
TOTAL of Section B Pages	\$302,834.20
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B) <i>(Enter total on Line 13, Column A of Summary Page)</i>	\$303,219.21

I. MONETARY RECEIPTS (Sections A-K)

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)				TYPE OF REPORT	
Bobby Valentine for Stamford				July 10 filing	
A. Total Contributions from Small Contributors - Received this Period ONLY (See instructions for definition of Small Contributor)				Subtotal Section A \$385.01	
B. Itemized Contributions from Individuals					
Last Name		First		M.I.	
Kravet		Jeffrey			
Residential Street Address		City		State	Zip Code
124 Forest St		Stamford		CT	06901-2105
Principal Occupation		Name of Employer			
Realtor		Kravet Realty, LLC			
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?		Amount of Contribution	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Is this contribution associated with an event reported in Section L1?		Is contributor a principal of a state contractor or prospective state contractor?		\$50.00	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>If yes, list Event #</i>		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>If yes, indicate which branch or branches of government the contract is with:</i> <input type="checkbox"/> Executive <input type="checkbox"/> Legislative			
Method of contribution:		Date Received		Aggregate contributions	
<input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		05/18/2021		\$50.00	
Last Name		First		M.I.	
Pupo		Joe			
Residential Street Address		City		State	Zip Code
185 Greenwich Village Ave		Las Vegas		NV	89123-3011
Principal Occupation		Name of Employer			
Consultant		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?		Amount of Contribution	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Is this contribution associated with an event reported in Section L1?		Is contributor a principal of a state contractor or prospective state contractor?		\$10.00	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>If yes, list Event #</i>		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>If yes, indicate which branch or branches of government the contract is with:</i> <input type="checkbox"/> Executive <input type="checkbox"/> Legislative			
Method of contribution:		Date Received		Aggregate contributions	
<input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		05/18/2021		\$10.00	
Last Name		First		M.I.	
Romano		Marc			
Residential Street Address		City		State	Zip Code
167 Grove St		Stamford		CT	06901-1837
Principal Occupation		Name of Employer			
Bartender		Desjardin & Son Llc			
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?		Amount of Contribution	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Is this contribution associated with an event reported in Section L1?		Is contributor a principal of a state contractor or prospective state contractor?		\$100.00	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>If yes, list Event #</i>		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>If yes, indicate which branch or branches of government the contract is with:</i> <input type="checkbox"/> Executive <input type="checkbox"/> Legislative			
Method of contribution:		Date Received		Aggregate contributions	
<input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		05/19/2021		\$100.00	

SUBTOTAL Section B - This Page	\$160.00
TOTAL of Section B Pages	\$302,834.20
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B) <i>(Enter total on Line 13, Column A of Summary Page)</i>	\$303,219.21

I. MONETARY RECEIPTS (Sections A-K)

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)				TYPE OF REPORT	
Bobby Valentine for Stamford				July 10 filing	
A. Total Contributions from Small Contributors - Received this Period ONLY (See instructions for definition of Small Contributor)				Subtotal Section A \$385.01	
B. Itemized Contributions from Individuals					
Last Name Hibson		First Emmet		M.I.	
Residential Street Address 6 Spencer Pl		City New Haven		State CT	Zip Code 06515-2434
Principal Occupation Lawyer		Name of Employer Law Office of Emmet P Hibson, Jr			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		If contribution is in excess of \$400 to a candidate 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? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution \$100.00	
Is this contribution associated with an event reported in Section L1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>If yes, list Event #</i>		Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>If yes, indicate which branch or branches of government the contract is with:</i> <input type="checkbox"/> Executive <input type="checkbox"/> Legislative			
Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		Date Received 05/19/2021	Aggregate contributions \$125.00		
Last Name Kaufman		First Emily Robustelli		M.I.	
Residential Street Address 147 Field Crest Rd		City New Canaan		State CT	Zip Code 06840-6331
Principal Occupation Director		Name of Employer CFA Institute			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		If contribution is in excess of \$400 to a candidate 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? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution \$50.00	
Is this contribution associated with an event reported in Section L1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>If yes, list Event #</i>		Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>If yes, indicate which branch or branches of government the contract is with:</i> <input type="checkbox"/> Executive <input type="checkbox"/> Legislative			
Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		Date Received 05/19/2021	Aggregate contributions \$50.00		
Last Name Huebner		First Stephen		M.I.	
Residential Street Address 3535 Longwood Dr		City Toano		State VA	Zip Code 23168-9621
Principal Occupation Retired		Name of Employer Retired			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		If contribution is in excess of \$400 to a candidate 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? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution \$100.00	
Is this contribution associated with an event reported in Section L1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>If yes, list Event #</i>		Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>If yes, indicate which branch or branches of government the contract is with:</i> <input type="checkbox"/> Executive <input type="checkbox"/> Legislative			
Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		Date Received 05/19/2021	Aggregate contributions \$100.00		

SUBTOTAL Section B - This Page	\$250.00
TOTAL of Section B Pages	\$302,834.20
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B) <i>(Enter total on Line 13, Column A of Summary Page)</i>	\$303,219.21

I. MONETARY RECEIPTS (Sections A-K)

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)				TYPE OF REPORT	
Bobby Valentine for Stamford				July 10 filing	
A. Total Contributions from Small Contributors - Received this Period ONLY (See instructions for definition of Small Contributor)				Subtotal Section A \$385.01	
B. Itemized Contributions from Individuals					
Last Name		First		M.I.	
Del vecchio		John			
Residential Street Address		City		State	Zip Code
71 Frelma Dr		Trumbull		CT	06611-2805
Principal Occupation		Name of Employer			
Insurance broker		Park city insurancegroup llc			
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?		Amount of Contribution	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Is this contribution associated with an event reported in Section L1?		Is contributor a principal of a state contractor or prospective state contractor?		\$250.00	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>If yes, list Event #</i>		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>If yes, indicate which branch or branches of government the contract is with:</i> <input type="checkbox"/> Executive <input type="checkbox"/> Legislative			
Method of contribution:		Date Received		Aggregate contributions	
<input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		05/19/2021		\$250.00	
Last Name		First		M.I.	
DeCarlo		Roxanne			
Residential Street Address		City		State	Zip Code
88 Thornridge Dr		Stamford		CT	06903-5119
Principal Occupation		Name of Employer			
Acctg. Manager		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?		Amount of Contribution	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Is this contribution associated with an event reported in Section L1?		Is contributor a principal of a state contractor or prospective state contractor?		\$100.00	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>If yes, list Event #</i>		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>If yes, indicate which branch or branches of government the contract is with:</i> <input type="checkbox"/> Executive <input type="checkbox"/> Legislative			
Method of contribution:		Date Received		Aggregate contributions	
<input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		05/19/2021		\$100.00	
Last Name		First		M.I.	
Robustelli		Gregory			
Residential Street Address		City		State	Zip Code
94 Washington St		Norwalk		CT	06854-3015
Principal Occupation		Name of Employer			
Not Employed		Not 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?		Amount of Contribution	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Is this contribution associated with an event reported in Section L1?		Is contributor a principal of a state contractor or prospective state contractor?		\$20.00	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>If yes, list Event #</i>		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>If yes, indicate which branch or branches of government the contract is with:</i> <input type="checkbox"/> Executive <input type="checkbox"/> Legislative			
Method of contribution:		Date Received		Aggregate contributions	
<input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		05/19/2021		\$20.00	

SUBTOTAL Section B - This Page	\$370.00
TOTAL of Section B Pages	\$302,834.20
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B) <i>(Enter total on Line 13, Column A of Summary Page)</i>	\$303,219.21

I. MONETARY RECEIPTS (Sections A-K)

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)				TYPE OF REPORT	
Bobby Valentine for Stamford				July 10 filing	
A. Total Contributions from Small Contributors - Received this Period ONLY (See instructions for definition of Small Contributor)				Subtotal Section A \$385.01	
B. Itemized Contributions from Individuals					
Last Name Touhey		First Gerard		M.I.	
Residential Street Address 860 5th Ave		City New York		State NY	Zip Code 10065-5856
Principal Occupation Consultant		Name of Employer Gladstone Wealth Partners			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		If contribution is in excess of \$400 to a candidate 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? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution \$200.00	
Is this contribution associated with an event reported in Section L1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>If yes, list Event #</i>		Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>If yes, indicate which branch or branches of government the contract is with:</i> <input type="checkbox"/> Executive <input type="checkbox"/> Legislative			
Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		Date Received 05/19/2021	Aggregate contributions \$200.00		
Last Name Steiner		First Brandon		M.I.	
Residential Street Address 29 Grand Pk Ave		City Scarsdale		State NY	Zip Code 10583-7611
Principal Occupation CEO		Name of Employer CollectiblExchange			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		If contribution is in excess of \$400 to a candidate 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? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution \$100.00	
Is this contribution associated with an event reported in Section L1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>If yes, list Event #</i>		Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>If yes, indicate which branch or branches of government the contract is with:</i> <input type="checkbox"/> Executive <input type="checkbox"/> Legislative			
Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		Date Received 05/19/2021	Aggregate contributions \$100.00		
Last Name Santorella		First Frank		M.I.	
Residential Street Address 128 Roxbury Rd		City Stamford		State CT	Zip Code 06902-1221
Principal Occupation Retired		Name of Employer Retired			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		If contribution is in excess of \$400 to a candidate 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? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution \$250.00	
Is this contribution associated with an event reported in Section L1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>If yes, list Event #</i>		Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>If yes, indicate which branch or branches of government the contract is with:</i> <input type="checkbox"/> Executive <input type="checkbox"/> Legislative			
Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		Date Received 05/19/2021	Aggregate contributions \$250.00		

SUBTOTAL Section B - This Page	\$550.00
TOTAL of Section B Pages	\$302,834.20
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B) <i>(Enter total on Line 13, Column A of Summary Page)</i>	\$303,219.21

I. MONETARY RECEIPTS (Sections A-K)

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)				TYPE OF REPORT	
Bobby Valentine for Stamford				July 10 filing	
A. Total Contributions from Small Contributors - Received this Period ONLY (See instructions for definition of Small Contributor)				Subtotal Section A \$385.01	
B. Itemized Contributions from Individuals					
Last Name		First		M.I.	
Paciorek		Robert S			
Residential Street Address		City		State	Zip Code
PO Box 55471		Sherman Oaks		CA	91413-0471
Principal Occupation		Name of Employer			
Actor		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?		Amount of Contribution	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Is this contribution associated with an event reported in Section L1?		Is contributor a principal of a state contractor or prospective state contractor?		\$100.00	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>If yes, list Event #</i>		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>If yes, indicate which branch or branches of government the contract is with:</i> <input type="checkbox"/> Executive <input type="checkbox"/> Legislative			
Method of contribution:		Date Received		Aggregate contributions	
<input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		05/19/2021		\$100.00	
Last Name		First		M.I.	
York		Jim			
Residential Street Address		City		State	Zip Code
2 Horseshoe Ln		Rolling Hills Estate		CA	90274-4823
Principal Occupation		Name of Employer			
Farmer		York Point View Properties			
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?		Amount of Contribution	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Is this contribution associated with an event reported in Section L1?		Is contributor a principal of a state contractor or prospective state contractor?		\$50.00	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>If yes, list Event #</i>		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>If yes, indicate which branch or branches of government the contract is with:</i> <input type="checkbox"/> Executive <input type="checkbox"/> Legislative			
Method of contribution:		Date Received		Aggregate contributions	
<input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		05/19/2021		\$50.00	
Last Name		First		M.I.	
Nizolek		Kevin			
Residential Street Address		City		State	Zip Code
104 Sanford Ln		Stamford		CT	06905-2820
Principal Occupation		Name of Employer			
Sales		Diocese of Bridgeport			
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?		Amount of Contribution	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Is this contribution associated with an event reported in Section L1?		Is contributor a principal of a state contractor or prospective state contractor?		\$20.00	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>If yes, list Event #</i>		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>If yes, indicate which branch or branches of government the contract is with:</i> <input type="checkbox"/> Executive <input type="checkbox"/> Legislative			
Method of contribution:		Date Received		Aggregate contributions	
<input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		05/19/2021		\$30.00	

SUBTOTAL Section B - This Page	\$170.00
TOTAL of Section B Pages	\$302,834.20
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B) <i>(Enter total on Line 13, Column A of Summary Page)</i>	\$303,219.21

I. MONETARY RECEIPTS (Sections A-K)

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)				TYPE OF REPORT	
Bobby Valentine for Stamford				July 10 filing	
A. Total Contributions from Small Contributors - Received this Period ONLY (See instructions for definition of Small Contributor)				Subtotal Section A \$385.01	
B. Itemized Contributions from Individuals					
Last Name		First		M.I.	
Mitchell		Jim			
Residential Street Address		City		State	Zip Code
11381 Foothill Rd		Santa Paula		CA	93060-9101
Principal Occupation		Name of Employer			
Farmer		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?		Amount of Contribution	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Is this contribution associated with an event reported in Section L1?		Is contributor a principal of a state contractor or prospective state contractor?		\$100.00	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>If yes, list Event #</i>		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>If yes, indicate which branch or branches of government the contract is with:</i> <input type="checkbox"/> Executive <input type="checkbox"/> Legislative			
Method of contribution:		Date Received		Aggregate contributions	
<input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		05/19/2021		\$110.00	
Last Name		First		M.I.	
Valiquette		Maureen			
Residential Street Address		City		State	Zip Code
4 New Trotters Pl		Bluffton		SC	29910-4708
Principal Occupation		Name of Employer			
Retired		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?		Amount of Contribution	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Is this contribution associated with an event reported in Section L1?		Is contributor a principal of a state contractor or prospective state contractor?		\$50.00	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>If yes, list Event #</i>		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>If yes, indicate which branch or branches of government the contract is with:</i> <input type="checkbox"/> Executive <input type="checkbox"/> Legislative			
Method of contribution:		Date Received		Aggregate contributions	
<input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		05/19/2021		\$50.00	
Last Name		First		M.I.	
De Costanzo		Frank			
Residential Street Address		City		State	Zip Code
PO Box 4671		Stamford		CT	06907-0671
Principal Occupation		Name of Employer			
Chief Financial Officer		Eagle Bulk Shipping Inc.			
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?		Amount of Contribution	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Is this contribution associated with an event reported in Section L1?		Is contributor a principal of a state contractor or prospective state contractor?		\$100.00	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>If yes, list Event #</i>		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>If yes, indicate which branch or branches of government the contract is with:</i> <input type="checkbox"/> Executive <input type="checkbox"/> Legislative			
Method of contribution:		Date Received		Aggregate contributions	
<input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		05/19/2021		\$100.00	

SUBTOTAL Section B - This Page	\$250.00
TOTAL of Section B Pages	\$302,834.20
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B) <i>(Enter total on Line 13, Column A of Summary Page)</i>	\$303,219.21

I. MONETARY RECEIPTS (Sections A-K)

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)				TYPE OF REPORT	
Bobby Valentine for Stamford				July 10 filing	
A. Total Contributions from Small Contributors - Received this Period ONLY (See instructions for definition of Small Contributor)				Subtotal Section A \$385.01	
B. Itemized Contributions from Individuals					
Last Name		First		M.I.	
Lupinacci		Butch			
Residential Street Address		City		State	Zip Code
33 Phaiban Ln		Stamford		CT	06902-1813
Principal Occupation		Name of Employer			
Retired		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?		Amount of Contribution \$500.00	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Is this contribution associated with an event reported in Section L1? <i>If yes, list Event #</i>		Is contributor a principal of a state contractor or prospective state contractor? <i>If yes, indicate which branch or branches of government the contract is with:</i>			
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Executive <input type="checkbox"/> Legislative			
Method of contribution:		Date Received		Aggregate contributions	
<input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		05/19/2021		\$500.00	
Last Name		First		M.I.	
Messina		Thomas			
Residential Street Address		City		State	Zip Code
7 Rustic View Rd		Greenwich		CT	06830-4049
Principal Occupation		Name of Employer			
Founder MKMPARTNERS		Mkmpartners			
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?		Amount of Contribution \$500.00	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Is this contribution associated with an event reported in Section L1? <i>If yes, list Event #</i>		Is contributor a principal of a state contractor or prospective state contractor? <i>If yes, indicate which branch or branches of government the contract is with:</i>			
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Executive <input type="checkbox"/> Legislative			
Method of contribution:		Date Received		Aggregate contributions	
<input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		05/19/2021		\$500.00	
Last Name		First		M.I.	
Repole		Mike			
Residential Street Address		City		State	Zip Code
1720 Whitestone Expy		Whitestone		NY	11357-3065
Principal Occupation		Name of Employer			
Entrepreneur		Entrepreneur			
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?		Amount of Contribution \$1,000.00	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Is this contribution associated with an event reported in Section L1? <i>If yes, list Event #</i>		Is contributor a principal of a state contractor or prospective state contractor? <i>If yes, indicate which branch or branches of government the contract is with:</i>			
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Executive <input type="checkbox"/> Legislative			
Method of contribution:		Date Received		Aggregate contributions	
<input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		05/19/2021		\$1,000.00	

SUBTOTAL Section B - This Page	\$2,000.00
TOTAL of Section B Pages	\$302,834.20
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B) <i>(Enter total on Line 13, Column A of Summary Page)</i>	\$303,219.21

I. MONETARY RECEIPTS (Sections A-K)

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)				TYPE OF REPORT	
Bobby Valentine for Stamford				July 10 filing	
A. Total Contributions from Small Contributors - Received this Period ONLY (See instructions for definition of Small Contributor)				Subtotal Section A \$385.01	
B. Itemized Contributions from Individuals					
Last Name		First		M.I.	
Barden		Jean			
Residential Street Address		City		State	Zip Code
21 Spring Hill Ln E		Stamford		CT	06903-1935
Principal Occupation		Name of Employer			
Retired		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?		Amount of Contribution	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		\$50.00	
Is this contribution associated with an event reported in Section L1? <i>If yes, list Event #</i>		Is contributor a principal of a state contractor or prospective state contractor? <i>If yes, indicate which branch or branches of government the contract is with:</i>			
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Executive <input type="checkbox"/> Legislative			
Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order			Date Received	Aggregate contributions	
			05/19/2021	\$100.00	
Last Name		First		M.I.	
Cody		John		J	
Residential Street Address		City		State	Zip Code
PO Box 2062		Darien		CT	06820-0062
Principal Occupation		Name of Employer			
NA		NA			
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?		Amount of Contribution	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		\$100.00	
Is this contribution associated with an event reported in Section L1? <i>If yes, list Event #</i>		Is contributor a principal of a state contractor or prospective state contractor? <i>If yes, indicate which branch or branches of government the contract is with:</i>			
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Executive <input type="checkbox"/> Legislative			
Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order			Date Received	Aggregate contributions	
			05/19/2021	\$100.00	
Last Name		First		M.I.	
Nichols		Tracy			
Residential Street Address		City		State	Zip Code
10 Sorghum Rd		Shelton		CT	06484-5827
Principal Occupation		Name of Employer			
Retired		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?		Amount of Contribution	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		\$50.00	
Is this contribution associated with an event reported in Section L1? <i>If yes, list Event #</i>		Is contributor a principal of a state contractor or prospective state contractor? <i>If yes, indicate which branch or branches of government the contract is with:</i>			
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Executive <input type="checkbox"/> Legislative			
Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order			Date Received	Aggregate contributions	
			05/20/2021	\$50.00	

SUBTOTAL Section B - This Page	\$200.00
TOTAL of Section B Pages	\$302,834.20
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B) <i>(Enter total on Line 13, Column A of Summary Page)</i>	\$303,219.21

I. MONETARY RECEIPTS (Sections A-K)

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)				TYPE OF REPORT	
Bobby Valentine for Stamford				July 10 filing	
A. Total Contributions from Small Contributors - Received this Period ONLY (See instructions for definition of Small Contributor)				Subtotal Section A \$385.01	
B. Itemized Contributions from Individuals					
Last Name		First		M.I.	
Marzloff		Stephen			
Residential Street Address		City		State	Zip Code
856 Old Metairie Dr		Metairie		LA	70001-6095
Principal Occupation		Name of Employer			
Retired		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?		Amount of Contribution \$10.00	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Is this contribution associated with an event reported in Section L1? <i>If yes, list Event #</i>		Is contributor a principal of a state contractor or prospective state contractor? <i>If yes, indicate which branch or branches of government the contract is with:</i>			
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Executive <input type="checkbox"/> Legislative			
Method of contribution:		Date Received		Aggregate contributions	
<input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		05/20/2021		\$10.00	
Last Name		First		M.I.	
Manocherian		Ryan			
Residential Street Address		City		State	Zip Code
52 S Bedford Rd		Pound Ridge		NY	10576-2014
Principal Occupation		Name of Employer			
Student		Student			
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?		Amount of Contribution \$1,000.00	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Is this contribution associated with an event reported in Section L1? <i>If yes, list Event #</i>		Is contributor a principal of a state contractor or prospective state contractor? <i>If yes, indicate which branch or branches of government the contract is with:</i>			
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Executive <input type="checkbox"/> Legislative			
Method of contribution:		Date Received		Aggregate contributions	
<input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		05/20/2021		\$1,000.00	
Last Name		First		M.I.	
Robustelli		Bob			
Residential Street Address		City		State	Zip Code
264 Thornridge Dr		Stamford		CT	06903-5111
Principal Occupation		Name of Employer			
Sales		Bob Robustelli			
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?		Amount of Contribution \$100.00	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Is this contribution associated with an event reported in Section L1? <i>If yes, list Event #</i>		Is contributor a principal of a state contractor or prospective state contractor? <i>If yes, indicate which branch or branches of government the contract is with:</i>			
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Executive <input type="checkbox"/> Legislative			
Method of contribution:		Date Received		Aggregate contributions	
<input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		05/20/2021		\$100.00	

SUBTOTAL Section B - This Page	\$1,110.00
TOTAL of Section B Pages	\$302,834.20
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B) <i>(Enter total on Line 13, Column A of Summary Page)</i>	\$303,219.21

I. MONETARY RECEIPTS (Sections A-K)

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)				TYPE OF REPORT	
Bobby Valentine for Stamford				July 10 filing	
A. Total Contributions from Small Contributors - Received this Period ONLY (See instructions for definition of Small Contributor)				Subtotal Section A \$385.01	
B. Itemized Contributions from Individuals					
Last Name Yusko		First Cooper		M.I.	
Residential Street Address 12 Forty Acre Mountain Rd		City Brookfield		State CT	Zip Code 06804-2224
Principal Occupation Accountant		Name of Employer BARUNO, HANNAFORD, HEAP, AURELLO			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		If contribution is in excess of \$400 to a candidate 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? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution \$50.00	
Is this contribution associated with an event reported in Section L1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>If yes, list Event #</i>		Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>If yes, indicate which branch or branches of government the contract is with:</i> <input type="checkbox"/> Executive <input type="checkbox"/> Legislative			
Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		Date Received 05/20/2021	Aggregate contributions \$50.00		
Last Name Romano		First Greg		M.I.	
Residential Street Address 167 Grove St, Apt I		City Stamford		State CT	Zip Code 06901-1839
Principal Occupation Real estate broker		Name of Employer TRUE Commercial Real Estate			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		If contribution is in excess of \$400 to a candidate 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? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution \$300.00	
Is this contribution associated with an event reported in Section L1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>If yes, list Event #</i>		Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>If yes, indicate which branch or branches of government the contract is with:</i> <input type="checkbox"/> Executive <input type="checkbox"/> Legislative			
Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		Date Received 05/20/2021	Aggregate contributions \$300.00		
Last Name Bingham		First Mark		M.I.	
Residential Street Address 234 W Florida St		City Milwaukee		State WI	Zip Code 53204-1659
Principal Occupation Marketing		Name of Employer Remedy Analytics			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		If contribution is in excess of \$400 to a candidate 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? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution \$500.00	
Is this contribution associated with an event reported in Section L1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>If yes, list Event #</i>		Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>If yes, indicate which branch or branches of government the contract is with:</i> <input type="checkbox"/> Executive <input type="checkbox"/> Legislative			
Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		Date Received 05/20/2021	Aggregate contributions \$500.00		

SUBTOTAL Section B - This Page	\$850.00
TOTAL of Section B Pages	\$302,834.20
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B) <i>(Enter total on Line 13, Column A of Summary Page)</i>	\$303,219.21

I. MONETARY RECEIPTS (Sections A-K)

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)				TYPE OF REPORT	
Bobby Valentine for Stamford				July 10 filing	
A. Total Contributions from Small Contributors - Received this Period ONLY (See instructions for definition of Small Contributor)				Subtotal Section A \$385.01	
B. Itemized Contributions from Individuals					
Last Name		First		M.I.	
Allegra		Michael			
Residential Street Address		City		State	Zip Code
115 Kingfisher Ln		Westbrook		CT	06498-1906
Principal Occupation			Name of Employer		
Property manager			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?		Amount of Contribution	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Is this contribution associated with an event reported in Section L1?		Is contributor a principal of a state contractor or prospective state contractor?		\$500.00	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>If yes, list Event #</i>		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>If yes, indicate which branch or branches of government the contract is with:</i> <input type="checkbox"/> Executive <input type="checkbox"/> Legislative			
Method of contribution:			Date Received	Aggregate contributions	
<input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order			05/20/2021	\$500.00	
Last Name		First		M.I.	
Trager		Michael			
Residential Street Address		City		State	Zip Code
8207 215th St		Queens Village		NY	11427-1407
Principal Occupation			Name of Employer		
CPA			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?		Amount of Contribution	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Is this contribution associated with an event reported in Section L1?		Is contributor a principal of a state contractor or prospective state contractor?		\$20.00	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>If yes, list Event #</i>		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>If yes, indicate which branch or branches of government the contract is with:</i> <input type="checkbox"/> Executive <input type="checkbox"/> Legislative			
Method of contribution:			Date Received	Aggregate contributions	
<input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order			05/21/2021	\$20.00	
Last Name		First		M.I.	
Arteaga		Jhonny			
Residential Street Address		City		State	Zip Code
27 Willowbrook Pl		Stamford		CT	06902-6229
Principal Occupation			Name of Employer		
Director			JA Élite soccer academy		
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?		Amount of Contribution	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Is this contribution associated with an event reported in Section L1?		Is contributor a principal of a state contractor or prospective state contractor?		\$50.00	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>If yes, list Event #</i>		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>If yes, indicate which branch or branches of government the contract is with:</i> <input type="checkbox"/> Executive <input type="checkbox"/> Legislative			
Method of contribution:			Date Received	Aggregate contributions	
<input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order			05/21/2021	\$50.00	

SUBTOTAL Section B - This Page	\$570.00
TOTAL of Section B Pages	\$302,834.20
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B) <i>(Enter total on Line 13, Column A of Summary Page)</i>	\$303,219.21

I. MONETARY RECEIPTS (Sections A-K)

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)				TYPE OF REPORT	
Bobby Valentine for Stamford				July 10 filing	
A. Total Contributions from Small Contributors - Received this Period ONLY (See instructions for definition of Small Contributor)				Subtotal Section A \$385.01	
B. Itemized Contributions from Individuals					
Last Name		First		M.I.	
Minasian		Zack			
Residential Street Address		City		State	Zip Code
8300 Concord Dr		Morton Grove		IL	60053-2239
Principal Occupation		Name of Employer			
Retired		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?		Amount of Contribution \$100.00	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Is this contribution associated with an event reported in Section L1? <i>If yes, list Event #</i>		Is contributor a principal of a state contractor or prospective state contractor? <i>If yes, indicate which branch or branches of government the contract is with:</i>			
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Executive <input type="checkbox"/> Legislative			
Method of contribution:			Date Received	Aggregate contributions	
<input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order			05/21/2021	\$100.00	
Last Name		First		M.I.	
Grunberger		James			
Residential Street Address		City		State	Zip Code
79 High Ridge Rd		Stamford		CT	06905-3800
Principal Occupation		Name of Employer			
Real Estate Manager		Bulls Head Realty			
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?		Amount of Contribution \$500.00	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Is this contribution associated with an event reported in Section L1? <i>If yes, list Event #</i>		Is contributor a principal of a state contractor or prospective state contractor? <i>If yes, indicate which branch or branches of government the contract is with:</i>			
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Executive <input type="checkbox"/> Legislative			
Method of contribution:			Date Received	Aggregate contributions	
<input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order			05/21/2021	\$500.00	
Last Name		First		M.I.	
Zinicola		Joseph			
Residential Street Address		City		State	Zip Code
42 Tremont Ave		Stamford		CT	06906-2329
Principal Occupation		Name of Employer			
Management auto		Minchin			
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?		Amount of Contribution \$100.00	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Is this contribution associated with an event reported in Section L1? <i>If yes, list Event #</i>		Is contributor a principal of a state contractor or prospective state contractor? <i>If yes, indicate which branch or branches of government the contract is with:</i>			
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Executive <input type="checkbox"/> Legislative			
Method of contribution:			Date Received	Aggregate contributions	
<input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order			05/21/2021	\$100.00	

SUBTOTAL Section B - This Page	\$700.00
TOTAL of Section B Pages	\$302,834.20
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B) <i>(Enter total on Line 13, Column A of Summary Page)</i>	\$303,219.21

I. MONETARY RECEIPTS (Sections A-K)

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)				TYPE OF REPORT	
Bobby Valentine for Stamford				July 10 filing	
A. Total Contributions from Small Contributors - Received this Period ONLY (See instructions for definition of Small Contributor)				Subtotal Section A \$385.01	
B. Itemized Contributions from Individuals					
Last Name		First		M.I.	
Boggs		John			
Residential Street Address		City		State	Zip Code
6265 Greenwich Dr, Ste 240		San Diego		CA	92122-5921
Principal Occupation		Name of Employer			
Sports agent		Self employed			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		If contribution is in excess of \$400 to a candidate 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? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution \$500.00	
Is this contribution associated with an event reported in Section L1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>If yes, list Event #</i>		Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>If yes, indicate which branch or branches of government the contract is with:</i> <input type="checkbox"/> Executive <input type="checkbox"/> Legislative			
Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		Date Received 05/21/2021			
Last Name		First		M.I.	
Wormley		Nick			
Residential Street Address		City		State	Zip Code
135		Fairfield		CT	06824
Principal Occupation		Name of Employer			
Education		Fairfield University			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		If contribution is in excess of \$400 to a candidate 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? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution \$250.00	
Is this contribution associated with an event reported in Section L1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>If yes, list Event #</i>		Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>If yes, indicate which branch or branches of government the contract is with:</i> <input type="checkbox"/> Executive <input type="checkbox"/> Legislative			
Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		Date Received 05/21/2021			
Last Name		First		M.I.	
Clark		Tim			
Residential Street Address		City		State	Zip Code
1950 E 45th PI		Tulsa		OK	74105-4217
Principal Occupation		Name of Employer			
Investor		Hall Capital			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		If contribution is in excess of \$400 to a candidate 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? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution \$500.00	
Is this contribution associated with an event reported in Section L1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>If yes, list Event #</i>		Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>If yes, indicate which branch or branches of government the contract is with:</i> <input type="checkbox"/> Executive <input type="checkbox"/> Legislative			
Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		Date Received 05/22/2021			

SUBTOTAL Section B - This Page	\$1,250.00
TOTAL of Section B Pages	\$302,834.20
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B) <i>(Enter total on Line 13, Column A of Summary Page)</i>	\$303,219.21

I. MONETARY RECEIPTS (Sections A-K)

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)				TYPE OF REPORT	
Bobby Valentine for Stamford				July 10 filing	
A. Total Contributions from Small Contributors - Received this Period ONLY (See instructions for definition of Small Contributor)				Subtotal Section A \$385.01	
B. Itemized Contributions from Individuals					
Last Name		First		M.I.	
Yusko		Austin			
Residential Street Address		City		State	Zip Code
421 NE 6th St		Fort Lauderdale		FL	33304-4869
Principal Occupation		Name of Employer			
Director		XOJET Aviation			
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?		Amount of Contribution	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Is this contribution associated with an event reported in Section L1?		Is contributor a principal of a state contractor or prospective state contractor?		\$50.00	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>If yes, list Event #</i>		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>If yes, indicate which branch or branches of government the contract is with:</i> <input type="checkbox"/> Executive <input type="checkbox"/> Legislative			
Method of contribution:		Date Received		Aggregate contributions	
<input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		05/23/2021		\$50.00	
Last Name		First		M.I.	
Branca		john			
Residential Street Address		City		State	Zip Code
20 Beverly Park Ter		Beverly Hills		CA	90210-1564
Principal Occupation		Name of Employer			
Attorney		Ziffren Brittenham LLP			
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?		Amount of Contribution	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Is this contribution associated with an event reported in Section L1?		Is contributor a principal of a state contractor or prospective state contractor?		\$1,000.00	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>If yes, list Event #</i>		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>If yes, indicate which branch or branches of government the contract is with:</i> <input type="checkbox"/> Executive <input type="checkbox"/> Legislative			
Method of contribution:		Date Received		Aggregate contributions	
<input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		05/23/2021		\$1,000.00	
Last Name		First		M.I.	
Lyman		James			
Residential Street Address		City		State	Zip Code
5 Cross Rd		Stamford		CT	06905-3403
Principal Occupation		Name of Employer			
Owner		VSL Original Fighting Equipment			
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?		Amount of Contribution	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Is this contribution associated with an event reported in Section L1?		Is contributor a principal of a state contractor or prospective state contractor?		\$1,000.00	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>If yes, list Event #</i>		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>If yes, indicate which branch or branches of government the contract is with:</i> <input type="checkbox"/> Executive <input type="checkbox"/> Legislative			
Method of contribution:		Date Received		Aggregate contributions	
<input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		05/24/2021		\$1,000.00	

SUBTOTAL Section B - This Page	\$2,050.00
TOTAL of Section B Pages	\$302,834.20
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B) <i>(Enter total on Line 13, Column A of Summary Page)</i>	\$303,219.21

I. MONETARY RECEIPTS (Sections A-K)

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)				TYPE OF REPORT	
Bobby Valentine for Stamford				July 10 filing	
A. Total Contributions from Small Contributors - Received this Period ONLY (See instructions for definition of Small Contributor)				Subtotal Section A \$385.01	
B. Itemized Contributions from Individuals					
Last Name		First		M.I.	
Whittington		Cat			
Residential Street Address		City		State	Zip Code
15801 Breton Brook St		Huntersville		NC	28078-6703
Principal Occupation		Name of Employer			
Realtor		WilkinsonERA			
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?		Amount of Contribution	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Is this contribution associated with an event reported in Section L1?		Is contributor a principal of a state contractor or prospective state contractor?		\$10.00	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>If yes, list Event #</i>		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>If yes, indicate which branch or branches of government the contract is with:</i> <input type="checkbox"/> Executive <input type="checkbox"/> Legislative			
Method of contribution:		Date Received	Aggregate contributions		
<input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		05/24/2021	\$10.00		
Last Name		First		M.I.	
Manocherian		Jed			
Residential Street Address		City		State	Zip Code
18 E50th St		New York		NY	10022
Principal Occupation		Name of Employer			
Real Estate		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?		Amount of Contribution	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Is this contribution associated with an event reported in Section L1?		Is contributor a principal of a state contractor or prospective state contractor?		\$1,000.00	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>If yes, list Event #</i>		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>If yes, indicate which branch or branches of government the contract is with:</i> <input type="checkbox"/> Executive <input type="checkbox"/> Legislative			
Method of contribution:		Date Received	Aggregate contributions		
<input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		05/25/2021	\$1,000.00		
Last Name		First		M.I.	
O'Mahoney		Michael			
Residential Street Address		City		State	Zip Code
91 Strawberry Hill Ave		Stamford		CT	06902-2762
Principal Occupation		Name of Employer			
Retired		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?		Amount of Contribution	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Is this contribution associated with an event reported in Section L1?		Is contributor a principal of a state contractor or prospective state contractor?		\$500.00	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>If yes, list Event #</i>		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>If yes, indicate which branch or branches of government the contract is with:</i> <input type="checkbox"/> Executive <input type="checkbox"/> Legislative			
Method of contribution:		Date Received	Aggregate contributions		
<input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		05/25/2021	\$500.00		

SUBTOTAL Section B - This Page	\$1,510.00
TOTAL of Section B Pages	\$302,834.20
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B) <i>(Enter total on Line 13, Column A of Summary Page)</i>	\$303,219.21

I. MONETARY RECEIPTS (Sections A-K)

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)				TYPE OF REPORT	
Bobby Valentine for Stamford				July 10 filing	
A. Total Contributions from Small Contributors - Received this Period ONLY (See instructions for definition of Small Contributor)				Subtotal Section A \$385.01	
B. Itemized Contributions from Individuals					
Last Name		First		M.I.	
Manocherian		Jonathan			
Residential Street Address		City		State	Zip Code
145 W 67th St		New York		NY	10023-5923
Principal Occupation		Name of Employer			
Real estate professional		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?		Amount of Contribution	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Is this contribution associated with an event reported in Section L1?		Is contributor a principal of a state contractor or prospective state contractor?		\$1,000.00	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>If yes, list Event #</i>		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>If yes, indicate which branch or branches of government the contract is with:</i> <input type="checkbox"/> Executive <input type="checkbox"/> Legislative			
Method of contribution:		Date Received		Aggregate contributions	
<input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		05/25/2021		\$1,000.00	
Last Name		First		M.I.	
Cummins		Janine			
Residential Street Address		City		State	Zip Code
99 Black Rock Rd		Stamford		CT	06903-1430
Principal Occupation		Name of Employer			
NA		NA			
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?		Amount of Contribution	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Is this contribution associated with an event reported in Section L1?		Is contributor a principal of a state contractor or prospective state contractor?		\$1,000.00	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>If yes, list Event #</i>		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>If yes, indicate which branch or branches of government the contract is with:</i> <input type="checkbox"/> Executive <input type="checkbox"/> Legislative			
Method of contribution:		Date Received		Aggregate contributions	
<input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		05/25/2021		\$1,000.00	
Last Name		First		M.I.	
Manocherian		Joshua			
Residential Street Address		City		State	Zip Code
145 W 67th St, Apt 47C		New York		NY	10023-5944
Principal Occupation		Name of Employer			
Owner		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?		Amount of Contribution	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Is this contribution associated with an event reported in Section L1?		Is contributor a principal of a state contractor or prospective state contractor?		\$1,000.00	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>If yes, list Event #</i>		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>If yes, indicate which branch or branches of government the contract is with:</i> <input type="checkbox"/> Executive <input type="checkbox"/> Legislative			
Method of contribution:		Date Received		Aggregate contributions	
<input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		05/26/2021		\$1,000.00	

SUBTOTAL Section B - This Page	\$3,000.00
TOTAL of Section B Pages	\$302,834.20
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B) <i>(Enter total on Line 13, Column A of Summary Page)</i>	\$303,219.21

I. MONETARY RECEIPTS (Sections A-K)

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)				TYPE OF REPORT	
Bobby Valentine for Stamford				July 10 filing	
A. Total Contributions from Small Contributors - Received this Period ONLY (See instructions for definition of Small Contributor)				Subtotal Section A \$385.01	
B. Itemized Contributions from Individuals					
Last Name		First		M.I.	
Gallo-Hernandez		Alessandra			
Residential Street Address		City		State	Zip Code
26 Col Sheldon Ln		Pound Ridge		NY	10576-1408
Principal Occupation		Name of Employer			
Manager		Atlantic Development Advisors			
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?		Amount of Contribution	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Is this contribution associated with an event reported in Section L1?		Is contributor a principal of a state contractor or prospective state contractor?		\$1,000.00	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>If yes, list Event #</i>		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>If yes, indicate which branch or branches of government the contract is with:</i>			
Method of contribution:		Date Received		Aggregate contributions	
<input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		05/26/2021		\$1,000.00	
Last Name		First		M.I.	
Cassino		Michael			
Residential Street Address		City		State	Zip Code
PO Box 7H		Scarsdale		NY	10583-8507
Principal Occupation		Name of Employer			
Security Consultant		Heathcote Investigations			
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?		Amount of Contribution	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Is this contribution associated with an event reported in Section L1?		Is contributor a principal of a state contractor or prospective state contractor?		\$1,000.00	
<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <i>If yes, list Event # 060821a</i>		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>If yes, indicate which branch or branches of government the contract is with:</i>			
Method of contribution:		Date Received		Aggregate contributions	
<input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		05/26/2021		\$1,000.00	
Last Name		First		M.I.	
Valle		Robert			
Residential Street Address		City		State	Zip Code
88 Pierce Ave		Bridgeport		CT	06604-1607
Principal Occupation		Name of Employer			
Sales		HOLLY HUNT			
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?		Amount of Contribution	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Is this contribution associated with an event reported in Section L1?		Is contributor a principal of a state contractor or prospective state contractor?		\$200.00	
<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <i>If yes, list Event # 060821a</i>		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>If yes, indicate which branch or branches of government the contract is with:</i>			
Method of contribution:		Date Received		Aggregate contributions	
<input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		05/26/2021		\$200.00	

SUBTOTAL Section B - This Page	\$2,200.00
TOTAL of Section B Pages	\$302,834.20
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B) <i>(Enter total on Line 13, Column A of Summary Page)</i>	\$303,219.21

I. MONETARY RECEIPTS (Sections A-K)

NAME OF COMMITTEE <i>(Provide Complete Name as Registered with Filing Repository)</i>				TYPE OF REPORT	
Bobby Valentine for Stamford				July 10 filing	
A. Total Contributions from Small Contributors - Received this Period ONLY <i>(See instructions for definition of Small Contributor)</i>				Subtotal Section A \$385.01	
B. Itemized Contributions from Individuals					
Last Name Williams		First Donald		M.I.	
Residential Street Address 55 Lynne Ter		City Shelton		State CT	Zip Code 06484-4850
Principal Occupation Executive		Name of Employer Greenfield Global			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		If contribution is in excess of \$400 to a candidate 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? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution \$100.00	
Is this contribution associated with an event reported in Section L1? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <i>If yes, list Event # 060821a</i>		Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>If yes, indicate which branch or branches of government the contract is with:</i> <input type="checkbox"/> Executive <input type="checkbox"/> Legislative			
Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		Date Received 05/26/2021	Aggregate contributions \$100.00		
Last Name Pavano		First Carl		M.I.	
Residential Street Address 120 Senate Ln		City Fairfield		State CT	Zip Code 06824-2082
Principal Occupation Retired		Name of Employer Retired			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		If contribution is in excess of \$400 to a candidate 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? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution \$100.00	
Is this contribution associated with an event reported in Section L1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>If yes, list Event #</i>		Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>If yes, indicate which branch or branches of government the contract is with:</i> <input type="checkbox"/> Executive <input type="checkbox"/> Legislative			
Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		Date Received 05/27/2021	Aggregate contributions \$100.00		
Last Name Howe		First Tim		M.I.	
Residential Street Address 181 Cross Hwy		City Westport		State CT	Zip Code 06880-2842
Principal Occupation Investor		Name of Employer Collinson Howe Venture Partners, Inc.			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		If contribution is in excess of \$400 to a candidate 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? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution \$100.00	
Is this contribution associated with an event reported in Section L1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>If yes, list Event #</i>		Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>If yes, indicate which branch or branches of government the contract is with:</i> <input type="checkbox"/> Executive <input type="checkbox"/> Legislative			
Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		Date Received 05/27/2021	Aggregate contributions \$100.00		

SUBTOTAL Section B - This Page	\$300.00
TOTAL of Section B Pages	\$302,834.20
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B) <i>(Enter total on Line 13, Column A of Summary Page)</i>	\$303,219.21

I. MONETARY RECEIPTS (Sections A-K)

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)				TYPE OF REPORT	
Bobby Valentine for Stamford				July 10 filing	
A. Total Contributions from Small Contributors - Received this Period ONLY (See instructions for definition of Small Contributor)				Subtotal Section A \$385.01	
B. Itemized Contributions from Individuals					
Last Name delany		First cort		M.I.	
Residential Street Address 1 Meadow Wood Dr		City Greenwich		State CT	Zip Code 06830-7023
Principal Occupation Attorney		Name of Employer Cummings & Lockwood LLC			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		If contribution is in excess of \$400 to a candidate 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? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution \$1,000.00	
Is this contribution associated with an event reported in Section L1? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <i>If yes, list Event # 061121a</i>		Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>If yes, indicate which branch or branches of government the contract is with:</i> <input type="checkbox"/> Executive <input type="checkbox"/> Legislative			
Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		Date Received 05/27/2021	Aggregate contributions \$1,000.00		
Last Name Moore		First Ross		M.I.	
Residential Street Address 23 Hillcrest Park Rd		City Old Greenwich		State CT	Zip Code 06870-1005
Principal Occupation Trader		Name of Employer Self Employed, no entity name - Trading and invest			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		If contribution is in excess of \$400 to a candidate 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? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution \$1,000.00	
Is this contribution associated with an event reported in Section L1? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <i>If yes, list Event # 061121a</i>		Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>If yes, indicate which branch or branches of government the contract is with:</i> <input type="checkbox"/> Executive <input type="checkbox"/> Legislative			
Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		Date Received 05/27/2021	Aggregate contributions \$1,000.00		
Last Name Breunich		First Paul		M.I.	
Residential Street Address 106 Carter Dr		City Stamford		State CT	Zip Code 06902-7052
Principal Occupation Executive		Name of Employer William Pitt Sotheby's International Realty			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		If contribution is in excess of \$400 to a candidate 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? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution \$1,000.00	
Is this contribution associated with an event reported in Section L1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>If yes, list Event #</i>		Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>If yes, indicate which branch or branches of government the contract is with:</i> <input type="checkbox"/> Executive <input type="checkbox"/> Legislative			
Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		Date Received 05/27/2021	Aggregate contributions \$1,000.00		

SUBTOTAL Section B - This Page	\$3,000.00
TOTAL of Section B Pages	\$302,834.20
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B) <i>(Enter total on Line 13, Column A of Summary Page)</i>	\$303,219.21

I. MONETARY RECEIPTS (Sections A-K)

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)				TYPE OF REPORT	
Bobby Valentine for Stamford				July 10 filing	
A. Total Contributions from Small Contributors - Received this Period ONLY (See instructions for definition of Small Contributor)				Subtotal Section A \$385.01	
B. Itemized Contributions from Individuals					
Last Name		First		M.I.	
Socci		Vincent			
Residential Street Address		City		State	Zip Code
880 Pacific St, Apt 651		Stamford		CT	06902-0715
Principal Occupation		Name of Employer			
Executive		William Pitt Sotheby's International Realty			
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?		Amount of Contribution	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Is this contribution associated with an event reported in Section L1?		Is contributor a principal of a state contractor or prospective state contractor?		\$500.00	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>If yes, list Event #</i>		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>If yes, indicate which branch or branches of government the contract is with:</i> <input type="checkbox"/> Executive <input type="checkbox"/> Legislative			
Method of contribution:		Date Received		Aggregate contributions	
<input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		05/27/2021		\$500.00	
Last Name		First		M.I.	
Jensen		Gregory			
Residential Street Address		City		State	Zip Code
250 Main St		Ridgefield		CT	06877-4935
Principal Occupation		Name of Employer			
Co-CIO		Bridgewater Associates			
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?		Amount of Contribution	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Is this contribution associated with an event reported in Section L1?		Is contributor a principal of a state contractor or prospective state contractor?		\$150.00	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>If yes, list Event #</i>		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>If yes, indicate which branch or branches of government the contract is with:</i> <input type="checkbox"/> Executive <input type="checkbox"/> Legislative			
Method of contribution:		Date Received		Aggregate contributions	
<input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		05/27/2021		\$150.00	
Last Name		First		M.I.	
Velia		Keith			
Residential Street Address		City		State	Zip Code
12 Mimosa Pl		Ridgefield		CT	06877-2509
Principal Occupation		Name of Employer			
Sr. Manager		Charter Communications			
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?		Amount of Contribution	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Is this contribution associated with an event reported in Section L1?		Is contributor a principal of a state contractor or prospective state contractor?		\$100.00	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>If yes, list Event #</i>		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>If yes, indicate which branch or branches of government the contract is with:</i> <input type="checkbox"/> Executive <input type="checkbox"/> Legislative			
Method of contribution:		Date Received		Aggregate contributions	
<input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		05/27/2021		\$100.00	

SUBTOTAL Section B - This Page	\$750.00
TOTAL of Section B Pages	\$302,834.20
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B) <i>(Enter total on Line 13, Column A of Summary Page)</i>	\$303,219.21

I. MONETARY RECEIPTS (Sections A-K)

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)				TYPE OF REPORT	
Bobby Valentine for Stamford				July 10 filing	
A. Total Contributions from Small Contributors - Received this Period ONLY (See instructions for definition of Small Contributor)				Subtotal Section A	
				\$385.01	
B. Itemized Contributions from Individuals					
Last Name		First		M.I.	
Adams		Laura			
Residential Street Address		City		State	Zip Code
3 Meadow Wood Dr		Greenwich		CT	06830-7023
Principal Occupation		Name of Employer			
NA		NA			
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?		Amount of Contribution	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Is this contribution associated with an event reported in Section L1?		Is contributor a principal of a state contractor or prospective state contractor?		\$1,000.00	
<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <i>If yes, list Event # 061121a</i>		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>If yes, indicate which branch or branches of government the contract is with:</i> <input type="checkbox"/> Executive <input type="checkbox"/> Legislative			
Method of contribution:		Date Received		Aggregate contributions	
<input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		05/27/2021		\$1,000.00	
Last Name		First		M.I.	
Capobianco		Thomas			
Residential Street Address		City		State	Zip Code
5 Partridge Ln		Branford		CT	06405-2864
Principal Occupation		Name of Employer			
CEO		HAFSCO			
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?		Amount of Contribution	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Is this contribution associated with an event reported in Section L1?		Is contributor a principal of a state contractor or prospective state contractor?		\$500.00	
<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <i>If yes, list Event # 060821a</i>		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>If yes, indicate which branch or branches of government the contract is with:</i> <input type="checkbox"/> Executive <input type="checkbox"/> Legislative			
Method of contribution:		Date Received		Aggregate contributions	
<input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		05/28/2021		\$500.00	
Last Name		First		M.I.	
erbstoesser		gene			
Residential Street Address		City		State	Zip Code
515 Terraine Ave		Long Beach		CA	90814-1946
Principal Occupation		Name of Employer			
retired		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?		Amount of Contribution	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Is this contribution associated with an event reported in Section L1?		Is contributor a principal of a state contractor or prospective state contractor?		\$125.00	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>If yes, list Event #</i>		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>If yes, indicate which branch or branches of government the contract is with:</i> <input type="checkbox"/> Executive <input type="checkbox"/> Legislative			
Method of contribution:		Date Received		Aggregate contributions	
<input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		05/28/2021		\$125.00	

SUBTOTAL Section B - This Page	\$1,625.00
TOTAL of Section B Pages	\$302,834.20
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B) <i>(Enter total on Line 13, Column A of Summary Page)</i>	\$303,219.21

I. MONETARY RECEIPTS (Sections A-K)

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)				TYPE OF REPORT	
Bobby Valentine for Stamford				July 10 filing	
A. Total Contributions from Small Contributors - Received this Period ONLY (See instructions for definition of Small Contributor)				Subtotal Section A \$385.01	
B. Itemized Contributions from Individuals					
Last Name		First		M.I.	
Jennings		Gordon			
Residential Street Address		City		State	Zip Code
13258 Ocean Vista Rd		San Diego		CA	92130-1862
Principal Occupation		Name of Employer			
retired		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?		Amount of Contribution \$500.00	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Is this contribution associated with an event reported in Section L1? <i>If yes, list Event #</i>		Is contributor a principal of a state contractor or prospective state contractor? <i>If yes, indicate which branch or branches of government the contract is with:</i>			
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Executive <input type="checkbox"/> Legislative			
Method of contribution:		Date Received		Aggregate contributions	
<input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		05/29/2021		\$500.00	
Last Name		First		M.I.	
Valine		Shawn			
Residential Street Address		City		State	Zip Code
210 Mimosa Cir		Ridgefield		CT	06877-2500
Principal Occupation		Name of Employer			
Video		Charter			
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?		Amount of Contribution \$20.00	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Is this contribution associated with an event reported in Section L1? <i>If yes, list Event #</i>		Is contributor a principal of a state contractor or prospective state contractor? <i>If yes, indicate which branch or branches of government the contract is with:</i>			
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Executive <input type="checkbox"/> Legislative			
Method of contribution:		Date Received		Aggregate contributions	
<input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		05/30/2021		\$20.00	
Last Name		First		M.I.	
Hamman		Becky			
Residential Street Address		City		State	Zip Code
29 Lindsey Ave		Stamford		CT	06905-3614
Principal Occupation		Name of Employer			
Educator		New Canaan Public Schools			
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?		Amount of Contribution \$50.00	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Is this contribution associated with an event reported in Section L1? <i>If yes, list Event #</i>		Is contributor a principal of a state contractor or prospective state contractor? <i>If yes, indicate which branch or branches of government the contract is with:</i>			
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Executive <input type="checkbox"/> Legislative			
Method of contribution:		Date Received		Aggregate contributions	
<input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		05/30/2021		\$50.00	

SUBTOTAL Section B - This Page	\$570.00
TOTAL of Section B Pages	\$302,834.20
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B) <i>(Enter total on Line 13, Column A of Summary Page)</i>	\$303,219.21

I. MONETARY RECEIPTS (Sections A-K)

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)				TYPE OF REPORT	
Bobby Valentine for Stamford				July 10 filing	
A. Total Contributions from Small Contributors - Received this Period ONLY (See instructions for definition of Small Contributor)				Subtotal Section A \$385.01	
B. Itemized Contributions from Individuals					
Last Name		First		M.I.	
Solazzo		Steven			
Residential Street Address		City		State	Zip Code
2215 Residence Cir		Naples		FL	34105-3084
Principal Occupation		Name of Employer			
NA		NA			
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?		Amount of Contribution	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Is this contribution associated with an event reported in Section L1?		Is contributor a principal of a state contractor or prospective state contractor?		\$1,000.00	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>If yes, list Event #</i>		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>If yes, indicate which branch or branches of government the contract is with:</i> <input type="checkbox"/> Executive <input type="checkbox"/> Legislative			
Method of contribution:		Date Received		Aggregate contributions	
<input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		05/30/2021		\$1,000.00	
Last Name		First		M.I.	
Sabia		Michele		A	
Residential Street Address		City		State	Zip Code
17 Prince Pl		Stamford		CT	06905-4824
Principal Occupation		Name of Employer			
NA		NA			
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?		Amount of Contribution	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Is this contribution associated with an event reported in Section L1?		Is contributor a principal of a state contractor or prospective state contractor?		\$50.00	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>If yes, list Event #</i>		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>If yes, indicate which branch or branches of government the contract is with:</i> <input type="checkbox"/> Executive <input type="checkbox"/> Legislative			
Method of contribution:		Date Received		Aggregate contributions	
<input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		05/30/2021		\$50.00	
Last Name		First		M.I.	
Binnie		John			
Residential Street Address		City		State	Zip Code
528 Field Point Rd		Greenwich		CT	06830-7044
Principal Occupation		Name of Employer			
Retired		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?		Amount of Contribution	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Is this contribution associated with an event reported in Section L1?		Is contributor a principal of a state contractor or prospective state contractor?		\$500.00	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>If yes, list Event #</i>		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>If yes, indicate which branch or branches of government the contract is with:</i> <input type="checkbox"/> Executive <input type="checkbox"/> Legislative			
Method of contribution:		Date Received		Aggregate contributions	
<input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		05/31/2021		\$500.00	

SUBTOTAL Section B - This Page	\$1,550.00
TOTAL of Section B Pages	\$302,834.20
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B) <i>(Enter total on Line 13, Column A of Summary Page)</i>	\$303,219.21

I. MONETARY RECEIPTS (Sections A-K)

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)				TYPE OF REPORT	
Bobby Valentine for Stamford				July 10 filing	
A. Total Contributions from Small Contributors - Received this Period ONLY (See instructions for definition of Small Contributor)				Subtotal Section A \$385.01	
B. Itemized Contributions from Individuals					
Last Name		First		M.I.	
O'Rourke		Michael			
Residential Street Address		City		State	Zip Code
82 Dunwoodie St		Scarsdale		NY	10583-5525
Principal Occupation		Name of Employer			
Police		New Rochelle			
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?		Amount of Contribution	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Is this contribution associated with an event reported in Section L1?		Is contributor a principal of a state contractor or prospective state contractor?		\$100.00	
<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <i>If yes, list Event # 060821a</i>		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>If yes, indicate which branch or branches of government the contract is with:</i> <input type="checkbox"/> Executive <input type="checkbox"/> Legislative			
Method of contribution:		Date Received		Aggregate contributions	
<input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		05/31/2021		\$100.00	
Last Name		First		M.I.	
Ferguson		John		J	
Residential Street Address		City		State	Zip Code
25 Field Point Rd		Greenwich		CT	06830-5335
Principal Occupation		Name of Employer			
Attorney		Ferguson Cohen LLP			
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?		Amount of Contribution	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Is this contribution associated with an event reported in Section L1?		Is contributor a principal of a state contractor or prospective state contractor?		\$1,000.00	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>If yes, list Event #</i>		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>If yes, indicate which branch or branches of government the contract is with:</i> <input type="checkbox"/> Executive <input type="checkbox"/> Legislative			
Method of contribution:		Date Received		Aggregate contributions	
<input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		05/31/2021		\$1,000.00	
Last Name		First		M.I.	
Basileo		Matt			
Residential Street Address		City		State	Zip Code
6 Landmark Sq, Fl 4		Stamford		CT	06901-2704
Principal Occupation		Name of Employer			
Owner		APEX			
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?		Amount of Contribution	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Is this contribution associated with an event reported in Section L1?		Is contributor a principal of a state contractor or prospective state contractor?		\$100.00	
<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <i>If yes, list Event # 060821a</i>		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>If yes, indicate which branch or branches of government the contract is with:</i> <input type="checkbox"/> Executive <input type="checkbox"/> Legislative			
Method of contribution:		Date Received		Aggregate contributions	
<input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		06/01/2021		\$100.00	

SUBTOTAL Section B - This Page	\$1,200.00
TOTAL of Section B Pages	\$302,834.20
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B) <i>(Enter total on Line 13, Column A of Summary Page)</i>	\$303,219.21

I. MONETARY RECEIPTS (Sections A-K)

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)				TYPE OF REPORT	
Bobby Valentine for Stamford				July 10 filing	
A. Total Contributions from Small Contributors - Received this Period ONLY (See instructions for definition of Small Contributor)				Subtotal Section A \$385.01	
B. Itemized Contributions from Individuals					
Last Name Lichtenstein		First Warren		M.I.	
Residential Street Address 590 Madison Ave, Fl 32		City New York		State NY	Zip Code 10022-2524
Principal Occupation Executive Chairman		Name of Employer Steel Partners			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		If contribution is in excess of \$400 to a candidate 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? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution \$1,000.00	
Is this contribution associated with an event reported in Section L1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>If yes, list Event #</i>		Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>If yes, indicate which branch or branches of government the contract is with:</i> <input type="checkbox"/> Executive <input type="checkbox"/> Legislative			
Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		Date Received 06/01/2021	Aggregate contributions \$1,000.00		
Last Name Murray		First Camille		M.I.	
Residential Street Address 315 Avenue H, Apt B		City Redondo Beach		State CA	Zip Code 90277-5144
Principal Occupation Project Manager		Name of Employer Steel Partners			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		If contribution is in excess of \$400 to a candidate 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? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution \$1,000.00	
Is this contribution associated with an event reported in Section L1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>If yes, list Event #</i>		Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>If yes, indicate which branch or branches of government the contract is with:</i> <input type="checkbox"/> Executive <input type="checkbox"/> Legislative			
Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		Date Received 06/01/2021	Aggregate contributions \$1,000.00		
Last Name Lichtenstein		First Stefan		M.I.	
Residential Street Address 777 Spruce St		City Aspen		State CO	Zip Code 81611-1562
Principal Occupation Student		Name of Employer SMU			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		If contribution is in excess of \$400 to a candidate 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? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution \$1,000.00	
Is this contribution associated with an event reported in Section L1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>If yes, list Event #</i>		Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>If yes, indicate which branch or branches of government the contract is with:</i> <input type="checkbox"/> Executive <input type="checkbox"/> Legislative			
Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		Date Received 06/01/2021	Aggregate contributions \$1,000.00		

SUBTOTAL Section B - This Page	\$3,000.00
TOTAL of Section B Pages	\$302,834.20
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B) <i>(Enter total on Line 13, Column A of Summary Page)</i>	\$303,219.21

I. MONETARY RECEIPTS (Sections A-K)

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)				TYPE OF REPORT	
Bobby Valentine for Stamford				July 10 filing	
A. Total Contributions from Small Contributors - Received this Period ONLY (See instructions for definition of Small Contributor)				Subtotal Section A \$385.01	
B. Itemized Contributions from Individuals					
Last Name		First		M.I.	
Delany		Gregg			
Residential Street Address		City		State	Zip Code
17 Lincoln Ave		Greenwich		CT	06830-5749
Principal Occupation		Name of Employer			
Consultant		Self			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		If contribution is in excess of \$400 to a candidate 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? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution \$1,000.00	
Is this contribution associated with an event reported in Section L1? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <i>If yes, list Event # 061121a</i>		Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>If yes, indicate which branch or branches of government the contract is with:</i> <input type="checkbox"/> Executive <input type="checkbox"/> Legislative			
Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		Date Received 06/01/2021	Aggregate contributions \$1,000.00		
Last Name		First		M.I.	
Cerreta		Michael			
Residential Street Address		City		State	Zip Code
1001 Main St, Ste 24		Bridgeport		CT	06604-4200
Principal Occupation		Name of Employer			
Self Employed		Self Employed			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		If contribution is in excess of \$400 to a candidate 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? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution \$500.00	
Is this contribution associated with an event reported in Section L1? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <i>If yes, list Event # 060821a</i>		Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>If yes, indicate which branch or branches of government the contract is with:</i> <input type="checkbox"/> Executive <input type="checkbox"/> Legislative			
Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		Date Received 06/01/2021	Aggregate contributions \$500.00		
Last Name		First		M.I.	
Pellini		Sherrie			
Residential Street Address		City		State	Zip Code
1 Harbor Point Rd, Apt 552		Stamford		CT	06902-7333
Principal Occupation		Name of Employer			
Retired		Retired			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		If contribution is in excess of \$400 to a candidate 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? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution \$1,000.00	
Is this contribution associated with an event reported in Section L1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>If yes, list Event #</i>		Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>If yes, indicate which branch or branches of government the contract is with:</i> <input type="checkbox"/> Executive <input type="checkbox"/> Legislative			
Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		Date Received 05/24/2021	Aggregate contributions \$1,000.00		

SUBTOTAL Section B - This Page	\$2,500.00
TOTAL of Section B Pages	\$302,834.20
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B) <i>(Enter total on Line 13, Column A of Summary Page)</i>	\$303,219.21

I. MONETARY RECEIPTS (Sections A-K)

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)				TYPE OF REPORT	
Bobby Valentine for Stamford				July 10 filing	
A. Total Contributions from Small Contributors - Received this Period ONLY (See instructions for definition of Small Contributor)				Subtotal Section A \$385.01	
B. Itemized Contributions from Individuals					
Last Name		First		M.I.	
Kuwana		Eiichiro			
Residential Street Address		City		State	Zip Code
8 Laub Pond Rd		Greenwich		CT	06831-2909
Principal Occupation		Name of Employer			
Executive		Cook Pine Capital LLC			
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?		Amount of Contribution	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Is this contribution associated with an event reported in Section L1?		Is contributor a principal of a state contractor or prospective state contractor?		\$1,000.00	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>If yes, list Event #</i>		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>If yes, indicate which branch or branches of government the contract is with:</i> <input type="checkbox"/> Executive <input type="checkbox"/> Legislative			
Method of contribution:		Date Received		Aggregate contributions	
<input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		06/01/2021		\$1,000.00	
Last Name		First		M.I.	
Kuwana		Yumi			
Residential Street Address		City		State	Zip Code
8 Laub Pond Rd		Greenwich		CT	06831-2909
Principal Occupation		Name of Employer			
Founder		Global Citizens Initiative			
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?		Amount of Contribution	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Is this contribution associated with an event reported in Section L1?		Is contributor a principal of a state contractor or prospective state contractor?		\$1,000.00	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>If yes, list Event #</i>		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>If yes, indicate which branch or branches of government the contract is with:</i> <input type="checkbox"/> Executive <input type="checkbox"/> Legislative			
Method of contribution:		Date Received		Aggregate contributions	
<input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		06/01/2021		\$1,000.00	
Last Name		First		M.I.	
Scaramucci		Anthony			
Residential Street Address		City		State	Zip Code
45 Plymouth Rd		Manhasset		NY	11030-1551
Principal Occupation		Name of Employer			
Finance		SkyBridge Capital			
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?		Amount of Contribution	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Is this contribution associated with an event reported in Section L1?		Is contributor a principal of a state contractor or prospective state contractor?		\$2,065.20	
<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <i>If yes, list Event # 061121a</i>		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>If yes, indicate which branch or branches of government the contract is with:</i> <input type="checkbox"/> Executive <input type="checkbox"/> Legislative			
Method of contribution:		Date Received		Aggregate contributions	
<input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		06/01/2021		\$1,000.00	

SUBTOTAL Section B - This Page	\$4,065.20
TOTAL of Section B Pages	\$302,834.20
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B) <i>(Enter total on Line 13, Column A of Summary Page)</i>	\$303,219.21

I. MONETARY RECEIPTS (Sections A-K)

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)				TYPE OF REPORT	
Bobby Valentine for Stamford				July 10 filing	
A. Total Contributions from Small Contributors - Received this Period ONLY (See instructions for definition of Small Contributor)				Subtotal Section A \$385.01	
B. Itemized Contributions from Individuals					
Last Name		First		M.I.	
Martire		Frank			
Residential Street Address		City		State	Zip Code
348 Ponte Vedra Blvd		Ponte Vedra Beach		FL	32082-1812
Principal Occupation		Name of Employer			
Executive Chairman		NCR			
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?		Amount of Contribution	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Is this contribution associated with an event reported in Section L1?		Is contributor a principal of a state contractor or prospective state contractor?		\$1,000.00	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>If yes, list Event #</i>		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>If yes, indicate which branch or branches of government the contract is with:</i> <input type="checkbox"/> Executive <input type="checkbox"/> Legislative			
Method of contribution:		Date Received		Aggregate contributions	
<input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		06/02/2021		\$1,000.00	
Last Name		First		M.I.	
Martire		Marisa			
Residential Street Address		City		State	Zip Code
348 Ponte Vedra Blvd		Ponte Vedra Beach		FL	32082-1812
Principal Occupation		Name of Employer			
Homemaker		Home			
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?		Amount of Contribution	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Is this contribution associated with an event reported in Section L1?		Is contributor a principal of a state contractor or prospective state contractor?		\$1,000.00	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>If yes, list Event #</i>		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>If yes, indicate which branch or branches of government the contract is with:</i> <input type="checkbox"/> Executive <input type="checkbox"/> Legislative			
Method of contribution:		Date Received		Aggregate contributions	
<input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		06/02/2021		\$1,000.00	
Last Name		First		M.I.	
winokur		herbert			
Residential Street Address		City		State	Zip Code
341 North St		Greenwich		CT	06830-3901
Principal Occupation		Name of Employer			
Owner		Capricorn Holdings, Inc.			
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?		Amount of Contribution	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Is this contribution associated with an event reported in Section L1?		Is contributor a principal of a state contractor or prospective state contractor?		\$1,000.00	
<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <i>If yes, list Event #</i> 061121a		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>If yes, indicate which branch or branches of government the contract is with:</i> <input type="checkbox"/> Executive <input type="checkbox"/> Legislative			
Method of contribution:		Date Received		Aggregate contributions	
<input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		06/02/2021		\$1,000.00	

SUBTOTAL Section B - This Page	\$3,000.00
TOTAL of Section B Pages	\$302,834.20
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B) <i>(Enter total on Line 13, Column A of Summary Page)</i>	\$303,219.21

I. MONETARY RECEIPTS (Sections A-K)

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)				TYPE OF REPORT	
Bobby Valentine for Stamford				July 10 filing	
A. Total Contributions from Small Contributors - Received this Period ONLY (See instructions for definition of Small Contributor)				Subtotal Section A \$385.01	
B. Itemized Contributions from Individuals					
Last Name		First		M.I.	
Sachs		Charles			
Residential Street Address		City		State	Zip Code
385 Sylvan Ave		Englewood Cliffs		NJ	07632-2726
Principal Occupation		Name of Employer			
Owner		Blank vodka			
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?		Amount of Contribution	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Is this contribution associated with an event reported in Section L1?		Is contributor a principal of a state contractor or prospective state contractor?		\$200.00	
<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <i>If yes, list Event # 060821a</i>		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>If yes, indicate which branch or branches of government the contract is with:</i> <input type="checkbox"/> Executive <input type="checkbox"/> Legislative			
Method of contribution:		Date Received		Aggregate contributions	
<input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		06/02/2021		\$200.00	
Last Name		First		M.I.	
Erodici		Michael			
Residential Street Address		City		State	Zip Code
347 Goldenrod Ave		Bridgeport		CT	06606-3472
Principal Occupation		Name of Employer			
Barber/ Michael Anthony's		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?		Amount of Contribution	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Is this contribution associated with an event reported in Section L1?		Is contributor a principal of a state contractor or prospective state contractor?		\$300.00	
<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <i>If yes, list Event # 060821a</i>		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>If yes, indicate which branch or branches of government the contract is with:</i> <input type="checkbox"/> Executive <input type="checkbox"/> Legislative			
Method of contribution:		Date Received		Aggregate contributions	
<input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		06/02/2021		\$300.00	
Last Name		First		M.I.	
Severance		Tomie			
Residential Street Address		City		State	Zip Code
82 Fernwood Dr		Stamford		CT	06903-1920
Principal Occupation		Name of Employer			
Librarian		Keio Academy of New York			
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?		Amount of Contribution	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Is this contribution associated with an event reported in Section L1?		Is contributor a principal of a state contractor or prospective state contractor?		\$5.00	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>If yes, list Event #</i>		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>If yes, indicate which branch or branches of government the contract is with:</i> <input type="checkbox"/> Executive <input type="checkbox"/> Legislative			
Method of contribution:		Date Received		Aggregate contributions	
<input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		06/02/2021		\$5.00	

SUBTOTAL Section B - This Page	\$505.00
TOTAL of Section B Pages	\$302,834.20
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B) <i>(Enter total on Line 13, Column A of Summary Page)</i>	\$303,219.21

I. MONETARY RECEIPTS (Sections A-K)

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)				TYPE OF REPORT	
Bobby Valentine for Stamford				July 10 filing	
A. Total Contributions from Small Contributors - Received this Period ONLY (See instructions for definition of Small Contributor)				Subtotal Section A \$385.01	
B. Itemized Contributions from Individuals					
Last Name		First		M.I.	
Vele		Michael			
Residential Street Address		City		State	Zip Code
33 Brooke Hollow Ct		Ossining		NY	10562-2655
Principal Occupation		Name of Employer			
Director of Operations		The Customer Center Inc.			
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?		Amount of Contribution \$100.00	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Is this contribution associated with an event reported in Section L1?		Is contributor a principal of a state contractor or prospective state contractor?		Amount of Contribution \$100.00	
<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <i>If yes, list Event # 060821a</i>		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>If yes, indicate which branch or branches of government the contract is with:</i> <input type="checkbox"/> Executive <input type="checkbox"/> Legislative			
Method of contribution:		Date Received		Aggregate contributions	
<input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		06/03/2021		\$100.00	
Last Name		First		M.I.	
Parry		Patricia			
Residential Street Address		City		State	Zip Code
66 Emery Dr		Stamford		CT	06902-1931
Principal Occupation		Name of Employer			
Retired		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?		Amount of Contribution \$250.00	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Is this contribution associated with an event reported in Section L1?		Is contributor a principal of a state contractor or prospective state contractor?		Amount of Contribution \$250.00	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>If yes, list Event #</i>		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>If yes, indicate which branch or branches of government the contract is with:</i> <input type="checkbox"/> Executive <input type="checkbox"/> Legislative			
Method of contribution:		Date Received		Aggregate contributions	
<input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		06/03/2021		\$250.00	
Last Name		First		M.I.	
Stroman		John			
Residential Street Address		City		State	Zip Code
278 NE 143rd St		North Miami		FL	33161-2800
Principal Occupation		Name of Employer			
Retired		FedEx			
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?		Amount of Contribution \$50.00	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Is this contribution associated with an event reported in Section L1?		Is contributor a principal of a state contractor or prospective state contractor?		Amount of Contribution \$50.00	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>If yes, list Event #</i>		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>If yes, indicate which branch or branches of government the contract is with:</i> <input type="checkbox"/> Executive <input type="checkbox"/> Legislative			
Method of contribution:		Date Received		Aggregate contributions	
<input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		06/03/2021		\$50.00	

SUBTOTAL Section B - This Page	\$400.00
TOTAL of Section B Pages	\$302,834.20
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B) <i>(Enter total on Line 13, Column A of Summary Page)</i>	\$303,219.21

I. MONETARY RECEIPTS (Sections A-K)

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)				TYPE OF REPORT	
Bobby Valentine for Stamford				July 10 filing	
A. Total Contributions from Small Contributors - Received this Period ONLY (See instructions for definition of Small Contributor)				Subtotal Section A \$385.01	
B. Itemized Contributions from Individuals					
Last Name		First		M.I.	
DeCarlo		Angela			
Residential Street Address		City		State	Zip Code
230 East Ave, Apt B220		Norwalk		CT	06855-1970
Principal Occupation		Name of Employer			
Interior Designer		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?		Amount of Contribution \$100.00	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Is this contribution associated with an event reported in Section L1? <i>If yes, list Event #</i>		Is contributor a principal of a state contractor or prospective state contractor? <i>If yes, indicate which branch or branches of government the contract is with:</i>			
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Executive <input type="checkbox"/> Legislative			
Method of contribution:			Date Received	Aggregate contributions	
<input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order			06/03/2021	\$100.00	
Last Name		First		M.I.	
Reilly		Anne			
Residential Street Address		City		State	Zip Code
10 Tompkins Ave		Jericho		NY	11753-1920
Principal Occupation		Name of Employer			
Retired		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?		Amount of Contribution \$2,000.00	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Is this contribution associated with an event reported in Section L1? <i>If yes, list Event #</i>		Is contributor a principal of a state contractor or prospective state contractor? <i>If yes, indicate which branch or branches of government the contract is with:</i>			
<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No 061121a		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Executive <input type="checkbox"/> Legislative			
Method of contribution:			Date Received	Aggregate contributions	
<input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order			06/03/2021	\$1,000.00	
Last Name		First		M.I.	
Bartoszek		Ray			
Residential Street Address		City		State	Zip Code
343 Greenwich Ave, Ste 200		Greenwich		CT	06830-2523
Principal Occupation		Name of Employer			
Owner		RLB Holdings Connecticut			
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?		Amount of Contribution \$1,000.00	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Is this contribution associated with an event reported in Section L1? <i>If yes, list Event #</i>		Is contributor a principal of a state contractor or prospective state contractor? <i>If yes, indicate which branch or branches of government the contract is with:</i>			
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Executive <input type="checkbox"/> Legislative			
Method of contribution:			Date Received	Aggregate contributions	
<input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order			06/04/2021	\$1,000.00	

SUBTOTAL Section B - This Page	\$3,100.00
TOTAL of Section B Pages	\$302,834.20
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B) <i>(Enter total on Line 13, Column A of Summary Page)</i>	\$303,219.21

I. MONETARY RECEIPTS (Sections A-K)

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)				TYPE OF REPORT	
Bobby Valentine for Stamford				July 10 filing	
A. Total Contributions from Small Contributors - Received this Period ONLY (See instructions for definition of Small Contributor)				Subtotal Section A \$385.01	
B. Itemized Contributions from Individuals					
Last Name		First		M.I.	
McLeod		Christopher			
Residential Street Address		City		State	Zip Code
86 Seaview Ave		Branford		CT	06405-5444
Principal Occupation		Name of Employer			
Manager		Elm Street Advisors, LLC			
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?		Amount of Contribution \$500.00	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Is this contribution associated with an event reported in Section L1? <i>If yes, list Event #</i>		Is contributor a principal of a state contractor or prospective state contractor? <i>If yes, indicate which branch or branches of government the contract is with:</i>			
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Executive <input type="checkbox"/> Legislative			
Method of contribution:		Date Received		Aggregate contributions	
<input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		06/04/2021		\$500.00	
Last Name		First		M.I.	
DeNapoles		Tina			
Residential Street Address		City		State	Zip Code
126 Big Oak Rd		Stamford		CT	06903-4608
Principal Occupation		Name of Employer			
Real Estate Broker and Developer		TLCM Management & Realty, LLLC			
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?		Amount of Contribution \$200.00	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Is this contribution associated with an event reported in Section L1? <i>If yes, list Event #</i>		Is contributor a principal of a state contractor or prospective state contractor? <i>If yes, indicate which branch or branches of government the contract is with:</i>			
<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No 060821a		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Executive <input type="checkbox"/> Legislative			
Method of contribution:		Date Received		Aggregate contributions	
<input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		06/04/2021		\$200.00	
Last Name		First		M.I.	
Miller		Dan			
Residential Street Address		City		State	Zip Code
70 Forest Street		Stamford		CT	06901-1831
Principal Occupation		Name of Employer			
NA		NA			
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?		Amount of Contribution \$350.00	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Is this contribution associated with an event reported in Section L1? <i>If yes, list Event #</i>		Is contributor a principal of a state contractor or prospective state contractor? <i>If yes, indicate which branch or branches of government the contract is with:</i>			
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Executive <input type="checkbox"/> Legislative			
Method of contribution:		Date Received		Aggregate contributions	
<input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		06/06/2021		\$350.00	

SUBTOTAL Section B - This Page	\$1,050.00
TOTAL of Section B Pages	\$302,834.20
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B) <i>(Enter total on Line 13, Column A of Summary Page)</i>	\$303,219.21

I. MONETARY RECEIPTS (Sections A-K)

NAME OF COMMITTEE <i>(Provide Complete Name as Registered with Filing Repository)</i>	TYPE OF REPORT
Bobby Valentine for Stamford	July 10 filing
A. Total Contributions from Small Contributors - Received this Period ONLY <i>(See instructions for definition of Small Contributor)</i>	Subtotal Section A \$385.01

B. Itemized Contributions from Individuals

Last Name Truglia	First Dennis	M.I.	
Residential Street Address 68 W Hill Cir	City Stamford	State CT	Zip Code 06902-1730
Principal Occupation Owner	Name of Employer adj of stamford inc		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	If contribution is in excess of \$400 to a candidate 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? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution \$100.00
Is this contribution associated with an event reported in Section L1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>If yes, list Event #</i>	Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>If yes, indicate which branch or branches of government the contract is with:</i> <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		
Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		Date Received 06/08/2021	
Last Name Vakos	First Michael	M.I.	
Residential Street Address 58 Duke Dr	City Stamford	State CT	Zip Code 06905-1017
Principal Occupation Manager	Name of Employer The Property Group		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	If contribution is in excess of \$400 to a candidate 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? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution \$50.00
Is this contribution associated with an event reported in Section L1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>If yes, list Event #</i>	Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>If yes, indicate which branch or branches of government the contract is with:</i> <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		
Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		Date Received 06/18/2021	
Last Name Petruzzelli	First Michael	M.I. A	
Residential Street Address 23 Pineridge St	City Melville	State NY	Zip Code 11747-3024
Principal Occupation NA	Name of Employer NA		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	If contribution is in excess of \$400 to a candidate 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? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution \$500.00
Is this contribution associated with an event reported in Section L1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>If yes, list Event #</i>	Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>If yes, indicate which branch or branches of government the contract is with:</i> <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		
Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		Date Received 06/09/2021	

SUBTOTAL Section B - This Page	\$650.00
TOTAL of Section B Pages	\$302,834.20
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B) <i>(Enter total on Line 13, Column A of Summary Page)</i>	\$303,219.21

I. MONETARY RECEIPTS (Sections A-K)

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)				TYPE OF REPORT	
Bobby Valentine for Stamford				July 10 filing	
A. Total Contributions from Small Contributors - Received this Period ONLY (See instructions for definition of Small Contributor)				Subtotal Section A \$385.01	
B. Itemized Contributions from Individuals					
Last Name Orsaia		First Matt		M.I.	
Residential Street Address 97 Three Lakes Dr		City Stamford		State CT	Zip Code 06902-8317
Principal Occupation Trader		Name of Employer Cronimet Specialty Metals USA, Inc.			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		If contribution is in excess of \$400 to a candidate 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? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution \$50.00	
Is this contribution associated with an event reported in Section L1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>If yes, list Event #</i>		Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>If yes, indicate which branch or branches of government the contract is with:</i> <input type="checkbox"/> Executive <input type="checkbox"/> Legislative			
Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		Date Received 06/19/2021	Aggregate contributions \$50.00		
Last Name Marchetti		First Michael		M.I.	
Residential Street Address 29 Carriage Dr S		City Stamford		State CT	Zip Code 06902-1501
Principal Occupation restaurant owner		Name of Employer Columbus Park Trattoria			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		If contribution is in excess of \$400 to a candidate 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? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution \$50.00	
Is this contribution associated with an event reported in Section L1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>If yes, list Event #</i>		Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>If yes, indicate which branch or branches of government the contract is with:</i> <input type="checkbox"/> Executive <input type="checkbox"/> Legislative			
Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		Date Received 06/18/2021	Aggregate contributions \$50.00		
Last Name Arnone		First Kelley		M.I.	
Residential Street Address 133 White Birch Rd		City New Canaan		State CT	Zip Code 06840-6723
Principal Occupation Exec assistant		Name of Employer Canaccord genuity			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		If contribution is in excess of \$400 to a candidate 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? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution \$500.00	
Is this contribution associated with an event reported in Section L1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>If yes, list Event #</i>		Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>If yes, indicate which branch or branches of government the contract is with:</i> <input type="checkbox"/> Executive <input type="checkbox"/> Legislative			
Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		Date Received 06/13/2021	Aggregate contributions \$1,000.00		

SUBTOTAL Section B - This Page	\$600.00
TOTAL of Section B Pages	\$302,834.20
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B) <i>(Enter total on Line 13, Column A of Summary Page)</i>	\$303,219.21

I. MONETARY RECEIPTS (Sections A-K)

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)				TYPE OF REPORT	
Bobby Valentine for Stamford				July 10 filing	
A. Total Contributions from Small Contributors - Received this Period ONLY (See instructions for definition of Small Contributor)				Subtotal Section A \$385.01	
B. Itemized Contributions from Individuals					
Last Name		First		M.I.	
Ricevuto		John			
Residential Street Address		City		State	Zip Code
575 Haviland Rd		Stamford		CT	06903-2236
Principal Occupation		Name of Employer			
Owner HVAC company		Self			
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?			Amount of Contribution
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Is this contribution associated with an event reported in Section L1?		Is contributor a principal of a state contractor or prospective state contractor?			
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>If yes, list Event #</i>		<i>If yes, indicate which branch or branches of government the contract is with:</i> <input type="checkbox"/> Executive <input type="checkbox"/> Legislative <input checked="" type="checkbox"/> No			\$50.00
Method of contribution:		Date Received		Aggregate contributions	
<input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		06/18/2021		\$100.00	
Last Name		First		M.I.	
Abbott		Frank			
Residential Street Address		City		State	Zip Code
10 Linden Hts		Norwalk		CT	06851-1552
Principal Occupation		Name of Employer			
Mgr		Redniss & Mead			
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?			Amount of Contribution
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Is this contribution associated with an event reported in Section L1?		Is contributor a principal of a state contractor or prospective state contractor?			
<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <i>If yes, list Event # 061721a</i>		<i>If yes, indicate which branch or branches of government the contract is with:</i> <input type="checkbox"/> Executive <input type="checkbox"/> Legislative <input checked="" type="checkbox"/> No			\$300.00
Method of contribution:		Date Received		Aggregate contributions	
<input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		06/14/2021		\$1,000.00	
Last Name		First		M.I.	
DeVito		Michael			
Residential Street Address		City		State	Zip Code
58 Mayflower Ave		Stamford		CT	06906-1921
Principal Occupation		Name of Employer			
Not Employed		Not 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?			Amount of Contribution
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Is this contribution associated with an event reported in Section L1?		Is contributor a principal of a state contractor or prospective state contractor?			
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>If yes, list Event #</i>		<i>If yes, indicate which branch or branches of government the contract is with:</i> <input type="checkbox"/> Executive <input type="checkbox"/> Legislative <input checked="" type="checkbox"/> No			\$20.00
Method of contribution:		Date Received		Aggregate contributions	
<input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		06/18/2021		\$170.00	

SUBTOTAL Section B - This Page	\$370.00
TOTAL of Section B Pages	\$302,834.20
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B) <i>(Enter total on Line 13, Column A of Summary Page)</i>	\$303,219.21

I. MONETARY RECEIPTS (Sections A-K)

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)				TYPE OF REPORT	
Bobby Valentine for Stamford				July 10 filing	
A. Total Contributions from Small Contributors - Received this Period ONLY (See instructions for definition of Small Contributor)				Subtotal Section A \$385.01	
B. Itemized Contributions from Individuals					
Last Name		First		M.I.	
haber		Leonard			
Residential Street Address		City		State	Zip Code
111 New England Dr		Stamford		CT	06903-5018
Principal Occupation		Name of Employer			
retired		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?		Amount of Contribution	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Is this contribution associated with an event reported in Section L1?		Is contributor a principal of a state contractor or prospective state contractor?		\$50.00	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>If yes, list Event #</i>		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>If yes, indicate which branch or branches of government the contract is with:</i> <input type="checkbox"/> Executive <input type="checkbox"/> Legislative			
Method of contribution:		Date Received		Aggregate contributions	
<input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		06/22/2021		\$100.00	
Last Name		First		M.I.	
Attanasio		Tony			
Residential Street Address		City		State	Zip Code
3838 Camino Del Rio N, Ste 360		San Diego		CA	92108-1762
Principal Occupation		Name of Employer			
Retired		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?		Amount of Contribution	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Is this contribution associated with an event reported in Section L1?		Is contributor a principal of a state contractor or prospective state contractor?		\$250.00	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>If yes, list Event #</i>		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>If yes, indicate which branch or branches of government the contract is with:</i> <input type="checkbox"/> Executive <input type="checkbox"/> Legislative			
Method of contribution:		Date Received		Aggregate contributions	
<input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		06/18/2021		\$500.00	
Last Name		First		M.I.	
Smith		Gregory			
Residential Street Address		City		State	Zip Code
165 North St		Stamford		CT	06901-1108
Principal Occupation		Name of Employer			
Self Employed		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?		Amount of Contribution	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Is this contribution associated with an event reported in Section L1?		Is contributor a principal of a state contractor or prospective state contractor?		\$500.00	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>If yes, list Event #</i>		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>If yes, indicate which branch or branches of government the contract is with:</i> <input type="checkbox"/> Executive <input type="checkbox"/> Legislative			
Method of contribution:		Date Received		Aggregate contributions	
<input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		06/21/2021		\$500.00	

SUBTOTAL Section B - This Page	\$800.00
TOTAL of Section B Pages	\$302,834.20
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B) <i>(Enter total on Line 13, Column A of Summary Page)</i>	\$303,219.21

I. MONETARY RECEIPTS (Sections A-K)

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)				TYPE OF REPORT	
Bobby Valentine for Stamford				July 10 filing	
A. Total Contributions from Small Contributors - Received this Period ONLY (See instructions for definition of Small Contributor)				Subtotal Section A \$385.01	
B. Itemized Contributions from Individuals					
Last Name		First		M.I.	
Mannetti		Diane			
Residential Street Address		City		State	Zip Code
2437 Bedford St, Unit C4		Stamford		CT	06905-3914
Principal Occupation		Name of Employer			
Teacher		Stamford Public Schools			
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?		Amount of Contribution	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		\$20.00	
Is this contribution associated with an event reported in Section L1?		Is contributor a principal of a state contractor or prospective state contractor?			
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative			
Method of contribution:		Date Received		Aggregate contributions	
<input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		06/19/2021		\$70.00	
Last Name		First		M.I.	
Cahill		Shelia			
Residential Street Address		City		State	Zip Code
511 Shippan Ave		Stamford		CT	06902-6052
Principal Occupation		Name of Employer			
Property Manager		National Church Residences			
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?		Amount of Contribution	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		\$50.00	
Is this contribution associated with an event reported in Section L1?		Is contributor a principal of a state contractor or prospective state contractor?			
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative			
Method of contribution:		Date Received		Aggregate contributions	
<input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		06/21/2021		\$50.00	
Last Name		First		M.I.	
Hersh		Vicki			
Residential Street Address		City		State	Zip Code
323 W 14th St		New York		NY	10014-5012
Principal Occupation		Name of Employer			
Broker		Tpicap			
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?		Amount of Contribution	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		\$50.00	
Is this contribution associated with an event reported in Section L1?		Is contributor a principal of a state contractor or prospective state contractor?			
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative			
Method of contribution:		Date Received		Aggregate contributions	
<input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		06/18/2021		\$50.00	

SUBTOTAL Section B - This Page	\$120.00
TOTAL of Section B Pages	\$302,834.20
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B) (Enter total on Line 13, Column A of Summary Page)	\$303,219.21

I. MONETARY RECEIPTS (Sections A-K)

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)				TYPE OF REPORT	
Bobby Valentine for Stamford				July 10 filing	
A. Total Contributions from Small Contributors - Received this Period ONLY (See instructions for definition of Small Contributor)				Subtotal Section A \$385.01	
B. Itemized Contributions from Individuals					
Last Name		First		M.I.	
Paterson		Jonathan			
Residential Street Address		City		State	Zip Code
37 Wynnewood Ln		Stamford		CT	06903-1931
Principal Occupation		Name of Employer			
Consultant		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?		Amount of Contribution	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Is this contribution associated with an event reported in Section L1?		Is contributor a principal of a state contractor or prospective state contractor?		\$50.00	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>If yes, list Event #</i>		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>If yes, indicate which branch or branches of government the contract is with:</i> <input type="checkbox"/> Executive <input type="checkbox"/> Legislative			
Method of contribution:		Date Received		Aggregate contributions	
<input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		06/18/2021		\$50.00	
Last Name		First		M.I.	
Abate		Mike			
Residential Street Address		City		State	Zip Code
15 Knobhill Rd		Norwalk		CT	06851-3302
Principal Occupation		Name of Employer			
Instructor		Bobby Valentines Sports Academy			
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?		Amount of Contribution	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
Is this contribution associated with an event reported in Section L1?		Is contributor a principal of a state contractor or prospective state contractor?		\$50.00	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>If yes, list Event #</i>		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>If yes, indicate which branch or branches of government the contract is with:</i> <input type="checkbox"/> Executive <input type="checkbox"/> Legislative			
Method of contribution:		Date Received		Aggregate contributions	
<input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		06/22/2021		\$50.00	
Last Name		First		M.I.	
vartuli		frank			
Residential Street Address		City		State	Zip Code
11 Rumpenmile Ave		Westport		CT	06880-5329
Principal Occupation		Name of Employer			
optician		Stamford vision care			
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?		Amount of Contribution	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Is this contribution associated with an event reported in Section L1?		Is contributor a principal of a state contractor or prospective state contractor?		\$200.00	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>If yes, list Event #</i>		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>If yes, indicate which branch or branches of government the contract is with:</i> <input type="checkbox"/> Executive <input type="checkbox"/> Legislative			
Method of contribution:		Date Received		Aggregate contributions	
<input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		06/21/2021		\$200.00	

SUBTOTAL Section B - This Page	\$300.00
TOTAL of Section B Pages	\$302,834.20
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B) <i>(Enter total on Line 13, Column A of Summary Page)</i>	\$303,219.21

I. MONETARY RECEIPTS (Sections A-K)

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)				TYPE OF REPORT	
Bobby Valentine for Stamford				July 10 filing	
A. Total Contributions from Small Contributors - Received this Period ONLY (See instructions for definition of Small Contributor)				Subtotal Section A \$385.01	
B. Itemized Contributions from Individuals					
Last Name		First		M.I.	
Arnone		Patty			
Residential Street Address		City		State	Zip Code
68 White Oak Ln		Stamford		CT	06905-1521
Principal Occupation		Name of Employer			
Retired		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?		Amount of Contribution	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Is this contribution associated with an event reported in Section L1?		Is contributor a principal of a state contractor or prospective state contractor?		\$500.00	
<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <i>If yes, list Event # 062321a</i>		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>If yes, indicate which branch or branches of government the contract is with:</i> <input type="checkbox"/> Executive <input type="checkbox"/> Legislative			
Method of contribution:		Date Received		Aggregate contributions	
<input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		06/17/2021		\$500.00	
Last Name		First		M.I.	
Carlucci		Michele			
Residential Street Address		City		State	Zip Code
40 Sutton Dr		Stamford		CT	06906-2105
Principal Occupation		Name of Employer			
Director		Sports Entertainment			
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?		Amount of Contribution	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Is this contribution associated with an event reported in Section L1?		Is contributor a principal of a state contractor or prospective state contractor?		\$50.00	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>If yes, list Event #</i>		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>If yes, indicate which branch or branches of government the contract is with:</i> <input type="checkbox"/> Executive <input type="checkbox"/> Legislative			
Method of contribution:		Date Received		Aggregate contributions	
<input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		06/07/2021		\$50.00	
Last Name		First		M.I.	
Moreno		Peter			
Residential Street Address		City		State	Zip Code
116 Radio Circle Dr, Ste 305A		Mount Kisco		NY	10549-2631
Principal Occupation		Name of Employer			
Owner		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?		Amount of Contribution	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Is this contribution associated with an event reported in Section L1?		Is contributor a principal of a state contractor or prospective state contractor?		\$50.00	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>If yes, list Event #</i>		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>If yes, indicate which branch or branches of government the contract is with:</i> <input type="checkbox"/> Executive <input type="checkbox"/> Legislative			
Method of contribution:		Date Received		Aggregate contributions	
<input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		06/20/2021		\$50.00	

SUBTOTAL Section B - This Page	\$600.00
TOTAL of Section B Pages	\$302,834.20
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B) <i>(Enter total on Line 13, Column A of Summary Page)</i>	\$303,219.21

I. MONETARY RECEIPTS (Sections A-K)

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)				TYPE OF REPORT	
Bobby Valentine for Stamford				July 10 filing	
A. Total Contributions from Small Contributors - Received this Period ONLY (See instructions for definition of Small Contributor)				Subtotal Section A \$385.01	
B. Itemized Contributions from Individuals					
Last Name		First		M.I.	
Pascarella		Clement			
Residential Street Address		City		State	Zip Code
296 Main St		New Canaan		CT	06840-5836
Principal Occupation		Name of Employer			
CPA		The Professional Associates PC			
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?		Amount of Contribution \$300.00	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Is this contribution associated with an event reported in Section L1? <i>If yes, list Event #</i>		Is contributor a principal of a state contractor or prospective state contractor? <i>If yes, indicate which branch or branches of government the contract is with:</i>			
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Executive <input type="checkbox"/> Legislative			
Method of contribution:		Date Received		Aggregate contributions	
<input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		06/14/2021		\$300.00	
Last Name		First		M.I.	
Thangavel		Jagadeesan			
Residential Street Address		City		State	Zip Code
95 Morgan St, Uurii IFIMU		Stamford		CT	06905-5474
Principal Occupation		Name of Employer			
Engineer		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?		Amount of Contribution \$25.00	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Is this contribution associated with an event reported in Section L1? <i>If yes, list Event #</i>		Is contributor a principal of a state contractor or prospective state contractor? <i>If yes, indicate which branch or branches of government the contract is with:</i>			
<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No 062321b		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Executive <input type="checkbox"/> Legislative			
Method of contribution:		Date Received		Aggregate contributions	
<input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		06/18/2021		\$25.00	
Last Name		First		M.I.	
Critelli		Andrew			
Residential Street Address		City		State	Zip Code
87 E Cross Rd		Stamford		CT	06907-1106
Principal Occupation		Name of Employer			
Analyst		Nuvance Health			
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?		Amount of Contribution \$100.00	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Is this contribution associated with an event reported in Section L1? <i>If yes, list Event #</i>		Is contributor a principal of a state contractor or prospective state contractor? <i>If yes, indicate which branch or branches of government the contract is with:</i>			
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Executive <input type="checkbox"/> Legislative			
Method of contribution:		Date Received		Aggregate contributions	
<input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		06/22/2021		\$100.00	

SUBTOTAL Section B - This Page	\$425.00
TOTAL of Section B Pages	\$302,834.20
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B) <i>(Enter total on Line 13, Column A of Summary Page)</i>	\$303,219.21

I. MONETARY RECEIPTS (Sections A-K)

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)				TYPE OF REPORT	
Bobby Valentine for Stamford				July 10 filing	
A. Total Contributions from Small Contributors - Received this Period ONLY (See instructions for definition of Small Contributor)				Subtotal Section A \$385.01	
B. Itemized Contributions from Individuals					
Last Name Green		First Tucker		M.I.	
Residential Street Address 216 Main St		City New Canaan		State CT	Zip Code 06840-5602
Principal Occupation Founder		Name of Employer Conscious Voter Contact Inc.			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		If contribution is in excess of \$400 to a candidate 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? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution \$750.00	
Is this contribution associated with an event reported in Section L1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No 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: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative <input checked="" type="checkbox"/> No			
Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		Date Received 06/18/2021	Aggregate contributions \$1,000.00		
Last Name Martin		First Angela		M.I.	
Residential Street Address 15 Elmer St		City Ogunquit		State ME	Zip Code 03907
Principal Occupation Nurse		Name of Employer Self Employed			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		If contribution is in excess of \$400 to a candidate 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? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution \$100.00	
Is this contribution associated with an event reported in Section L1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No 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: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative <input checked="" type="checkbox"/> No			
Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		Date Received 06/21/2021	Aggregate contributions \$100.00		
Last Name Lupinacci		First Anthony		M.I.	
Residential Street Address 33 Phaiban Ln		City Stamford		State CT	Zip Code 06902-1813
Principal Occupation Retired		Name of Employer Retired			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		If contribution is in excess of \$400 to a candidate 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? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution \$50.00	
Is this contribution associated with an event reported in Section L1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No 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: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative <input checked="" type="checkbox"/> No			
Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		Date Received 06/21/2021	Aggregate contributions \$50.00		

SUBTOTAL Section B - This Page	\$900.00
TOTAL of Section B Pages	\$302,834.20
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B) (Enter total on Line 13, Column A of Summary Page)	\$303,219.21

I. MONETARY RECEIPTS (Sections A-K)

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)				TYPE OF REPORT	
Bobby Valentine for Stamford				July 10 filing	
A. Total Contributions from Small Contributors - Received this Period ONLY (See instructions for definition of Small Contributor)				Subtotal Section A \$385.01	
B. Itemized Contributions from Individuals					
Last Name Levine		First David		M.I.	
Residential Street Address 695 Atlantic St, Unit 212		City Stamford		State CT	Zip Code 06902-9322
Principal Occupation Lawyer		Name of Employer Daniel Berger			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		If contribution is in excess of \$400 to a candidate 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? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution \$20.00	
Is this contribution associated with an event reported in Section L1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>If yes, list Event #</i>		Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>If yes, indicate which branch or branches of government the contract is with:</i> <input type="checkbox"/> Executive <input type="checkbox"/> Legislative			
Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		Date Received 06/18/2021	Aggregate contributions \$50.00		
Last Name Battinelli-Colucci		First Linda		M.I.	
Residential Street Address 79 Cross Country Trl		City Stamford		State CT	Zip Code 06903-3339
Principal Occupation Retired		Name of Employer Retired			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		If contribution is in excess of \$400 to a candidate 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? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution \$50.00	
Is this contribution associated with an event reported in Section L1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>If yes, list Event #</i>		Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>If yes, indicate which branch or branches of government the contract is with:</i> <input type="checkbox"/> Executive <input type="checkbox"/> Legislative			
Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		Date Received 06/22/2021	Aggregate contributions \$200.00		
Last Name Pensiero		First Laurie		M.I.	
Residential Street Address 59 Barmore Dr, Weat		City Stamford		State CT	Zip Code 06905-2002
Principal Occupation Business Development Manager		Name of Employer Osborn Home Care			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		If contribution is in excess of \$400 to a candidate 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? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution \$50.00	
Is this contribution associated with an event reported in Section L1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>If yes, list Event #</i>		Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>If yes, indicate which branch or branches of government the contract is with:</i> <input type="checkbox"/> Executive <input type="checkbox"/> Legislative			
Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		Date Received 06/04/2021	Aggregate contributions \$50.00		

SUBTOTAL Section B - This Page	\$120.00
TOTAL of Section B Pages	\$302,834.20
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B) <i>(Enter total on Line 13, Column A of Summary Page)</i>	\$303,219.21

I. MONETARY RECEIPTS (Sections A-K)

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)				TYPE OF REPORT	
Bobby Valentine for Stamford				July 10 filing	
A. Total Contributions from Small Contributors - Received this Period ONLY (See instructions for definition of Small Contributor)				Subtotal Section A \$385.01	
B. Itemized Contributions from Individuals					
Last Name		First		M.I.	
Terry		Diane			
Residential Street Address		City		State	Zip Code
17 Intervale Pl		Greenwich		CT	06830-6325
Principal Occupation		Name of Employer			
Travel		Private Journeys			
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?		Amount of Contribution	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Is this contribution associated with an event reported in Section L1?		Is contributor a principal of a state contractor or prospective state contractor?		\$1,000.00	
<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <i>If yes, list Event # 061121a</i>		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>If yes, indicate which branch or branches of government the contract is with:</i> <input type="checkbox"/> Executive <input type="checkbox"/> Legislative			
Method of contribution:		Date Received		Aggregate contributions	
<input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		06/04/2021		\$1,000.00	
Last Name		First		M.I.	
Terry		Bruce			
Residential Street Address		City		State	Zip Code
17 Intervale Pl		Greenwich		CT	06830-6325
Principal Occupation		Name of Employer			
President		James Alpha Management			
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?		Amount of Contribution	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
Is this contribution associated with an event reported in Section L1?		Is contributor a principal of a state contractor or prospective state contractor?		\$150.00	
<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <i>If yes, list Event # 061121a</i>		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>If yes, indicate which branch or branches of government the contract is with:</i> <input type="checkbox"/> Executive <input type="checkbox"/> Legislative			
Method of contribution:		Date Received		Aggregate contributions	
<input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		06/04/2021		\$150.00	
Last Name		First		M.I.	
Selvaggio		Mia			
Residential Street Address		City		State	Zip Code
204 Vineyard Rd		Huntington		NY	11743-1255
Principal Occupation		Name of Employer			
Teacher		Nyc doe			
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?		Amount of Contribution	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Is this contribution associated with an event reported in Section L1?		Is contributor a principal of a state contractor or prospective state contractor?		\$200.00	
<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <i>If yes, list Event # 060821a</i>		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>If yes, indicate which branch or branches of government the contract is with:</i> <input type="checkbox"/> Executive <input type="checkbox"/> Legislative			
Method of contribution:		Date Received		Aggregate contributions	
<input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		06/04/2021		\$200.00	

SUBTOTAL Section B - This Page	\$1,350.00
TOTAL of Section B Pages	\$302,834.20
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B) <i>(Enter total on Line 13, Column A of Summary Page)</i>	\$303,219.21

I. MONETARY RECEIPTS (Sections A-K)

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)				TYPE OF REPORT	
Bobby Valentine for Stamford				July 10 filing	
A. Total Contributions from Small Contributors - Received this Period ONLY (See instructions for definition of Small Contributor)				Subtotal Section A \$385.01	
B. Itemized Contributions from Individuals					
Last Name		First		M.I.	
Pensiero		Donald			
Residential Street Address		City		State	Zip Code
59 Barmore Dr W		Stamford		CT	06905-2008
Principal Occupation		Name of Employer			
Machinist		Joe Valentine Machine Company			
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?		Amount of Contribution	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Is this contribution associated with an event reported in Section L1?		Is contributor a principal of a state contractor or prospective state contractor?		\$50.00	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>If yes, list Event #</i>		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>If yes, indicate which branch or branches of government the contract is with:</i> <input type="checkbox"/> Executive <input type="checkbox"/> Legislative			
Method of contribution:		Date Received		Aggregate contributions	
<input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		06/04/2021		\$50.00	
Last Name		First		M.I.	
Yusko		Mark			
Residential Street Address		City		State	Zip Code
12 Forty Acre Mountain Rd		Brookfield		CT	06804-2224
Principal Occupation		Name of Employer			
Self Employed		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?		Amount of Contribution	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Is this contribution associated with an event reported in Section L1?		Is contributor a principal of a state contractor or prospective state contractor?		\$50.00	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>If yes, list Event #</i>		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>If yes, indicate which branch or branches of government the contract is with:</i> <input type="checkbox"/> Executive <input type="checkbox"/> Legislative			
Method of contribution:		Date Received		Aggregate contributions	
<input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		06/05/2021		\$50.00	
Last Name		First		M.I.	
Miller		Jeffrey			
Residential Street Address		City		State	Zip Code
173 Grove St		Waterbury		CT	06710-2229
Principal Occupation		Name of Employer			
Retail		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?		Amount of Contribution	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Is this contribution associated with an event reported in Section L1?		Is contributor a principal of a state contractor or prospective state contractor?		\$50.00	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>If yes, list Event #</i>		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>If yes, indicate which branch or branches of government the contract is with:</i> <input type="checkbox"/> Executive <input type="checkbox"/> Legislative			
Method of contribution:		Date Received		Aggregate contributions	
<input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		06/06/2021		\$60.00	

SUBTOTAL Section B - This Page	\$150.00
TOTAL of Section B Pages	\$302,834.20
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B) <i>(Enter total on Line 13, Column A of Summary Page)</i>	\$303,219.21

I. MONETARY RECEIPTS (Sections A-K)

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)				TYPE OF REPORT	
Bobby Valentine for Stamford				July 10 filing	
A. Total Contributions from Small Contributors - Received this Period ONLY (See instructions for definition of Small Contributor)				Subtotal Section A \$385.01	
B. Itemized Contributions from Individuals					
Last Name		First		M.I.	
Majong		Wol			
Residential Street Address		City		State	Zip Code
97 Sullivan St		Manchester		NH	03102-3959
Principal Occupation		Name of Employer			
Manager		Deutsch Family wine & spirits			
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?		Amount of Contribution	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Is this contribution associated with an event reported in Section L1?		Is contributor a principal of a state contractor or prospective state contractor?		\$200.00	
<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <i>If yes, list Event # 060821a</i>		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>If yes, indicate which branch or branches of government the contract is with:</i> <input type="checkbox"/> Executive <input type="checkbox"/> Legislative			
Method of contribution:		Date Received		Aggregate contributions	
<input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		06/07/2021		\$200.00	
Last Name		First		M.I.	
Morse		Ron			
Residential Street Address		City		State	Zip Code
22 Fahey St		Stamford		CT	06907-2216
Principal Occupation		Name of Employer			
President		Twin Ridge Service, Inc.			
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?		Amount of Contribution	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
Is this contribution associated with an event reported in Section L1?		Is contributor a principal of a state contractor or prospective state contractor?		\$500.00	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>If yes, list Event #</i>		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>If yes, indicate which branch or branches of government the contract is with:</i> <input type="checkbox"/> Executive <input type="checkbox"/> Legislative			
Method of contribution:		Date Received		Aggregate contributions	
<input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		06/07/2021		\$500.00	
Last Name		First		M.I.	
Pires		Daniella			
Residential Street Address		City		State	Zip Code
2 Morehouse Rd		Easton		CT	06612-2148
Principal Occupation		Name of Employer			
Social Worker		DCF			
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?		Amount of Contribution	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Is this contribution associated with an event reported in Section L1?		Is contributor a principal of a state contractor or prospective state contractor?		\$100.00	
<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <i>If yes, list Event # 060821a</i>		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>If yes, indicate which branch or branches of government the contract is with:</i> <input type="checkbox"/> Executive <input type="checkbox"/> Legislative			
Method of contribution:		Date Received		Aggregate contributions	
<input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		06/07/2021		\$100.00	

SUBTOTAL Section B - This Page	\$800.00
TOTAL of Section B Pages	\$302,834.20
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B) <i>(Enter total on Line 13, Column A of Summary Page)</i>	\$303,219.21

I. MONETARY RECEIPTS (Sections A-K)

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)				TYPE OF REPORT	
Bobby Valentine for Stamford				July 10 filing	
A. Total Contributions from Small Contributors - Received this Period ONLY (See instructions for definition of Small Contributor)				Subtotal Section A \$385.01	
B. Itemized Contributions from Individuals					
Last Name		First		M.I.	
TERENZIO		SANDRA			
Residential Street Address		City		State	Zip Code
179 Bouton St W		Stamford		CT	06907-1320
Principal Occupation		Name of Employer			
Manager		EJ Gallo			
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?		Amount of Contribution	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Is this contribution associated with an event reported in Section L1?		Is contributor a principal of a state contractor or prospective state contractor?		\$100.00	
<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <i>If yes, list Event # 060821a</i>		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>If yes, indicate which branch or branches of government the contract is with:</i> <input type="checkbox"/> Executive <input type="checkbox"/> Legislative			
Method of contribution:		Date Received		Aggregate contributions	
<input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		06/07/2021		\$100.00	
Last Name		First		M.I.	
Segneri		Philip			
Residential Street Address		City		State	Zip Code
327 Waverly Rd		Shelton		CT	06484-3431
Principal Occupation		Name of Employer			
Restauratur		Fire engine pizza co			
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?		Amount of Contribution	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Is this contribution associated with an event reported in Section L1?		Is contributor a principal of a state contractor or prospective state contractor?		\$100.00	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>If yes, list Event #</i>		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>If yes, indicate which branch or branches of government the contract is with:</i> <input type="checkbox"/> Executive <input type="checkbox"/> Legislative			
Method of contribution:		Date Received		Aggregate contributions	
<input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		06/07/2021		\$100.00	
Last Name		First		M.I.	
Damato		Linda			
Residential Street Address		City		State	Zip Code
23 1/2 Cranbury Rd		Westport		CT	06880-1844
Principal Occupation		Name of Employer			
Manager		William Pitt Sothebys International Realty			
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?		Amount of Contribution	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Is this contribution associated with an event reported in Section L1?		Is contributor a principal of a state contractor or prospective state contractor?		\$100.00	
<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <i>If yes, list Event # 060821a</i>		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>If yes, indicate which branch or branches of government the contract is with:</i> <input type="checkbox"/> Executive <input type="checkbox"/> Legislative			
Method of contribution:		Date Received		Aggregate contributions	
<input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		06/07/2021		\$100.00	

SUBTOTAL Section B - This Page	\$300.00
TOTAL of Section B Pages	\$302,834.20
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B) <i>(Enter total on Line 13, Column A of Summary Page)</i>	\$303,219.21

I. MONETARY RECEIPTS (Sections A-K)

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)				TYPE OF REPORT	
Bobby Valentine for Stamford				July 10 filing	
A. Total Contributions from Small Contributors - Received this Period ONLY (See instructions for definition of Small Contributor)				Subtotal Section A \$385.01	
B. Itemized Contributions from Individuals					
Last Name		First		M.I.	
Demidovich		Joseph			
Residential Street Address		City		State	Zip Code
555 S Goddard Blvd, Apt 312		King Of Prussia		PA	19406-1974
Principal Occupation		Name of Employer			
Physician		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?		Amount of Contribution \$1,000.00	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Is this contribution associated with an event reported in Section L1?		Is contributor a principal of a state contractor or prospective state contractor?		Amount of Contribution \$1,000.00	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>If yes, list Event #</i>		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>If yes, indicate which branch or branches of government the contract is with:</i> <input type="checkbox"/> Executive <input type="checkbox"/> Legislative			
Method of contribution:		Date Received		Aggregate contributions	
<input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		06/20/2021		\$1,000.00	
Last Name		First		M.I.	
Tramuta		Joseph			
Residential Street Address		City		State	Zip Code
42 High St		Milford		CT	06460-4732
Principal Occupation		Name of Employer			
Attorney		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?		Amount of Contribution \$200.00	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Is this contribution associated with an event reported in Section L1?		Is contributor a principal of a state contractor or prospective state contractor?		Amount of Contribution \$200.00	
<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <i>If yes, list Event # 060821a</i>		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>If yes, indicate which branch or branches of government the contract is with:</i> <input type="checkbox"/> Executive <input type="checkbox"/> Legislative			
Method of contribution:		Date Received		Aggregate contributions	
<input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		06/07/2021		\$200.00	
Last Name		First		M.I.	
DiGirolamo		Dino			
Residential Street Address		City		State	Zip Code
33 Inwood Rd		Trumbull		CT	06611-3623
Principal Occupation		Name of Employer			
Kitchen Manager		Boca Oyster Bar			
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?		Amount of Contribution \$100.00	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Is this contribution associated with an event reported in Section L1?		Is contributor a principal of a state contractor or prospective state contractor?		Amount of Contribution \$100.00	
<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <i>If yes, list Event # 060821a</i>		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>If yes, indicate which branch or branches of government the contract is with:</i> <input type="checkbox"/> Executive <input type="checkbox"/> Legislative			
Method of contribution:		Date Received		Aggregate contributions	
<input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		06/07/2021		\$100.00	

SUBTOTAL Section B - This Page	\$1,300.00
TOTAL of Section B Pages	\$302,834.20
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B) <i>(Enter total on Line 13, Column A of Summary Page)</i>	\$303,219.21

I. MONETARY RECEIPTS (Sections A-K)

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)				TYPE OF REPORT	
Bobby Valentine for Stamford				July 10 filing	
A. Total Contributions from Small Contributors - Received this Period ONLY (See instructions for definition of Small Contributor)				Subtotal Section A \$385.01	
B. Itemized Contributions from Individuals					
Last Name		First		M.I.	
Sabin		Andrew			
Residential Street Address		City		State	Zip Code
169 Skimhampton Rd		East Hampton		NY	11937-2663
Principal Occupation		Name of Employer			
NA		Sabin Metal Corporation			
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?		Amount of Contribution	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Is this contribution associated with an event reported in Section L1?		Is contributor a principal of a state contractor or prospective state contractor?		\$1,000.00	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>If yes, list Event #</i>		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>If yes, indicate which branch or branches of government the contract is with:</i> <input type="checkbox"/> Executive <input type="checkbox"/> Legislative			
Method of contribution:		Date Received		Aggregate contributions	
<input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		06/07/2021		\$1,000.00	
Last Name		First		M.I.	
Wainwright		Edgar		R	
Residential Street Address		City		State	Zip Code
119 Keeler Rd		Bridgewater		CT	06752-1599
Principal Occupation		Name of Employer			
retired		n/a			
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?		Amount of Contribution	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Is this contribution associated with an event reported in Section L1?		Is contributor a principal of a state contractor or prospective state contractor?		\$100.00	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>If yes, list Event #</i>		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>If yes, indicate which branch or branches of government the contract is with:</i> <input type="checkbox"/> Executive <input type="checkbox"/> Legislative			
Method of contribution:		Date Received		Aggregate contributions	
<input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		06/07/2021		\$100.00	
Last Name		First		M.I.	
Wainwright		Vivian		H	
Residential Street Address		City		State	Zip Code
119 Keeler Rd		Bridgewater		CT	06752-1599
Principal Occupation		Name of Employer			
retired		n/a/			
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?		Amount of Contribution	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Is this contribution associated with an event reported in Section L1?		Is contributor a principal of a state contractor or prospective state contractor?		\$100.00	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>If yes, list Event #</i>		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>If yes, indicate which branch or branches of government the contract is with:</i> <input type="checkbox"/> Executive <input type="checkbox"/> Legislative			
Method of contribution:		Date Received		Aggregate contributions	
<input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		06/07/2021		\$100.00	

SUBTOTAL Section B - This Page	\$1,200.00
TOTAL of Section B Pages	\$302,834.20
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B) <i>(Enter total on Line 13, Column A of Summary Page)</i>	\$303,219.21

I. MONETARY RECEIPTS (Sections A-K)

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)				TYPE OF REPORT	
Bobby Valentine for Stamford				July 10 filing	
A. Total Contributions from Small Contributors - Received this Period ONLY (See instructions for definition of Small Contributor)				Subtotal Section A \$385.01	
B. Itemized Contributions from Individuals					
Last Name		First		M.I.	
Foley		Tom and Leslie			
Residential Street Address		City		State	Zip Code
62 Khakum Wood Rd		Greenwich		CT	06831-3748
Principal Occupation		Name of Employer			
Business Executive		NTC Group			
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?		Amount of Contribution	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Is this contribution associated with an event reported in Section L1?		Is contributor a principal of a state contractor or prospective state contractor?		\$1,000.00	
<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <i>If yes, list Event # 061121a</i>		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>If yes, indicate which branch or branches of government the contract is with:</i> <input type="checkbox"/> Executive <input type="checkbox"/> Legislative			
Method of contribution:		Date Received	Aggregate contributions		
<input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		06/08/2021	\$1,000.00		
Last Name		First		M.I.	
Dunn		Thomas			
Residential Street Address		City		State	Zip Code
330 Gallup Hill Rd		Ledyard		CT	06339-2014
Principal Occupation		Name of Employer			
CEO		Columbia Air Services			
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?		Amount of Contribution	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Is this contribution associated with an event reported in Section L1?		Is contributor a principal of a state contractor or prospective state contractor?		\$500.00	
<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <i>If yes, list Event # 060821a</i>		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>If yes, indicate which branch or branches of government the contract is with:</i> <input type="checkbox"/> Executive <input type="checkbox"/> Legislative			
Method of contribution:		Date Received	Aggregate contributions		
<input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		06/08/2021	\$500.00		
Last Name		First		M.I.	
Pellini		Thomas			
Residential Street Address		City		State	Zip Code
74 Horton St		Stamford		CT	06902-6219
Principal Occupation		Name of Employer			
Semi retired		None			
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?		Amount of Contribution	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Is this contribution associated with an event reported in Section L1?		Is contributor a principal of a state contractor or prospective state contractor?		\$100.00	
<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <i>If yes, list Event # 060821a</i>		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>If yes, indicate which branch or branches of government the contract is with:</i> <input type="checkbox"/> Executive <input type="checkbox"/> Legislative			
Method of contribution:		Date Received	Aggregate contributions		
<input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		06/08/2021	\$100.00		

SUBTOTAL Section B - This Page	\$1,600.00
TOTAL of Section B Pages	\$302,834.20
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B) <i>(Enter total on Line 13, Column A of Summary Page)</i>	\$303,219.21

I. MONETARY RECEIPTS (Sections A-K)

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)				TYPE OF REPORT	
Bobby Valentine for Stamford				July 10 filing	
A. Total Contributions from Small Contributors - Received this Period ONLY (See instructions for definition of Small Contributor)				Subtotal Section A \$385.01	
B. Itemized Contributions from Individuals					
Last Name		First		M.I.	
Maltese		Terry			
Residential Street Address		City		State	Zip Code
3 Lauder Way		Greenwich		CT	06830-3826
Principal Occupation		Name of Employer			
Executive		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?		Amount of Contribution	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Is this contribution associated with an event reported in Section L1?		Is contributor a principal of a state contractor or prospective state contractor?		\$1,000.00	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>If yes, list Event #</i>		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>If yes, indicate which branch or branches of government the contract is with:</i> <input type="checkbox"/> Executive <input type="checkbox"/> Legislative			
Method of contribution:		Date Received	Aggregate contributions		
<input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		06/08/2021	\$1,000.00		
Last Name		First		M.I.	
Whitman Maltese		Arielle			
Residential Street Address		City		State	Zip Code
3 Lauder Way		Greenwich		CT	06830-3826
Principal Occupation		Name of Employer			
Banker		Piper Sandler			
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?		Amount of Contribution	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Is this contribution associated with an event reported in Section L1?		Is contributor a principal of a state contractor or prospective state contractor?		\$1,000.00	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>If yes, list Event #</i>		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>If yes, indicate which branch or branches of government the contract is with:</i> <input type="checkbox"/> Executive <input type="checkbox"/> Legislative			
Method of contribution:		Date Received	Aggregate contributions		
<input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		06/08/2021	\$1,000.00		
Last Name		First		M.I.	
Santos		Joe			
Residential Street Address		City		State	Zip Code
549 Boyden St		Waterbury		CT	06704-1548
Principal Occupation		Name of Employer			
Construction		Santos Foundations			
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?		Amount of Contribution	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Is this contribution associated with an event reported in Section L1?		Is contributor a principal of a state contractor or prospective state contractor?		\$200.00	
<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <i>If yes, list Event # 060821a</i>		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>If yes, indicate which branch or branches of government the contract is with:</i> <input type="checkbox"/> Executive <input type="checkbox"/> Legislative			
Method of contribution:		Date Received	Aggregate contributions		
<input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		06/08/2021	\$200.00		

SUBTOTAL Section B - This Page	\$2,200.00
TOTAL of Section B Pages	\$302,834.20
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B) <i>(Enter total on Line 13, Column A of Summary Page)</i>	\$303,219.21

I. MONETARY RECEIPTS (Sections A-K)

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)				TYPE OF REPORT	
Bobby Valentine for Stamford				July 10 filing	
A. Total Contributions from Small Contributors - Received this Period ONLY (See instructions for definition of Small Contributor)				Subtotal Section A \$385.01	
B. Itemized Contributions from Individuals					
Last Name		First		M.I.	
Fedeli Sr		Richard			
Residential Street Address		City		State	Zip Code
22 Carlisle Pl		Stamford		CT	06902-7629
Principal Occupation		Name of Employer			
Facilities Manager		Southport School			
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?		Amount of Contribution	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Is this contribution associated with an event reported in Section L1?		Is contributor a principal of a state contractor or prospective state contractor?		\$100.00	
<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <i>If yes, list Event # 060821a</i>		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>If yes, indicate which branch or branches of government the contract is with:</i> <input type="checkbox"/> Executive <input type="checkbox"/> Legislative			
Method of contribution:		Date Received		Aggregate contributions	
<input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		06/08/2021		\$100.00	
Last Name		First		M.I.	
Brickley		TJ			
Residential Street Address		City		State	Zip Code
71 Strawberry Hill Ave, Apt 102		Stamford		CT	06902-2715
Principal Occupation		Name of Employer			
Sales		gallo			
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?		Amount of Contribution	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Is this contribution associated with an event reported in Section L1?		Is contributor a principal of a state contractor or prospective state contractor?		\$100.00	
<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <i>If yes, list Event # 060821a</i>		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>If yes, indicate which branch or branches of government the contract is with:</i> <input type="checkbox"/> Executive <input type="checkbox"/> Legislative			
Method of contribution:		Date Received		Aggregate contributions	
<input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		06/08/2021		\$100.00	
Last Name		First		M.I.	
Mulvey		Keelyn			
Residential Street Address		City		State	Zip Code
51 Forest Ave, Apt 140		Old Greenwich		CT	06870-1529
Principal Occupation		Name of Employer			
Fund Raiser		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?		Amount of Contribution	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Is this contribution associated with an event reported in Section L1?		Is contributor a principal of a state contractor or prospective state contractor?		\$200.00	
<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <i>If yes, list Event # 060821a</i>		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>If yes, indicate which branch or branches of government the contract is with:</i> <input type="checkbox"/> Executive <input type="checkbox"/> Legislative			
Method of contribution:		Date Received		Aggregate contributions	
<input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		06/08/2021		\$200.00	

SUBTOTAL Section B - This Page	\$400.00
TOTAL of Section B Pages	\$302,834.20
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B) <i>(Enter total on Line 13, Column A of Summary Page)</i>	\$303,219.21

I. MONETARY RECEIPTS (Sections A-K)

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)				TYPE OF REPORT	
Bobby Valentine for Stamford				July 10 filing	
A. Total Contributions from Small Contributors - Received this Period ONLY (See instructions for definition of Small Contributor)				Subtotal Section A \$385.01	
B. Itemized Contributions from Individuals					
Last Name		First		M.I.	
Minchin		Scott			
Residential Street Address		City		State	Zip Code
131 Jefferson St		Stamford		CT	06902-5917
Principal Occupation		Name of Employer			
President		Minchin Buick GMC			
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?		Amount of Contribution \$500.00	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Is this contribution associated with an event reported in Section L1? <i>If yes, list Event #</i>		Is contributor a principal of a state contractor or prospective state contractor? <i>If yes, indicate which branch or branches of government the contract is with:</i>			
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Executive <input type="checkbox"/> Legislative			
Method of contribution:		Date Received		Aggregate contributions	
<input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		06/08/2021		\$500.00	
Last Name		First		M.I.	
Principato		Charles			
Residential Street Address		City		State	Zip Code
150 Southfield Ave, Apt 1446		Stamford		CT	06902-7763
Principal Occupation		Name of Employer			
Marketing		First greenwich			
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?		Amount of Contribution \$500.00	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Is this contribution associated with an event reported in Section L1? <i>If yes, list Event #</i>		Is contributor a principal of a state contractor or prospective state contractor? <i>If yes, indicate which branch or branches of government the contract is with:</i>			
<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No 060821a		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Executive <input type="checkbox"/> Legislative			
Method of contribution:		Date Received		Aggregate contributions	
<input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		06/08/2021		\$500.00	
Last Name		First		M.I.	
Mercede		Richard			
Residential Street Address		City		State	Zip Code
199 NW 5th Ave		Fort Lauderdale		FL	33311-9141
Principal Occupation		Name of Employer			
Real Estate Developer		Janet Mercede Real Estate			
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?		Amount of Contribution \$1,000.00	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Is this contribution associated with an event reported in Section L1? <i>If yes, list Event #</i>		Is contributor a principal of a state contractor or prospective state contractor? <i>If yes, indicate which branch or branches of government the contract is with:</i>			
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Executive <input type="checkbox"/> Legislative			
Method of contribution:		Date Received		Aggregate contributions	
<input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		06/08/2021		\$1,000.00	

SUBTOTAL Section B - This Page	\$2,000.00
TOTAL of Section B Pages	\$302,834.20
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B) <i>(Enter total on Line 13, Column A of Summary Page)</i>	\$303,219.21

I. MONETARY RECEIPTS (Sections A-K)

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)				TYPE OF REPORT	
Bobby Valentine for Stamford				July 10 filing	
A. Total Contributions from Small Contributors - Received this Period ONLY (See instructions for definition of Small Contributor)				Subtotal Section A \$385.01	
B. Itemized Contributions from Individuals					
Last Name Filmer		First Jeff		M.I.	
Residential Street Address 245 Round Hill Rd		City Tiburon		State CA	Zip Code 94920-1519
Principal Occupation Retired		Name of Employer Retired			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		If contribution is in excess of \$400 to a candidate 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? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution \$1,000.00	
Is this contribution associated with an event reported in Section L1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No 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: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative <input checked="" type="checkbox"/> No			
Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		Date Received 06/09/2021	Aggregate contributions \$1,000.00		
Last Name Confalone		First Richard		M.I.	
Residential Street Address 7 Pierson Dr		City Greenwich		State CT	Zip Code 06831-2523
Principal Occupation Retires		Name of Employer Retired			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		If contribution is in excess of \$400 to a candidate 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? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution \$100.00	
Is this contribution associated with an event reported in Section L1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No 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: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative <input checked="" type="checkbox"/> No			
Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		Date Received 06/09/2021	Aggregate contributions \$100.00		
Last Name Carroll		First Melinda		M.I.	
Residential Street Address 276 Otter Rock Dr		City Greenwich		State CT	Zip Code 06830-7045
Principal Occupation Homemaker		Name of Employer Not Employed			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		If contribution is in excess of \$400 to a candidate 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? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution \$2,000.00	
Is this contribution associated with an event reported in Section L1? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If yes, list Event # 061121a		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: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative <input checked="" type="checkbox"/> No			
Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		Date Received 06/09/2021	Aggregate contributions \$1,000.00		

SUBTOTAL Section B - This Page	\$3,100.00
TOTAL of Section B Pages	\$302,834.20
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B) (Enter total on Line 13, Column A of Summary Page)	\$303,219.21

I. MONETARY RECEIPTS (Sections A-K)

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)				TYPE OF REPORT	
Bobby Valentine for Stamford				July 10 filing	
A. Total Contributions from Small Contributors - Received this Period ONLY (See instructions for definition of Small Contributor)				Subtotal Section A \$385.01	
B. Itemized Contributions from Individuals					
Last Name Lescoe		First Pete		M.I.	
Residential Street Address 361 Shore Rd		City Greenwich		State CT	Zip Code 06830-7047
Principal Occupation CEO		Name of Employer Okayd			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		If contribution is in excess of \$400 to a candidate 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? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution \$1,000.00	
Is this contribution associated with an event reported in Section L1? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <i>If yes, list Event # 061121a</i>		Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>If yes, indicate which branch or branches of government the contract is with:</i> <input type="checkbox"/> Executive <input type="checkbox"/> Legislative			
Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		Date Received 06/09/2021	Aggregate contributions \$1,000.00		
Last Name Giaquinto		First Nicholas		M.I.	
Residential Street Address 171 Seabreeze Ave		City Milford		State CT	Zip Code 06460-7948
Principal Occupation Retired		Name of Employer Retired			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		If contribution is in excess of \$400 to a candidate 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? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution \$100.00	
Is this contribution associated with an event reported in Section L1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>If yes, list Event #</i>		Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>If yes, indicate which branch or branches of government the contract is with:</i> <input type="checkbox"/> Executive <input type="checkbox"/> Legislative			
Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		Date Received 06/10/2021	Aggregate contributions \$100.00		
Last Name Collins		First Kevin		M.I.	
Residential Street Address 4 Crockett St		City Norwalk		State CT	Zip Code 06853-1609
Principal Occupation Broker		Name of Employer MCA Associates, Inc.			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		If contribution is in excess of \$400 to a candidate 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? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution \$50.00	
Is this contribution associated with an event reported in Section L1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>If yes, list Event #</i>		Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>If yes, indicate which branch or branches of government the contract is with:</i> <input type="checkbox"/> Executive <input type="checkbox"/> Legislative			
Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		Date Received 06/10/2021	Aggregate contributions \$50.00		

SUBTOTAL Section B - This Page	\$1,150.00
TOTAL of Section B Pages	\$302,834.20
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B) <i>(Enter total on Line 13, Column A of Summary Page)</i>	\$303,219.21

I. MONETARY RECEIPTS (Sections A-K)

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)				TYPE OF REPORT	
Bobby Valentine for Stamford				July 10 filing	
A. Total Contributions from Small Contributors - Received this Period ONLY (See instructions for definition of Small Contributor)				Subtotal Section A \$385.01	
B. Itemized Contributions from Individuals					
Last Name		First		M.I.	
Wolosky		Steven			
Residential Street Address		City		State	Zip Code
72 Shore Rd		Old Greenwich		CT	06870-2216
Principal Occupation		Name of Employer			
Attorney		Olshan Frome Wolosky LLP			
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?		Amount of Contribution	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		\$1,000.00	
Is this contribution associated with an event reported in Section L1?		Is contributor a principal of a state contractor or prospective state contractor?			
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative			
Method of contribution:		Date Received	Aggregate contributions		
<input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		06/10/2021	\$1,000.00		
Last Name		First		M.I.	
Donato		Jude			
Residential Street Address		City		State	Zip Code
80 Glenville Rd		Greenwich		CT	06831-4433
Principal Occupation		Name of Employer			
Executive		Lockton			
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?		Amount of Contribution	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		\$1,000.00	
Is this contribution associated with an event reported in Section L1?		Is contributor a principal of a state contractor or prospective state contractor?			
<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If yes, list Event # 061121a		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative			
Method of contribution:		Date Received	Aggregate contributions		
<input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		06/10/2021	\$1,000.00		
Last Name		First		M.I.	
Reilly		Mika			
Residential Street Address		City		State	Zip Code
79 Bush Ave		Greenwich		CT	06830-7005
Principal Occupation		Name of Employer			
Homemaker		Not 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?		Amount of Contribution	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		\$1,000.00	
Is this contribution associated with an event reported in Section L1?		Is contributor a principal of a state contractor or prospective state contractor?			
<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If yes, list Event # 061121a		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative			
Method of contribution:		Date Received	Aggregate contributions		
<input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		06/10/2021	\$1,000.00		

SUBTOTAL Section B - This Page	\$3,000.00
TOTAL of Section B Pages	\$302,834.20
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B) (Enter total on Line 13, Column A of Summary Page)	\$303,219.21

I. MONETARY RECEIPTS (Sections A-K)

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)				TYPE OF REPORT	
Bobby Valentine for Stamford				July 10 filing	
A. Total Contributions from Small Contributors - Received this Period ONLY (See instructions for definition of Small Contributor)				Subtotal Section A	
				\$385.01	
B. Itemized Contributions from Individuals					
Last Name		First		M.I.	
Reilly		Gene			
Residential Street Address		City		State	Zip Code
79 Bush Ave		Greenwich		CT	06830-7005
Principal Occupation		Name of Employer			
Investor		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?		Amount of Contribution	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Is this contribution associated with an event reported in Section L1?		Is contributor a principal of a state contractor or prospective state contractor?		\$150.00	
<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <i>If yes, list Event # 061121a</i>		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>If yes, indicate which branch or branches of government the contract is with:</i> <input type="checkbox"/> Executive <input type="checkbox"/> Legislative			
Method of contribution:		Date Received		Aggregate contributions	
<input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		06/10/2021		\$150.00	
Last Name		First		M.I.	
Butler		Lisa			
Residential Street Address		City		State	Zip Code
191 Ocean Dr E		Stamford		CT	06902-8119
Principal Occupation		Name of Employer			
Real estate		Brown Harris Stevens			
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?		Amount of Contribution	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Is this contribution associated with an event reported in Section L1?		Is contributor a principal of a state contractor or prospective state contractor?		\$100.00	
<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <i>If yes, list Event # 062221a</i>		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>If yes, indicate which branch or branches of government the contract is with:</i> <input type="checkbox"/> Executive <input type="checkbox"/> Legislative			
Method of contribution:		Date Received		Aggregate contributions	
<input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		06/10/2021		\$100.00	
Last Name		First		M.I.	
Houston		Stephen			
Residential Street Address		City		State	Zip Code
1 Little Cove Ln		Old Greenwich		CT	06870-2137
Principal Occupation		Name of Employer			
Investor		axio financial			
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?		Amount of Contribution	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Is this contribution associated with an event reported in Section L1?		Is contributor a principal of a state contractor or prospective state contractor?		\$150.00	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>If yes, list Event #</i>		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>If yes, indicate which branch or branches of government the contract is with:</i> <input type="checkbox"/> Executive <input type="checkbox"/> Legislative			
Method of contribution:		Date Received		Aggregate contributions	
<input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		06/10/2021		\$150.00	

SUBTOTAL Section B - This Page	\$400.00
TOTAL of Section B Pages	\$302,834.20
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B) <i>(Enter total on Line 13, Column A of Summary Page)</i>	\$303,219.21

I. MONETARY RECEIPTS (Sections A-K)

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)				TYPE OF REPORT	
Bobby Valentine for Stamford				July 10 filing	
A. Total Contributions from Small Contributors - Received this Period ONLY (See instructions for definition of Small Contributor)				Subtotal Section A \$385.01	
B. Itemized Contributions from Individuals					
Last Name		First		M.I.	
Feeney		Margaret			
Residential Street Address		City		State	Zip Code
79 Ocean Dr E		Stamford		CT	06902-8116
Principal Occupation		Name of Employer			
Director of TIP Digital		UConn			
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?		Amount of Contribution	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Is this contribution associated with an event reported in Section L1?		Is contributor a principal of a state contractor or prospective state contractor?		\$100.00	
<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <i>If yes, list Event # 062221a</i>		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>If yes, indicate which branch or branches of government the contract is with:</i> <input type="checkbox"/> Executive <input type="checkbox"/> Legislative			
Method of contribution:		Date Received		Aggregate contributions	
<input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		06/10/2021		\$150.00	
Last Name		First		M.I.	
Wiener		Andrew			
Residential Street Address		City		State	Zip Code
125 Woodside Dr		Greenwich		CT	06830-6731
Principal Occupation		Name of Employer			
Executive		MAXX			
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?		Amount of Contribution	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Is this contribution associated with an event reported in Section L1?		Is contributor a principal of a state contractor or prospective state contractor?		\$2,000.00	
<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <i>If yes, list Event # 061121a</i>		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>If yes, indicate which branch or branches of government the contract is with:</i> <input type="checkbox"/> Executive <input type="checkbox"/> Legislative			
Method of contribution:		Date Received		Aggregate contributions	
<input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		06/10/2021		\$2,000.00	
Last Name		First		M.I.	
Bushell		Victor			
Residential Street Address		City		State	Zip Code
245 Ocean Dr E		Stamford		CT	06902-8219
Principal Occupation		Name of Employer			
Attorney		Self			
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?		Amount of Contribution	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Is this contribution associated with an event reported in Section L1?		Is contributor a principal of a state contractor or prospective state contractor?		\$100.00	
<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <i>If yes, list Event # 062221a</i>		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>If yes, indicate which branch or branches of government the contract is with:</i> <input type="checkbox"/> Executive <input type="checkbox"/> Legislative			
Method of contribution:		Date Received		Aggregate contributions	
<input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		06/11/2021		\$100.00	

SUBTOTAL Section B - This Page	\$2,200.00
TOTAL of Section B Pages	\$302,834.20
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B) <i>(Enter total on Line 13, Column A of Summary Page)</i>	\$303,219.21

I. MONETARY RECEIPTS (Sections A-K)

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)				TYPE OF REPORT	
Bobby Valentine for Stamford				July 10 filing	
A. Total Contributions from Small Contributors - Received this Period ONLY (See instructions for definition of Small Contributor)				Subtotal Section A \$385.01	
B. Itemized Contributions from Individuals					
Last Name		First		M.I.	
Cullman		Susan			
Residential Street Address		City		State	Zip Code
88 Saddle Rock Rd		Stamford		CT	06902-8230
Principal Occupation		Name of Employer			
Retired		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?		Amount of Contribution	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Is this contribution associated with an event reported in Section L1?		Is contributor a principal of a state contractor or prospective state contractor?		\$100.00	
<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <i>If yes, list Event # 062221a</i>		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>If yes, indicate which branch or branches of government the contract is with:</i> <input type="checkbox"/> Executive <input type="checkbox"/> Legislative			
Method of contribution:		Date Received		Aggregate contributions	
<input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		06/11/2021		\$100.00	
Last Name		First		M.I.	
Dykes		Robert			
Residential Street Address		City		State	Zip Code
1461 Benito Ave		Burlingame		CA	94010-5549
Principal Occupation		Name of Employer			
Executive		TORA			
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?		Amount of Contribution	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Is this contribution associated with an event reported in Section L1?		Is contributor a principal of a state contractor or prospective state contractor?		\$500.00	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>If yes, list Event #</i>		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>If yes, indicate which branch or branches of government the contract is with:</i> <input type="checkbox"/> Executive <input type="checkbox"/> Legislative			
Method of contribution:		Date Received		Aggregate contributions	
<input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		06/11/2021		\$500.00	
Last Name		First		M.I.	
McAleer		Joseph			
Residential Street Address		City		State	Zip Code
10 Nathan Hale Dr		Stamford		CT	06902-1006
Principal Occupation		Name of Employer			
Reviewer		Catholic News Service			
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?		Amount of Contribution	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Is this contribution associated with an event reported in Section L1?		Is contributor a principal of a state contractor or prospective state contractor?		\$50.00	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>If yes, list Event #</i>		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>If yes, indicate which branch or branches of government the contract is with:</i> <input type="checkbox"/> Executive <input type="checkbox"/> Legislative			
Method of contribution:		Date Received		Aggregate contributions	
<input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		06/11/2021		\$50.00	

SUBTOTAL Section B - This Page	\$650.00
TOTAL of Section B Pages	\$302,834.20
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B) <i>(Enter total on Line 13, Column A of Summary Page)</i>	\$303,219.21

I. MONETARY RECEIPTS (Sections A-K)

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)				TYPE OF REPORT	
Bobby Valentine for Stamford				July 10 filing	
A. Total Contributions from Small Contributors - Received this Period ONLY (See instructions for definition of Small Contributor)				Subtotal Section A \$385.01	
B. Itemized Contributions from Individuals					
Last Name		First		M.I.	
Robertson		Jane			
Residential Street Address		City		State	Zip Code
237 Lafayette St, Apt 9E		New York		NY	10012-4008
Principal Occupation		Name of Employer			
Manager		Intersection			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		If contribution is in excess of \$400 to a candidate 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? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution \$1,000.00	
Is this contribution associated with an event reported in Section L1? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <i>If yes, list Event # 061121a</i>		Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>If yes, indicate which branch or branches of government the contract is with:</i> <input type="checkbox"/> Executive <input type="checkbox"/> Legislative			
Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		Date Received	Aggregate contributions		
		06/11/2021	\$1,000.00		
Last Name		First		M.I.	
Lackner		Frank			
Residential Street Address		City		State	Zip Code
237 Lafayette St, Apt 9E		New York		NY	10012-4008
Principal Occupation		Name of Employer			
Self Employed		Self Employed			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		If contribution is in excess of \$400 to a candidate 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? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution \$150.00	
Is this contribution associated with an event reported in Section L1? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <i>If yes, list Event # 061121a</i>		Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>If yes, indicate which branch or branches of government the contract is with:</i> <input type="checkbox"/> Executive <input type="checkbox"/> Legislative			
Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		Date Received	Aggregate contributions		
		06/11/2021	\$150.00		
Last Name		First		M.I.	
Scott		Jake			
Residential Street Address		City		State	Zip Code
255 Strawberry Hill Ave, Unit F5		Stamford		CT	06902-2558
Principal Occupation		Name of Employer			
Maritime Executive		FDX Group			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		If contribution is in excess of \$400 to a candidate 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? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution \$350.00	
Is this contribution associated with an event reported in Section L1? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <i>If yes, list Event # 061121a</i>		Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>If yes, indicate which branch or branches of government the contract is with:</i> <input type="checkbox"/> Executive <input type="checkbox"/> Legislative			
Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		Date Received	Aggregate contributions		
		06/11/2021	\$350.00		

SUBTOTAL Section B - This Page	\$1,500.00
TOTAL of Section B Pages	\$302,834.20
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B) <i>(Enter total on Line 13, Column A of Summary Page)</i>	\$303,219.21

I. MONETARY RECEIPTS (Sections A-K)

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)				TYPE OF REPORT	
Bobby Valentine for Stamford				July 10 filing	
A. Total Contributions from Small Contributors - Received this Period ONLY (See instructions for definition of Small Contributor)				Subtotal Section A \$385.01	
B. Itemized Contributions from Individuals					
Last Name		First		M.I.	
Whitman		Stewart			
Residential Street Address		City		State	Zip Code
41 Beechcroft Rd		Greenwich		CT	06830-3911
Principal Occupation		Name of Employer			
Investor		Intellego Capital Partners			
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?		Amount of Contribution	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Is this contribution associated with an event reported in Section L1?		Is contributor a principal of a state contractor or prospective state contractor?		\$1,000.00	
<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <i>If yes, list Event # 061121a</i>		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>If yes, indicate which branch or branches of government the contract is with:</i> <input type="checkbox"/> Executive <input type="checkbox"/> Legislative			
Method of contribution:		Date Received	Aggregate contributions		
<input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		06/11/2021	\$1,000.00		
Last Name		First		M.I.	
HOLLANDER		AARON			
Residential Street Address		City		State	Zip Code
35 W Branch Rd		Weston		CT	06883-2945
Principal Occupation		Name of Employer			
MANAGER		FIRST AVIATION SERVICES INC.			
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?		Amount of Contribution	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Is this contribution associated with an event reported in Section L1?		Is contributor a principal of a state contractor or prospective state contractor?		\$500.00	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>If yes, list Event #</i>		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>If yes, indicate which branch or branches of government the contract is with:</i> <input type="checkbox"/> Executive <input type="checkbox"/> Legislative			
Method of contribution:		Date Received	Aggregate contributions		
<input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		06/13/2021	\$500.00		
Last Name		First		M.I.	
Conroy		Matt			
Residential Street Address		City		State	Zip Code
1140 23rd St, Apt 4		Santa Monica		CA	90403-5783
Principal Occupation		Name of Employer			
Software Engineer		Douglas Elliman			
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?		Amount of Contribution	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Is this contribution associated with an event reported in Section L1?		Is contributor a principal of a state contractor or prospective state contractor?		\$20.00	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>If yes, list Event #</i>		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>If yes, indicate which branch or branches of government the contract is with:</i> <input type="checkbox"/> Executive <input type="checkbox"/> Legislative			
Method of contribution:		Date Received	Aggregate contributions		
<input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		06/13/2021	\$20.00		

SUBTOTAL Section B - This Page	\$1,520.00
TOTAL of Section B Pages	\$302,834.20
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B) <i>(Enter total on Line 13, Column A of Summary Page)</i>	\$303,219.21

I. MONETARY RECEIPTS (Sections A-K)

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)				TYPE OF REPORT	
Bobby Valentine for Stamford				July 10 filing	
A. Total Contributions from Small Contributors - Received this Period ONLY (See instructions for definition of Small Contributor)				Subtotal Section A \$385.01	
B. Itemized Contributions from Individuals					
Last Name		First		M.I.	
Putterman		Andy			
Residential Street Address		City		State	Zip Code
5 Wynnewood Ln		Stamford		CT	06903-1931
Principal Occupation		Name of Employer			
Student		Student			
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?		Amount of Contribution \$50.00	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Is this contribution associated with an event reported in Section L1? <i>If yes, list Event #</i>		Is contributor a principal of a state contractor or prospective state contractor? <i>If yes, indicate which branch or branches of government the contract is with:</i>			
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Executive <input type="checkbox"/> Legislative			
Method of contribution:			Date Received	Aggregate contributions	
<input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order			06/19/2021	\$50.00	
Last Name		First		M.I.	
Hagedus		Michele			
Residential Street Address		City		State	Zip Code
209 Prudence Dr		Stamford		CT	06907-1222
Principal Occupation		Name of Employer			
Executive Assistant		UBS			
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?		Amount of Contribution \$200.00	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Is this contribution associated with an event reported in Section L1? <i>If yes, list Event #</i>		Is contributor a principal of a state contractor or prospective state contractor? <i>If yes, indicate which branch or branches of government the contract is with:</i>			
<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No 062321a		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Executive <input type="checkbox"/> Legislative			
Method of contribution:			Date Received	Aggregate contributions	
<input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order			06/13/2021	\$200.00	
Last Name		First		M.I.	
Scott		David			
Residential Street Address		City		State	Zip Code
75 -951 Hiona St		Holualoa		HI	96725-8613
Principal Occupation		Name of Employer			
Finance		Evo Investment Advisors			
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?		Amount of Contribution \$1,000.00	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Is this contribution associated with an event reported in Section L1? <i>If yes, list Event #</i>		Is contributor a principal of a state contractor or prospective state contractor? <i>If yes, indicate which branch or branches of government the contract is with:</i>			
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Executive <input type="checkbox"/> Legislative			
Method of contribution:			Date Received	Aggregate contributions	
<input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order			06/13/2021	\$1,000.00	

SUBTOTAL Section B - This Page	\$1,250.00
TOTAL of Section B Pages	\$302,834.20
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B) <i>(Enter total on Line 13, Column A of Summary Page)</i>	\$303,219.21

I. MONETARY RECEIPTS (Sections A-K)

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)				TYPE OF REPORT	
Bobby Valentine for Stamford				July 10 filing	
A. Total Contributions from Small Contributors - Received this Period ONLY (See instructions for definition of Small Contributor)				Subtotal Section A \$385.01	
B. Itemized Contributions from Individuals					
Last Name Heller		First George		M.I.	
Residential Street Address 70 Erickson Dr		City Stamford		State CT	Zip Code 06903-3217
Principal Occupation Retired		Name of Employer Retired			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		If contribution is in excess of \$400 to a candidate 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? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution \$50.00	
Is this contribution associated with an event reported in Section L1? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <i>If yes, list Event # 062221a</i>		Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>If yes, indicate which branch or branches of government the contract is with:</i> <input type="checkbox"/> Executive <input type="checkbox"/> Legislative			
Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		Date Received 06/13/2021	Aggregate contributions \$50.00		
Last Name Beaumont		First Rachel		M.I.	
Residential Street Address 5 Wynnewood Ln		City Stamford		State CT	Zip Code 06903-1931
Principal Occupation Retired		Name of Employer Retired			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		If contribution is in excess of \$400 to a candidate 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? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution \$1,000.00	
Is this contribution associated with an event reported in Section L1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>If yes, list Event #</i>		Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>If yes, indicate which branch or branches of government the contract is with:</i> <input type="checkbox"/> Executive <input type="checkbox"/> Legislative			
Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		Date Received 06/13/2021	Aggregate contributions \$1,000.00		
Last Name Kennedy		First Robert		M.I. G	
Residential Street Address 80 Meadow Wood Dr		City Greenwich		State CT	Zip Code 06830-7057
Principal Occupation NA		Name of Employer NA			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		If contribution is in excess of \$400 to a candidate 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? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution \$250.00	
Is this contribution associated with an event reported in Section L1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>If yes, list Event #</i>		Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>If yes, indicate which branch or branches of government the contract is with:</i> <input type="checkbox"/> Executive <input type="checkbox"/> Legislative			
Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		Date Received 06/13/2021	Aggregate contributions \$250.00		

SUBTOTAL Section B - This Page	\$1,300.00
TOTAL of Section B Pages	\$302,834.20
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B) <i>(Enter total on Line 13, Column A of Summary Page)</i>	\$303,219.21

I. MONETARY RECEIPTS (Sections A-K)

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)				TYPE OF REPORT	
Bobby Valentine for Stamford				July 10 filing	
A. Total Contributions from Small Contributors - Received this Period ONLY (See instructions for definition of Small Contributor)				Subtotal Section A \$385.01	
B. Itemized Contributions from Individuals					
Last Name		First		M.I.	
Spillane		Paul		G	
Residential Street Address		City		State	Zip Code
191 Brookside Rd		Darien		CT	06820-2602
Principal Occupation		Name of Employer			
NA		NA			
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?		Amount of Contribution	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Is this contribution associated with an event reported in Section L1?		Is contributor a principal of a state contractor or prospective state contractor?		\$1,000.00	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>If yes, list Event #</i>		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>If yes, indicate which branch or branches of government the contract is with:</i> <input type="checkbox"/> Executive <input type="checkbox"/> Legislative			
Method of contribution:		Date Received		Aggregate contributions	
<input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		06/13/2021		\$1,000.00	
Last Name		First		M.I.	
Mallozzi		Mario			
Residential Street Address		City		State	Zip Code
389 Bridgeport Ave		Shelton		CT	06484-5380
Principal Occupation		Name of Employer			
NA		NA			
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?		Amount of Contribution	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Is this contribution associated with an event reported in Section L1?		Is contributor a principal of a state contractor or prospective state contractor?		\$250.00	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>If yes, list Event #</i>		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>If yes, indicate which branch or branches of government the contract is with:</i> <input type="checkbox"/> Executive <input type="checkbox"/> Legislative			
Method of contribution:		Date Received		Aggregate contributions	
<input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		06/13/2021		\$250.00	
Last Name		First		M.I.	
Venditti		Pierre			
Residential Street Address		City		State	Zip Code
389 Bridgeport Ave		Shelton		CT	06484-5380
Principal Occupation		Name of Employer			
NA		NA			
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?		Amount of Contribution	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Is this contribution associated with an event reported in Section L1?		Is contributor a principal of a state contractor or prospective state contractor?		\$250.00	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>If yes, list Event #</i>		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>If yes, indicate which branch or branches of government the contract is with:</i> <input type="checkbox"/> Executive <input type="checkbox"/> Legislative			
Method of contribution:		Date Received		Aggregate contributions	
<input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		06/13/2021		\$250.00	

SUBTOTAL Section B - This Page	\$1,500.00
TOTAL of Section B Pages	\$302,834.20
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B) <i>(Enter total on Line 13, Column A of Summary Page)</i>	\$303,219.21

I. MONETARY RECEIPTS (Sections A-K)

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)				TYPE OF REPORT	
Bobby Valentine for Stamford				July 10 filing	
A. Total Contributions from Small Contributors - Received this Period ONLY (See instructions for definition of Small Contributor)				Subtotal Section A \$385.01	
B. Itemized Contributions from Individuals					
Last Name Lawson		First Shaun		M.I.	
Residential Street Address 1424 S Ocotillo Dr		City Apache Junction		State AZ	Zip Code 85120-6102
Principal Occupation President		Name of Employer Evolution Japan Securities			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		If contribution is in excess of \$400 to a candidate 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? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution \$1,000.00	
Is this contribution associated with an event reported in Section L1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #		Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative			
Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		Date Received 06/13/2021	Aggregate contributions \$1,000.00		
Last Name Lerch		First Antonina		M.I.	
Residential Street Address 774 Mays Blvd, Ste Pm 10		City Incline Village		State NV	Zip Code 89451-9613
Principal Occupation Investor		Name of Employer Self Employed			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		If contribution is in excess of \$400 to a candidate 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? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution \$1,000.00	
Is this contribution associated with an event reported in Section L1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #		Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative			
Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		Date Received 06/13/2021	Aggregate contributions \$1,000.00		
Last Name Healy		First Todd		M.I.	
Residential Street Address 66 Maple Tree Ave, Apt 4		City Stamford		State CT	Zip Code 06906-2217
Principal Occupation Fitness instructor		Name of Employer Kendal on Hudson			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		If contribution is in excess of \$400 to a candidate 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? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution \$50.00	
Is this contribution associated with an event reported in Section L1? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If yes, list Event # 062321a		Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative			
Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		Date Received 06/14/2021	Aggregate contributions \$50.00		

SUBTOTAL Section B - This Page	\$2,050.00
TOTAL of Section B Pages	\$302,834.20
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B) (Enter total on Line 13, Column A of Summary Page)	\$303,219.21

I. MONETARY RECEIPTS (Sections A-K)

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)				TYPE OF REPORT	
Bobby Valentine for Stamford				July 10 filing	
A. Total Contributions from Small Contributors - Received this Period ONLY (See instructions for definition of Small Contributor)				Subtotal Section A \$385.01	
B. Itemized Contributions from Individuals					
Last Name		First		M.I.	
Mannetti		Rebecca			
Residential Street Address		City		State	Zip Code
33 Greenleaf Dr		Stamford		CT	06902-1722
Principal Occupation		Name of Employer			
Artist		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?		Amount of Contribution	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Is this contribution associated with an event reported in Section L1?		Is contributor a principal of a state contractor or prospective state contractor?		\$10.00	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>If yes, list Event #</i>		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>If yes, indicate which branch or branches of government the contract is with:</i> <input type="checkbox"/> Executive <input type="checkbox"/> Legislative			
Method of contribution:		Date Received		Aggregate contributions	
<input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		06/14/2021		\$10.00	
Last Name		First		M.I.	
Manocherian		Kim			
Residential Street Address		City		State	Zip Code
135 Central Park W		New York		NY	10023-2413
Principal Occupation		Name of Employer			
Executive		PanAm Equities			
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?		Amount of Contribution	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Is this contribution associated with an event reported in Section L1?		Is contributor a principal of a state contractor or prospective state contractor?		\$1,000.00	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>If yes, list Event #</i>		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>If yes, indicate which branch or branches of government the contract is with:</i> <input type="checkbox"/> Executive <input type="checkbox"/> Legislative			
Method of contribution:		Date Received		Aggregate contributions	
<input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		06/14/2021		\$1,000.00	
Last Name		First		M.I.	
Hollander		Elliot			
Residential Street Address		City		State	Zip Code
2320 N Houston St		Dallas		TX	75219-7754
Principal Occupation		Name of Employer			
Manager		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?		Amount of Contribution	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Is this contribution associated with an event reported in Section L1?		Is contributor a principal of a state contractor or prospective state contractor?		\$200.00	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>If yes, list Event #</i>		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>If yes, indicate which branch or branches of government the contract is with:</i> <input type="checkbox"/> Executive <input type="checkbox"/> Legislative			
Method of contribution:		Date Received		Aggregate contributions	
<input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		06/14/2021		\$200.00	

SUBTOTAL Section B - This Page	\$1,210.00
TOTAL of Section B Pages	\$302,834.20
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B) <i>(Enter total on Line 13, Column A of Summary Page)</i>	\$303,219.21

I. MONETARY RECEIPTS (Sections A-K)

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)				TYPE OF REPORT	
Bobby Valentine for Stamford				July 10 filing	
A. Total Contributions from Small Contributors - Received this Period ONLY (See instructions for definition of Small Contributor)				Subtotal Section A \$385.01	
B. Itemized Contributions from Individuals					
Last Name Altamura		First Ilario		M.I.	
Residential Street Address 887 High Ridge Rd		City Stamford		State CT	Zip Code 06905-1914
Principal Occupation Self Employed		Name of Employer Self Employed			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		If contribution is in excess of \$400 to a candidate 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? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution \$500.00	
Is this contribution associated with an event reported in Section L1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>If yes, list Event #</i>		Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>If yes, indicate which branch or branches of government the contract is with:</i> <input type="checkbox"/> Executive <input type="checkbox"/> Legislative			
Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		Date Received 06/15/2021	Aggregate contributions \$500.00		
Last Name Lewis		First William		M.I.	
Residential Street Address 22 Heliport Dr		City Tinton Falls		State NJ	Zip Code 07724-3344
Principal Occupation Accountant		Name of Employer Lewis Consulting LLC			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		If contribution is in excess of \$400 to a candidate 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? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution \$500.00	
Is this contribution associated with an event reported in Section L1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>If yes, list Event #</i>		Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>If yes, indicate which branch or branches of government the contract is with:</i> <input type="checkbox"/> Executive <input type="checkbox"/> Legislative			
Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		Date Received 06/15/2021	Aggregate contributions \$500.00		
Last Name Conroy		First Christine		M.I.	
Residential Street Address 36 Dahill Rd, Apt 1K		City Brooklyn		State NY	Zip Code 11218-2219
Principal Occupation Teacher		Name of Employer NYC DOE			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		If contribution is in excess of \$400 to a candidate 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? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution \$50.00	
Is this contribution associated with an event reported in Section L1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>If yes, list Event #</i>		Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>If yes, indicate which branch or branches of government the contract is with:</i> <input type="checkbox"/> Executive <input type="checkbox"/> Legislative			
Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		Date Received 06/15/2021	Aggregate contributions \$50.00		

SUBTOTAL Section B - This Page	\$1,050.00
TOTAL of Section B Pages	\$302,834.20
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B) <i>(Enter total on Line 13, Column A of Summary Page)</i>	\$303,219.21

I. MONETARY RECEIPTS (Sections A-K)

NAME OF COMMITTEE <i>(Provide Complete Name as Registered with Filing Repository)</i>				TYPE OF REPORT	
Bobby Valentine for Stamford				July 10 filing	
A. Total Contributions from Small Contributors - Received this Period ONLY <i>(See instructions for definition of Small Contributor)</i>				Subtotal Section A \$385.01	
B. Itemized Contributions from Individuals					
Last Name		First		M.I.	
Pelli		Frank			
Residential Street Address		City		State	Zip Code
40 Bartling Dr		New Canaan		CT	06840-3401
Principal Occupation		Name of Employer			
Owner		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?		Amount of Contribution	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Is this contribution associated with an event reported in Section L1?		Is contributor a principal of a state contractor or prospective state contractor?		\$1,000.00	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>If yes, list Event #</i>		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>If yes, indicate which branch or branches of government the contract is with:</i> <input type="checkbox"/> Executive <input type="checkbox"/> Legislative			
Method of contribution:		Date Received		Aggregate contributions	
<input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		06/15/2021		\$1,000.00	
Last Name		First		M.I.	
Ellis		john			
Residential Street Address		City		State	Zip Code
24 Saltus Dr		Old Saybrook		CT	06475-2305
Principal Occupation		Name of Employer			
Consultant		Chairman			
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?		Amount of Contribution	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Is this contribution associated with an event reported in Section L1?		Is contributor a principal of a state contractor or prospective state contractor?		\$300.00	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>If yes, list Event #</i>		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>If yes, indicate which branch or branches of government the contract is with:</i> <input type="checkbox"/> Executive <input type="checkbox"/> Legislative			
Method of contribution:		Date Received		Aggregate contributions	
<input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		06/15/2021		\$350.00	
Last Name		First		M.I.	
Ellis		john			
Residential Street Address		City		State	Zip Code
24 Saltus Dr		Old Saybrook		CT	06475-2305
Principal Occupation		Name of Employer			
Consultant		Chairman			
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?		Amount of Contribution	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Is this contribution associated with an event reported in Section L1?		Is contributor a principal of a state contractor or prospective state contractor?		\$20.00	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>If yes, list Event #</i>		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>If yes, indicate which branch or branches of government the contract is with:</i> <input type="checkbox"/> Executive <input type="checkbox"/> Legislative			
Method of contribution:		Date Received		Aggregate contributions	
<input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		06/18/2021		\$350.00	

SUBTOTAL Section B - This Page	\$1,320.00
TOTAL of Section B Pages	\$302,834.20
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B) <i>(Enter total on Line 13, Column A of Summary Page)</i>	\$303,219.21

I. MONETARY RECEIPTS (Sections A-K)

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)				TYPE OF REPORT	
Bobby Valentine for Stamford				July 10 filing	
A. Total Contributions from Small Contributors - Received this Period ONLY (See instructions for definition of Small Contributor)				Subtotal Section A \$385.01	
B. Itemized Contributions from Individuals					
Last Name Vitti		First A. Mark		M.I.	
Residential Street Address 1749 Petra Dr		City San Diego		State CA	Zip Code 92104-5739
Principal Occupation Teacher		Name of Employer Retired			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		If contribution is in excess of \$400 to a candidate 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? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution \$50.00	
Is this contribution associated with an event reported in Section L1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>If yes, list Event #</i>		Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>If yes, indicate which branch or branches of government the contract is with:</i> <input type="checkbox"/> Executive <input type="checkbox"/> Legislative			
Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		Date Received 06/15/2021	Aggregate contributions \$50.00		
Last Name Levine		First Kaisa		M.I.	
Residential Street Address 2760 N Bay Rd		City Miami Beach		State FL	Zip Code 33140-4265
Principal Occupation Self Employed		Name of Employer Self Employed			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		If contribution is in excess of \$400 to a candidate 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? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution \$1,000.00	
Is this contribution associated with an event reported in Section L1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>If yes, list Event #</i>		Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>If yes, indicate which branch or branches of government the contract is with:</i> <input type="checkbox"/> Executive <input type="checkbox"/> Legislative			
Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		Date Received 06/15/2021	Aggregate contributions \$1,000.00		
Last Name Levine		First Doug		M.I.	
Residential Street Address 2760 N Bay Rd		City Miami Beach		State FL	Zip Code 33140-4265
Principal Occupation Self Employed		Name of Employer Self Employed			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		If contribution is in excess of \$400 to a candidate 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? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution \$1,000.00	
Is this contribution associated with an event reported in Section L1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>If yes, list Event #</i>		Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>If yes, indicate which branch or branches of government the contract is with:</i> <input type="checkbox"/> Executive <input type="checkbox"/> Legislative			
Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		Date Received 06/15/2021	Aggregate contributions \$1,000.00		

SUBTOTAL Section B - This Page	\$2,050.00
TOTAL of Section B Pages	\$302,834.20
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B) <i>(Enter total on Line 13, Column A of Summary Page)</i>	\$303,219.21

I. MONETARY RECEIPTS (Sections A-K)

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)				TYPE OF REPORT	
Bobby Valentine for Stamford				July 10 filing	
A. Total Contributions from Small Contributors - Received this Period ONLY (See instructions for definition of Small Contributor)				Subtotal Section A \$385.01	
B. Itemized Contributions from Individuals					
Last Name swist		First kenneth		M.I.	
Residential Street Address 127 Quirk Rd		City Milford		State CT	Zip Code 06460-3720
Principal Occupation SALES		Name of Employer SFCO			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		If contribution is in excess of \$400 to a candidate 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? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution \$10.00	
Is this contribution associated with an event reported in Section L1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>If yes, list Event #</i>		Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>If yes, indicate which branch or branches of government the contract is with:</i> <input type="checkbox"/> Executive <input type="checkbox"/> Legislative			
Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		Date Received 06/15/2021	Aggregate contributions \$10.00		
Last Name McDivitt		First Mark		M.I.	
Residential Street Address 66 Windsor Rd		City Wellesley Hills		State MA	Zip Code 02481-6134
Principal Occupation Executive		Name of Employer Context Labs			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		If contribution is in excess of \$400 to a candidate 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? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution \$200.00	
Is this contribution associated with an event reported in Section L1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>If yes, list Event #</i>		Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>If yes, indicate which branch or branches of government the contract is with:</i> <input type="checkbox"/> Executive <input type="checkbox"/> Legislative			
Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		Date Received 06/15/2021	Aggregate contributions \$200.00		
Last Name Valentine		First Patricia		M.I.	
Residential Street Address 23 A Anthony Ln		City Darien		State CT	Zip Code 06820-5002
Principal Occupation Bookkeeper		Name of Employer JVCo.			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		If contribution is in excess of \$400 to a candidate 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? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution \$100.00	
Is this contribution associated with an event reported in Section L1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>If yes, list Event #</i>		Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>If yes, indicate which branch or branches of government the contract is with:</i> <input type="checkbox"/> Executive <input type="checkbox"/> Legislative			
Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		Date Received 06/15/2021	Aggregate contributions \$100.00		

SUBTOTAL Section B - This Page	\$310.00
TOTAL of Section B Pages	\$302,834.20
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B) <i>(Enter total on Line 13, Column A of Summary Page)</i>	\$303,219.21

I. MONETARY RECEIPTS (Sections A-K)

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)				TYPE OF REPORT	
Bobby Valentine for Stamford				July 10 filing	
A. Total Contributions from Small Contributors - Received this Period ONLY (See instructions for definition of Small Contributor)				Subtotal Section A \$385.01	
B. Itemized Contributions from Individuals					
Last Name		First		M.I.	
Goodfriend		SE			
Residential Street Address		City		State	Zip Code
115 Zaccheus Mead Ln		Greenwich		CT	06831-3739
Principal Occupation		Name of Employer			
retired		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?		Amount of Contribution	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Is this contribution associated with an event reported in Section L1?		Is contributor a principal of a state contractor or prospective state contractor?		\$1,000.00	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>If yes, list Event #</i>		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>If yes, indicate which branch or branches of government the contract is with:</i> <input type="checkbox"/> Executive <input type="checkbox"/> Legislative			
Method of contribution:		Date Received		Aggregate contributions	
<input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		06/15/2021		\$1,000.00	
Last Name		First		M.I.	
Atamian		Ross			
Residential Street Address		City		State	Zip Code
475 48th Ave		Long Island City		NY	11109-5501
Principal Occupation		Name of Employer			
Concert Promoter		Self			
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?		Amount of Contribution	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Is this contribution associated with an event reported in Section L1?		Is contributor a principal of a state contractor or prospective state contractor?		\$25.00	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>If yes, list Event #</i>		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>If yes, indicate which branch or branches of government the contract is with:</i> <input type="checkbox"/> Executive <input type="checkbox"/> Legislative			
Method of contribution:		Date Received		Aggregate contributions	
<input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		06/15/2021		\$25.00	
Last Name		First		M.I.	
Atamian		Kirk			
Residential Street Address		City		State	Zip Code
25 Northern Ave		Boston		MA	02210-1815
Principal Occupation		Name of Employer			
Director		International Forest Products LLC			
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?		Amount of Contribution	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Is this contribution associated with an event reported in Section L1?		Is contributor a principal of a state contractor or prospective state contractor?		\$5.00	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>If yes, list Event #</i>		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>If yes, indicate which branch or branches of government the contract is with:</i> <input type="checkbox"/> Executive <input type="checkbox"/> Legislative			
Method of contribution:		Date Received		Aggregate contributions	
<input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		06/15/2021		\$5.00	

SUBTOTAL Section B - This Page	\$1,030.00
TOTAL of Section B Pages	\$302,834.20
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B) <i>(Enter total on Line 13, Column A of Summary Page)</i>	\$303,219.21

I. MONETARY RECEIPTS (Sections A-K)

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)				TYPE OF REPORT	
Bobby Valentine for Stamford				July 10 filing	
A. Total Contributions from Small Contributors - Received this Period ONLY (See instructions for definition of Small Contributor)				Subtotal Section A \$385.01	
B. Itemized Contributions from Individuals					
Last Name		First		M.I.	
Valenti		Mark			
Residential Street Address		City		State	Zip Code
219 Main St		Manchester		CT	06042-3540
Principal Occupation		Name of Employer			
Self employed		Self			
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?		Amount of Contribution	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		\$50.00	
Is this contribution associated with an event reported in Section L1? <i>If yes, list Event #</i>		Is contributor a principal of a state contractor or prospective state contractor? <i>If yes, indicate which branch or branches of government the contract is with:</i>			
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Executive <input type="checkbox"/> Legislative			
Method of contribution:		Date Received	Aggregate contributions		
<input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		06/15/2021	\$50.00		
Last Name		First		M.I.	
Altamura		Ralph			
Residential Street Address		City		State	Zip Code
1134 Newfield Ave		Stamford		CT	06905-1409
Principal Occupation		Name of Employer			
Self Employed		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?		Amount of Contribution	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		\$50.00	
Is this contribution associated with an event reported in Section L1? <i>If yes, list Event #</i>		Is contributor a principal of a state contractor or prospective state contractor? <i>If yes, indicate which branch or branches of government the contract is with:</i>			
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Executive <input type="checkbox"/> Legislative			
Method of contribution:		Date Received	Aggregate contributions		
<input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		06/15/2021	\$50.00		
Last Name		First		M.I.	
Altamura		Samie			
Residential Street Address		City		State	Zip Code
887 High Ridge Rd		Stamford		CT	06905-1914
Principal Occupation		Name of Employer			
Homemaker		Homemaker			
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?		Amount of Contribution	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		\$5.00	
Is this contribution associated with an event reported in Section L1? <i>If yes, list Event #</i>		Is contributor a principal of a state contractor or prospective state contractor? <i>If yes, indicate which branch or branches of government the contract is with:</i>			
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Executive <input type="checkbox"/> Legislative			
Method of contribution:		Date Received	Aggregate contributions		
<input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		06/15/2021	\$5.00		

SUBTOTAL Section B - This Page	\$105.00
TOTAL of Section B Pages	\$302,834.20
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B) <i>(Enter total on Line 13, Column A of Summary Page)</i>	\$303,219.21

I. MONETARY RECEIPTS (Sections A-K)

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)				TYPE OF REPORT	
Bobby Valentine for Stamford				July 10 filing	
A. Total Contributions from Small Contributors - Received this Period ONLY (See instructions for definition of Small Contributor)				Subtotal Section A \$385.01	
B. Itemized Contributions from Individuals					
Last Name		First		M.I.	
Ginise		Mike			
Residential Street Address		City		State	Zip Code
1 Park St		Stamford		CT	06902-6004
Principal Occupation		Name of Employer			
President		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?			Amount of Contribution \$500.00
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Is this contribution associated with an event reported in Section L1? <i>If yes, list Event #</i>		Is contributor a principal of a state contractor or prospective state contractor? <i>If yes, indicate which branch or branches of government the contract is with:</i>			
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Executive <input type="checkbox"/> Legislative			
Method of contribution:		Date Received		Aggregate contributions	
<input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		06/15/2021		\$500.00	
Last Name		First		M.I.	
Hassan		Derek			
Residential Street Address		City		State	Zip Code
207 Valley Rd		Cos Cob		CT	06807-2213
Principal Occupation		Name of Employer			
Student		Northwestern university			
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?			Amount of Contribution \$1,000.00
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Is this contribution associated with an event reported in Section L1? <i>If yes, list Event #</i>		Is contributor a principal of a state contractor or prospective state contractor? <i>If yes, indicate which branch or branches of government the contract is with:</i>			
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Executive <input type="checkbox"/> Legislative			
Method of contribution:		Date Received		Aggregate contributions	
<input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		06/16/2021		\$1,000.00	
Last Name		First		M.I.	
Salvatore		Randy			
Residential Street Address		City		State	Zip Code
1135 Ponus Rdg		New Canaan		CT	06840-3424
Principal Occupation		Name of Employer			
Real Estate Developer		RMS Companies			
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?			Amount of Contribution \$1,000.00
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Is this contribution associated with an event reported in Section L1? <i>If yes, list Event #</i>		Is contributor a principal of a state contractor or prospective state contractor? <i>If yes, indicate which branch or branches of government the contract is with:</i>			
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Executive <input type="checkbox"/> Legislative			
Method of contribution:		Date Received		Aggregate contributions	
<input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		06/16/2021		\$1,000.00	

SUBTOTAL Section B - This Page	\$2,500.00
TOTAL of Section B Pages	\$302,834.20
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B) <i>(Enter total on Line 13, Column A of Summary Page)</i>	\$303,219.21

I. MONETARY RECEIPTS (Sections A-K)

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)				TYPE OF REPORT	
Bobby Valentine for Stamford				July 10 filing	
A. Total Contributions from Small Contributors - Received this Period ONLY (See instructions for definition of Small Contributor)				Subtotal Section A \$385.01	
B. Itemized Contributions from Individuals					
Last Name Feighery		First Jack		M.I.	
Residential Street Address 29 N Meadows Ln		City Stamford		State CT	Zip Code 06903-5152
Principal Occupation Executive		Name of Employer KAF Mfg. Company			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		If contribution is in excess of \$400 to a candidate 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? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution \$1,000.00	
Is this contribution associated with an event reported in Section L1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No 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: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative <input checked="" type="checkbox"/> No			
Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		Date Received 06/16/2021	Aggregate contributions \$1,000.00		
Last Name McAleer		First David		M.I.	
Residential Street Address 4 Jofran Ln		City Greenwich		State CT	Zip Code 06830-4706
Principal Occupation Shipbroker		Name of Employer MCA Associates, Inc.			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		If contribution is in excess of \$400 to a candidate 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? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution \$150.00	
Is this contribution associated with an event reported in Section L1? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If yes, list Event # 062821a		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: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative <input checked="" type="checkbox"/> No			
Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		Date Received 06/16/2021	Aggregate contributions \$150.00		
Last Name Romaniello		First Jim		M.I.	
Residential Street Address 1834 Newfield Ave		City Stamford		State CT	Zip Code 06903-5128
Principal Occupation Owner		Name of Employer James Daniel Entertainment, Inc.			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		If contribution is in excess of \$400 to a candidate 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? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution \$100.00	
Is this contribution associated with an event reported in Section L1? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If yes, list Event # 062321a		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: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative <input checked="" type="checkbox"/> No			
Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		Date Received 06/16/2021	Aggregate contributions \$100.00		

SUBTOTAL Section B - This Page	\$1,250.00
TOTAL of Section B Pages	\$302,834.20
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B) (Enter total on Line 13, Column A of Summary Page)	\$303,219.21

I. MONETARY RECEIPTS (Sections A-K)

NAME OF COMMITTEE <i>(Provide Complete Name as Registered with Filing Repository)</i>				TYPE OF REPORT	
Bobby Valentine for Stamford				July 10 filing	
A. Total Contributions from Small Contributors - Received this Period ONLY <i>(See instructions for definition of Small Contributor)</i>				Subtotal Section A \$385.01	
B. Itemized Contributions from Individuals					
Last Name		First		M.I.	
HOWARD		JACK			
Residential Street Address		City		State	Zip Code
24 Eagle Point Ct		Park City		UT	84060-6863
Principal Occupation		Name of Employer			
President		steel partners			
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?		Amount of Contribution \$1,000.00	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Is this contribution associated with an event reported in Section L1? <i>If yes, list Event #</i>		Is contributor a principal of a state contractor or prospective state contractor? <i>If yes, indicate which branch or branches of government the contract is with:</i>			
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Executive <input type="checkbox"/> Legislative			
Method of contribution:		Date Received		Aggregate contributions	
<input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		06/16/2021		\$1,000.00	
Last Name		First		M.I.	
Conroy		Jamie			
Residential Street Address		City		State	Zip Code
89 Chester Ave		Brooklyn		NY	11218-2001
Principal Occupation		Name of Employer			
Teacher		NYC DOE			
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?		Amount of Contribution \$50.00	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Is this contribution associated with an event reported in Section L1? <i>If yes, list Event #</i>		Is contributor a principal of a state contractor or prospective state contractor? <i>If yes, indicate which branch or branches of government the contract is with:</i>			
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Executive <input type="checkbox"/> Legislative			
Method of contribution:		Date Received		Aggregate contributions	
<input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		06/16/2021		\$50.00	
Last Name		First		M.I.	
Moshos		John			
Residential Street Address		City		State	Zip Code
20 3rd St		Stamford		CT	06905-5106
Principal Occupation		Name of Employer			
Restaurant Owner		Self			
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?		Amount of Contribution \$250.00	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Is this contribution associated with an event reported in Section L1? <i>If yes, list Event #</i>		Is contributor a principal of a state contractor or prospective state contractor? <i>If yes, indicate which branch or branches of government the contract is with:</i>			
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Executive <input type="checkbox"/> Legislative			
Method of contribution:		Date Received		Aggregate contributions	
<input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		06/17/2021		\$250.00	

SUBTOTAL Section B - This Page	\$1,300.00
TOTAL of Section B Pages	\$302,834.20
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B) <i>(Enter total on Line 13, Column A of Summary Page)</i>	\$303,219.21

I. MONETARY RECEIPTS (Sections A-K)

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)				TYPE OF REPORT	
Bobby Valentine for Stamford				July 10 filing	
A. Total Contributions from Small Contributors - Received this Period ONLY (See instructions for definition of Small Contributor)				Subtotal Section A \$385.01	
B. Itemized Contributions from Individuals					
Last Name		First		M.I.	
Kushner		Thomas			
Residential Street Address		City		State	Zip Code
266 Putnam Rd		New Canaan		CT	06840-6811
Principal Occupation		Name of Employer			
Executive		Wells Fargo			
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?		Amount of Contribution	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Is this contribution associated with an event reported in Section L1?		Is contributor a principal of a state contractor or prospective state contractor?		\$100.00	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>If yes, list Event #</i>		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>If yes, indicate which branch or branches of government the contract is with:</i> <input type="checkbox"/> Executive <input type="checkbox"/> Legislative			
Method of contribution:		Date Received		Aggregate contributions	
<input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		06/17/2021		\$100.00	
Last Name		First		M.I.	
Livesay		Andrew			
Residential Street Address		City		State	Zip Code
339 Elm St		New Canaan		CT	06840-5317
Principal Occupation		Name of Employer			
Consultant		Morgan Stanley			
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?		Amount of Contribution	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Is this contribution associated with an event reported in Section L1?		Is contributor a principal of a state contractor or prospective state contractor?		\$150.00	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>If yes, list Event #</i>		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>If yes, indicate which branch or branches of government the contract is with:</i> <input type="checkbox"/> Executive <input type="checkbox"/> Legislative			
Method of contribution:		Date Received		Aggregate contributions	
<input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		06/17/2021		\$150.00	
Last Name		First		M.I.	
Abeer		Ali			
Residential Street Address		City		State	Zip Code
6 Columbus Pl		Stamford		CT	06907-6601
Principal Occupation		Name of Employer			
Project Lead		Genpact			
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?		Amount of Contribution	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Is this contribution associated with an event reported in Section L1?		Is contributor a principal of a state contractor or prospective state contractor?		\$50.00	
<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <i>If yes, list Event #</i> 062321b		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>If yes, indicate which branch or branches of government the contract is with:</i> <input type="checkbox"/> Executive <input type="checkbox"/> Legislative			
Method of contribution:		Date Received		Aggregate contributions	
<input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		06/17/2021		\$50.00	

SUBTOTAL Section B - This Page	\$300.00
TOTAL of Section B Pages	\$302,834.20
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B) <i>(Enter total on Line 13, Column A of Summary Page)</i>	\$303,219.21

I. MONETARY RECEIPTS (Sections A-K)

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)				TYPE OF REPORT	
Bobby Valentine for Stamford				July 10 filing	
A. Total Contributions from Small Contributors - Received this Period ONLY (See instructions for definition of Small Contributor)				Subtotal Section A \$385.01	
B. Itemized Contributions from Individuals					
Last Name chavan		First anand		M.I.	
Residential Street Address 204 Eastlawn St		City Fairfield		State CT	Zip Code 06824-6481
Principal Occupation Software Engineer		Name of Employer Guardx			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		If contribution is in excess of \$400 to a candidate 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? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution \$25.00	
Is this contribution associated with an event reported in Section L1? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <i>If yes, list Event # 062321b</i>		Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>If yes, indicate which branch or branches of government the contract is with:</i> <input type="checkbox"/> Executive <input type="checkbox"/> Legislative			
Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		Date Received 06/17/2021	Aggregate contributions \$25.00		
Last Name Valentine		First Joe		M.I.	
Residential Street Address 23 A Anthony Ln		City Darien		State CT	Zip Code 06820-5002
Principal Occupation retired		Name of Employer Retired			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		If contribution is in excess of \$400 to a candidate 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? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution \$500.00	
Is this contribution associated with an event reported in Section L1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>If yes, list Event #</i>		Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>If yes, indicate which branch or branches of government the contract is with:</i> <input type="checkbox"/> Executive <input type="checkbox"/> Legislative			
Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		Date Received 06/17/2021	Aggregate contributions \$500.00		
Last Name Cohen		First Lawrence		M.I.	
Residential Street Address 23 River Glade Dr		City Lincoln		State NH	Zip Code 03251
Principal Occupation Btoker		Name of Employer Ringler Associates			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		If contribution is in excess of \$400 to a candidate 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? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution \$100.00	
Is this contribution associated with an event reported in Section L1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>If yes, list Event #</i>		Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>If yes, indicate which branch or branches of government the contract is with:</i> <input type="checkbox"/> Executive <input type="checkbox"/> Legislative			
Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		Date Received 06/17/2021	Aggregate contributions \$100.00		

SUBTOTAL Section B - This Page	\$625.00
TOTAL of Section B Pages	\$302,834.20
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B) <i>(Enter total on Line 13, Column A of Summary Page)</i>	\$303,219.21

I. MONETARY RECEIPTS (Sections A-K)

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)				TYPE OF REPORT	
Bobby Valentine for Stamford				July 10 filing	
A. Total Contributions from Small Contributors - Received this Period ONLY (See instructions for definition of Small Contributor)				Subtotal Section A \$385.01	
B. Itemized Contributions from Individuals					
Last Name		First		M.I.	
Simon		Joseph			
Residential Street Address		City		State	Zip Code
15 Deerfield Rd		Darien		CT	06820-4904
Principal Occupation		Name of Employer			
Executive		Entain			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		If contribution is in excess of \$400 to a candidate 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? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution \$1,000.00	
Is this contribution associated with an event reported in Section L1? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <i>If yes, list Event # 062321b</i>		Is contributor a principal of a state contractor or prospective state contractor? <i>If yes, indicate which branch or branches of government the contract is with:</i> <input type="checkbox"/> Executive <input type="checkbox"/> Legislative <input checked="" type="checkbox"/> No			
Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		Date Received	Aggregate contributions		
		06/17/2021	\$1,000.00		
Last Name		First		M.I.	
Moriwaki		Gary			
Residential Street Address		City		State	Zip Code
845 United Nations Plz, Apt 38A		New York		NY	10017-3533
Principal Occupation		Name of Employer			
lawyer		Windels Marx			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		If contribution is in excess of \$400 to a candidate 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? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution \$1,000.00	
Is this contribution associated with an event reported in Section L1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>If yes, list Event #</i>		Is contributor a principal of a state contractor or prospective state contractor? <i>If yes, indicate which branch or branches of government the contract is with:</i> <input type="checkbox"/> Executive <input type="checkbox"/> Legislative <input checked="" type="checkbox"/> No			
Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		Date Received	Aggregate contributions		
		06/17/2021	\$1,000.00		
Last Name		First		M.I.	
Albano		Mike			
Residential Street Address		City		State	Zip Code
2262 Bella Vista Way		Port Saint Lucie		FL	34952-2633
Principal Occupation		Name of Employer			
Teacher		Self			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		If contribution is in excess of \$400 to a candidate 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? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution \$5.00	
Is this contribution associated with an event reported in Section L1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>If yes, list Event #</i>		Is contributor a principal of a state contractor or prospective state contractor? <i>If yes, indicate which branch or branches of government the contract is with:</i> <input type="checkbox"/> Executive <input type="checkbox"/> Legislative <input checked="" type="checkbox"/> No			
Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		Date Received	Aggregate contributions		
		06/18/2021	\$5.00		

SUBTOTAL Section B - This Page	\$2,005.00
TOTAL of Section B Pages	\$302,834.20
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B) <i>(Enter total on Line 13, Column A of Summary Page)</i>	\$303,219.21

I. MONETARY RECEIPTS (Sections A-K)

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)				TYPE OF REPORT	
Bobby Valentine for Stamford				July 10 filing	
A. Total Contributions from Small Contributors - Received this Period ONLY (See instructions for definition of Small Contributor)				Subtotal Section A \$385.01	
B. Itemized Contributions from Individuals					
Last Name		First		M.I.	
Rennie		Neil			
Residential Street Address		City		State	Zip Code
199 Red Fox Rd		Stamford		CT	06903-4620
Principal Occupation		Name of Employer			
Manager		Guardian Services			
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?		Amount of Contribution	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Is this contribution associated with an event reported in Section L1?		Is contributor a principal of a state contractor or prospective state contractor?		\$50.00	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>If yes, list Event #</i>		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>If yes, indicate which branch or branches of government the contract is with:</i> <input type="checkbox"/> Executive <input type="checkbox"/> Legislative			
Method of contribution:		Date Received		Aggregate contributions	
<input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		06/18/2021		\$50.00	
Last Name		First		M.I.	
Untracht		Ari			
Residential Street Address		City		State	Zip Code
176 E 77th St, Apt 5C		New York		NY	10075-1909
Principal Occupation		Name of Employer			
Senior Director		Eldridge			
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?		Amount of Contribution	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Is this contribution associated with an event reported in Section L1?		Is contributor a principal of a state contractor or prospective state contractor?		\$1,000.00	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>If yes, list Event #</i>		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>If yes, indicate which branch or branches of government the contract is with:</i> <input type="checkbox"/> Executive <input type="checkbox"/> Legislative			
Method of contribution:		Date Received		Aggregate contributions	
<input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		06/18/2021		\$1,000.00	
Last Name		First		M.I.	
Loeb		Steven			
Residential Street Address		City		State	Zip Code
2241 Shippan Ave		Stamford		CT	06902-8207
Principal Occupation		Name of Employer			
Attorney		Cleary Gottlieb			
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?		Amount of Contribution	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Is this contribution associated with an event reported in Section L1?		Is contributor a principal of a state contractor or prospective state contractor?		\$1,000.00	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>If yes, list Event #</i>		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>If yes, indicate which branch or branches of government the contract is with:</i> <input type="checkbox"/> Executive <input type="checkbox"/> Legislative			
Method of contribution:		Date Received		Aggregate contributions	
<input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		06/18/2021		\$1,000.00	

SUBTOTAL Section B - This Page	\$2,050.00
TOTAL of Section B Pages	\$302,834.20
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B) <i>(Enter total on Line 13, Column A of Summary Page)</i>	\$303,219.21

I. MONETARY RECEIPTS (Sections A-K)

NAME OF COMMITTEE <i>(Provide Complete Name as Registered with Filing Repository)</i>				TYPE OF REPORT	
Bobby Valentine for Stamford				July 10 filing	
A. Total Contributions from Small Contributors - Received this Period ONLY <i>(See instructions for definition of Small Contributor)</i>				Subtotal Section A \$385.01	
B. Itemized Contributions from Individuals					
Last Name		First		M.I.	
Bevino		Jeffrey			
Residential Street Address		City		State	Zip Code
28 Cardinal Dr		Milford		CT	06460-6712
Principal Occupation		Name of Employer			
Teacher/coach		Not 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?		Amount of Contribution	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Is this contribution associated with an event reported in Section L1?		Is contributor a principal of a state contractor or prospective state contractor?		\$50.00	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>If yes, list Event #</i>		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>If yes, indicate which branch or branches of government the contract is with:</i> <input type="checkbox"/> Executive <input type="checkbox"/> Legislative			
Method of contribution:		Date Received		Aggregate contributions	
<input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		06/18/2021		\$50.00	
Last Name		First		M.I.	
Bedosky		John			
Residential Street Address		City		State	Zip Code
8008 Signature Club Cir, Unit 202		Naples		FL	34113-1756
Principal Occupation		Name of Employer			
Retired		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?		Amount of Contribution	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Is this contribution associated with an event reported in Section L1?		Is contributor a principal of a state contractor or prospective state contractor?		\$500.00	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>If yes, list Event #</i>		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>If yes, indicate which branch or branches of government the contract is with:</i> <input type="checkbox"/> Executive <input type="checkbox"/> Legislative			
Method of contribution:		Date Received		Aggregate contributions	
<input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		06/18/2021		\$500.00	
Last Name		First		M.I.	
Schinella		Joseph			
Residential Street Address		City		State	Zip Code
1179 Newfield Ave		Stamford		CT	06905-1410
Principal Occupation		Name of Employer			
Builder		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?		Amount of Contribution	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Is this contribution associated with an event reported in Section L1?		Is contributor a principal of a state contractor or prospective state contractor?		\$500.00	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>If yes, list Event #</i>		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>If yes, indicate which branch or branches of government the contract is with:</i> <input type="checkbox"/> Executive <input type="checkbox"/> Legislative			
Method of contribution:		Date Received		Aggregate contributions	
<input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		06/18/2021		\$500.00	

SUBTOTAL Section B - This Page	\$1,050.00
TOTAL of Section B Pages	\$302,834.20
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B) <i>(Enter total on Line 13, Column A of Summary Page)</i>	\$303,219.21

I. MONETARY RECEIPTS (Sections A-K)

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)				TYPE OF REPORT	
Bobby Valentine for Stamford				July 10 filing	
A. Total Contributions from Small Contributors - Received this Period ONLY (See instructions for definition of Small Contributor)				Subtotal Section A \$385.01	
B. Itemized Contributions from Individuals					
Last Name		First		M.I.	
Fortt		Guy			
Residential Street Address		City		State	Zip Code
6 Nyselius Pl		Stamford		CT	06905-2523
Principal Occupation		Name of Employer			
Not Employed		Not 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?		Amount of Contribution \$100.00	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Is this contribution associated with an event reported in Section L1? <i>If yes, list Event #</i>		Is contributor a principal of a state contractor or prospective state contractor? <i>If yes, indicate which branch or branches of government the contract is with:</i>			
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Executive <input type="checkbox"/> Legislative			
Method of contribution:		Date Received		Aggregate contributions	
<input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		06/18/2021		\$100.00	
Last Name		First		M.I.	
Labrosciano		Elizabeth			
Residential Street Address		City		State	Zip Code
160 Wire Mill Rd		Stamford		CT	06903-4411
Principal Occupation		Name of Employer			
Executive		Stamford Museum & Nature Center			
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?		Amount of Contribution \$25.00	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Is this contribution associated with an event reported in Section L1? <i>If yes, list Event #</i>		Is contributor a principal of a state contractor or prospective state contractor? <i>If yes, indicate which branch or branches of government the contract is with:</i>			
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Executive <input type="checkbox"/> Legislative			
Method of contribution:		Date Received		Aggregate contributions	
<input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		06/18/2021		\$25.00	
Last Name		First		M.I.	
Passaro Jr		Francis			
Residential Street Address		City		State	Zip Code
133 Joffre Ave		Stamford		CT	06905-3318
Principal Occupation		Name of Employer			
Consultant		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?		Amount of Contribution \$20.00	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Is this contribution associated with an event reported in Section L1? <i>If yes, list Event #</i>		Is contributor a principal of a state contractor or prospective state contractor? <i>If yes, indicate which branch or branches of government the contract is with:</i>			
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Executive <input type="checkbox"/> Legislative			
Method of contribution:		Date Received		Aggregate contributions	
<input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		06/18/2021		\$20.00	

SUBTOTAL Section B - This Page	\$145.00
TOTAL of Section B Pages	\$302,834.20
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B) <i>(Enter total on Line 13, Column A of Summary Page)</i>	\$303,219.21

I. MONETARY RECEIPTS (Sections A-K)

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)				TYPE OF REPORT	
Bobby Valentine for Stamford				July 10 filing	
A. Total Contributions from Small Contributors - Received this Period ONLY (See instructions for definition of Small Contributor)				Subtotal Section A \$385.01	
B. Itemized Contributions from Individuals					
Last Name		First		M.I.	
Munakala		Teja			
Residential Street Address		City		State	Zip Code
15 Cottage Pl		Greenwich		CT	06830-6733
Principal Occupation		Name of Employer			
Investor		MKP Capital Management			
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?		Amount of Contribution	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Is this contribution associated with an event reported in Section L1?		Is contributor a principal of a state contractor or prospective state contractor?		\$25.00	
<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <i>If yes, list Event # 062321b</i>		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>If yes, indicate which branch or branches of government the contract is with:</i> <input type="checkbox"/> Executive <input type="checkbox"/> Legislative			
Method of contribution:		Date Received		Aggregate contributions	
<input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		06/18/2021		\$25.00	
Last Name		First		M.I.	
Bhakta		Sanjay			
Residential Street Address		City		State	Zip Code
201 Trump Park		Shrub Oak		NY	10588-1210
Principal Occupation		Name of Employer			
Executive		Conde Nast			
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?		Amount of Contribution	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Is this contribution associated with an event reported in Section L1?		Is contributor a principal of a state contractor or prospective state contractor?		\$50.00	
<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <i>If yes, list Event # 062321b</i>		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>If yes, indicate which branch or branches of government the contract is with:</i> <input type="checkbox"/> Executive <input type="checkbox"/> Legislative			
Method of contribution:		Date Received		Aggregate contributions	
<input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		06/18/2021		\$50.00	
Last Name		First		M.I.	
DeLeo		Paulette			
Residential Street Address		City		State	Zip Code
51 Hilltop Ave		Stamford		CT	06907-1312
Principal Occupation		Name of Employer			
President of SPS Paraeducators		Board of Ed			
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?		Amount of Contribution	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Is this contribution associated with an event reported in Section L1?		Is contributor a principal of a state contractor or prospective state contractor?		\$25.00	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>If yes, list Event #</i>		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>If yes, indicate which branch or branches of government the contract is with:</i> <input type="checkbox"/> Executive <input type="checkbox"/> Legislative			
Method of contribution:		Date Received		Aggregate contributions	
<input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		06/18/2021		\$25.00	

SUBTOTAL Section B - This Page	\$100.00
TOTAL of Section B Pages	\$302,834.20
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B) <i>(Enter total on Line 13, Column A of Summary Page)</i>	\$303,219.21

I. MONETARY RECEIPTS (Sections A-K)

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)				TYPE OF REPORT	
Bobby Valentine for Stamford				July 10 filing	
A. Total Contributions from Small Contributors - Received this Period ONLY (See instructions for definition of Small Contributor)				Subtotal Section A \$385.01	
B. Itemized Contributions from Individuals					
Last Name		First		M.I.	
Rangarajan		Sriram			
Residential Street Address		City		State	Zip Code
107 Old Kings Hwy S		Darlen		CT	06820-5409
Principal Occupation		Name of Employer			
Software Engineer		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?		Amount of Contribution \$25.00	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Is this contribution associated with an event reported in Section L1? <i>If yes, list Event # 062321b</i>		Is contributor a principal of a state contractor or prospective state contractor? <i>If yes, indicate which branch or branches of government the contract is with:</i>			
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Executive <input type="checkbox"/> Legislative			
Method of contribution:		Date Received		Aggregate contributions	
<input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		06/18/2021		\$25.00	
Last Name		First		M.I.	
Rich		Thomas			
Residential Street Address		City		State	Zip Code
1 Rogers Rd		Stamford		CT	06902-8225
Principal Occupation		Name of Employer			
Executive		F. D. Rich Company			
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?		Amount of Contribution \$500.00	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Is this contribution associated with an event reported in Section L1? <i>If yes, list Event # 062221a</i>		Is contributor a principal of a state contractor or prospective state contractor? <i>If yes, indicate which branch or branches of government the contract is with:</i>			
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Executive <input type="checkbox"/> Legislative			
Method of contribution:		Date Received		Aggregate contributions	
<input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		06/18/2021		\$500.00	
Last Name		First		M.I.	
Riveles		Mike			
Residential Street Address		City		State	Zip Code
133 Minivale Rd		Stamford		CT	06907-1210
Principal Occupation		Name of Employer			
Teacher		Stamford Public Schools			
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?		Amount of Contribution \$21.00	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Is this contribution associated with an event reported in Section L1? <i>If yes, list Event #</i>		Is contributor a principal of a state contractor or prospective state contractor? <i>If yes, indicate which branch or branches of government the contract is with:</i>			
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Executive <input type="checkbox"/> Legislative			
Method of contribution:		Date Received		Aggregate contributions	
<input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		06/18/2021		\$21.00	

SUBTOTAL Section B - This Page	\$546.00
TOTAL of Section B Pages	\$302,834.20
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B) <i>(Enter total on Line 13, Column A of Summary Page)</i>	\$303,219.21

I. MONETARY RECEIPTS (Sections A-K)

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)				TYPE OF REPORT	
Bobby Valentine for Stamford				July 10 filing	
A. Total Contributions from Small Contributors - Received this Period ONLY (See instructions for definition of Small Contributor)				Subtotal Section A \$385.01	
B. Itemized Contributions from Individuals					
Last Name		First		M.I.	
Luccarelli		Stephen			
Residential Street Address		City		State	Zip Code
63 Skyview Ln		New Canaan		CT	06840-6032
Principal Occupation		Name of Employer			
Student		Student			
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?		Amount of Contribution \$100.00	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Is this contribution associated with an event reported in Section L1? <i>If yes, list Event #</i>		Is contributor a principal of a state contractor or prospective state contractor? <i>If yes, indicate which branch or branches of government the contract is with:</i>			
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Executive <input type="checkbox"/> Legislative			
Method of contribution:			Date Received	Aggregate contributions	
<input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order			06/18/2021	\$100.00	
Last Name		First		M.I.	
Charles		Bruce			
Residential Street Address		City		State	Zip Code
1920 Main St, Ste 1170		Irvine		CA	92614-7230
Principal Occupation		Name of Employer			
attorney		Charles & Kane LLP			
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?		Amount of Contribution \$50.00	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Is this contribution associated with an event reported in Section L1? <i>If yes, list Event #</i>		Is contributor a principal of a state contractor or prospective state contractor? <i>If yes, indicate which branch or branches of government the contract is with:</i>			
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Executive <input type="checkbox"/> Legislative			
Method of contribution:			Date Received	Aggregate contributions	
<input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order			06/18/2021	\$50.00	
Last Name		First		M.I.	
Severson		Corky			
Residential Street Address		City		State	Zip Code
22 Saratoga		Newport Beach		CA	92660-6152
Principal Occupation		Name of Employer			
Financier		Self			
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?		Amount of Contribution \$20.00	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Is this contribution associated with an event reported in Section L1? <i>If yes, list Event #</i>		Is contributor a principal of a state contractor or prospective state contractor? <i>If yes, indicate which branch or branches of government the contract is with:</i>			
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Executive <input type="checkbox"/> Legislative			
Method of contribution:			Date Received	Aggregate contributions	
<input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order			06/18/2021	\$20.00	

SUBTOTAL Section B - This Page	\$170.00
TOTAL of Section B Pages	\$302,834.20
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B) <i>(Enter total on Line 13, Column A of Summary Page)</i>	\$303,219.21

I. MONETARY RECEIPTS (Sections A-K)

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)				TYPE OF REPORT	
Bobby Valentine for Stamford				July 10 filing	
A. Total Contributions from Small Contributors - Received this Period ONLY (See instructions for definition of Small Contributor)				Subtotal Section A \$385.01	
B. Itemized Contributions from Individuals					
Last Name		First		M.I.	
Kuppuswamy		Nandu			
Residential Street Address		City		State	Zip Code
78 Sheephill Rd		Riverside		CT	06878-1417
Principal Occupation		Name of Employer			
Consultant		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?		Amount of Contribution \$25.00	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Is this contribution associated with an event reported in Section L1? <i>If yes, list Event # 062321b</i>		Is contributor a principal of a state contractor or prospective state contractor? <i>If yes, indicate which branch or branches of government the contract is with:</i>			
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Executive <input type="checkbox"/> Legislative			
Method of contribution:		Date Received		Aggregate contributions	
<input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		06/18/2021		\$25.00	
Last Name		First		M.I.	
Chand		Akshay			
Residential Street Address		City		State	Zip Code
1455 Washington Blvd, Apt 442		Stamford		CT	06902-8809
Principal Occupation		Name of Employer			
Managing Director		MKP Capital			
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?		Amount of Contribution \$25.00	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Is this contribution associated with an event reported in Section L1? <i>If yes, list Event # 062321b</i>		Is contributor a principal of a state contractor or prospective state contractor? <i>If yes, indicate which branch or branches of government the contract is with:</i>			
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Executive <input type="checkbox"/> Legislative			
Method of contribution:		Date Received		Aggregate contributions	
<input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		06/18/2021		\$25.00	
Last Name		First		M.I.	
Singh		Manish			
Residential Street Address		City		State	Zip Code
21 Harding Rd		Old Greenwich		CT	06870-1501
Principal Occupation		Name of Employer			
Finance		GSA Capital			
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?		Amount of Contribution \$25.00	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Is this contribution associated with an event reported in Section L1? <i>If yes, list Event # 062321b</i>		Is contributor a principal of a state contractor or prospective state contractor? <i>If yes, indicate which branch or branches of government the contract is with:</i>			
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Executive <input type="checkbox"/> Legislative			
Method of contribution:		Date Received		Aggregate contributions	
<input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		06/18/2021		\$25.00	

SUBTOTAL Section B - This Page	\$75.00
TOTAL of Section B Pages	\$302,834.20
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B) <i>(Enter total on Line 13, Column A of Summary Page)</i>	\$303,219.21

I. MONETARY RECEIPTS (Sections A-K)

NAME OF COMMITTEE <i>(Provide Complete Name as Registered with Filing Repository)</i>				TYPE OF REPORT	
Bobby Valentine for Stamford				July 10 filing	
A. Total Contributions from Small Contributors - Received this Period ONLY <i>(See instructions for definition of Small Contributor)</i>				Subtotal Section A \$385.01	
B. Itemized Contributions from Individuals					
Last Name		First		M.I.	
Kelly		Kristen			
Residential Street Address		City		State	Zip Code
89 Haynes Rd		West Hartford		CT	06117-2614
Principal Occupation		Name of Employer			
Nurse		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?		Amount of Contribution	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		\$20.00	
Is this contribution associated with an event reported in Section L1? <i>If yes, list Event #</i>		Is contributor a principal of a state contractor or prospective state contractor? <i>If yes, indicate which branch or branches of government the contract is with:</i>			
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Executive <input type="checkbox"/> Legislative			
Method of contribution:		Date Received	Aggregate contributions		
<input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		06/18/2021	\$20.00		
Last Name		First		M.I.	
PRESTON		Mark			
Residential Street Address		City		State	Zip Code
3 Cliffview Dr		Norwalk		CT	06850-1641
Principal Occupation		Name of Employer			
Editor		US Tennis Assoc			
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?		Amount of Contribution	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		\$20.00	
Is this contribution associated with an event reported in Section L1? <i>If yes, list Event #</i>		Is contributor a principal of a state contractor or prospective state contractor? <i>If yes, indicate which branch or branches of government the contract is with:</i>			
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Executive <input type="checkbox"/> Legislative			
Method of contribution:		Date Received	Aggregate contributions		
<input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		06/18/2021	\$20.00		
Last Name		First		M.I.	
McCluggage		D. Kerry			
Residential Street Address		City		State	Zip Code
1415 Parkview Ave		Pasadena		CA	91103-2361
Principal Occupation		Name of Employer			
Executive		Craftsman Films, Inc.			
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?		Amount of Contribution	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		\$500.00	
Is this contribution associated with an event reported in Section L1? <i>If yes, list Event #</i>		Is contributor a principal of a state contractor or prospective state contractor? <i>If yes, indicate which branch or branches of government the contract is with:</i>			
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Executive <input type="checkbox"/> Legislative			
Method of contribution:		Date Received	Aggregate contributions		
<input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		06/18/2021	\$500.00		

SUBTOTAL Section B - This Page	\$540.00
TOTAL of Section B Pages	\$302,834.20
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B) <i>(Enter total on Line 13, Column A of Summary Page)</i>	\$303,219.21

I. MONETARY RECEIPTS (Sections A-K)

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)				TYPE OF REPORT	
Bobby Valentine for Stamford				July 10 filing	
A. Total Contributions from Small Contributors - Received this Period ONLY (See instructions for definition of Small Contributor)				Subtotal Section A \$385.01	
B. Itemized Contributions from Individuals					
Last Name		First		M.I.	
MacLean		Malcolm			
Residential Street Address		City		State	Zip Code
1 Harbor Dr		Greenwich		CT	06830-7019
Principal Occupation		Name of Employer			
Real Estate		Star Asia			
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?		Amount of Contribution \$1,000.00	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Is this contribution associated with an event reported in Section L1? <i>If yes, list Event #</i>		Is contributor a principal of a state contractor or prospective state contractor? <i>If yes, indicate which branch or branches of government the contract is with:</i>			
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Executive <input type="checkbox"/> Legislative			
Method of contribution:		Date Received		Aggregate contributions	
<input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		06/18/2021		\$1,000.00	
Last Name		First		M.I.	
Byrnes		Matt			
Residential Street Address		City		State	Zip Code
258 Halstead Ave		Harrison		NY	10528-7571
Principal Occupation		Name of Employer			
Executive		Maltese Capital			
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?		Amount of Contribution \$100.00	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Is this contribution associated with an event reported in Section L1? <i>If yes, list Event #</i>		Is contributor a principal of a state contractor or prospective state contractor? <i>If yes, indicate which branch or branches of government the contract is with:</i>			
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Executive <input type="checkbox"/> Legislative			
Method of contribution:		Date Received		Aggregate contributions	
<input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		06/19/2021		\$100.00	
Last Name		First		M.I.	
McKiernan		Thomas			
Residential Street Address		City		State	Zip Code
36 White Oak Ln		Stamford		CT	06905-1521
Principal Occupation		Name of Employer			
Risk Management / Insurance		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?		Amount of Contribution \$500.00	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Is this contribution associated with an event reported in Section L1? <i>If yes, list Event #</i>		Is contributor a principal of a state contractor or prospective state contractor? <i>If yes, indicate which branch or branches of government the contract is with:</i>			
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Executive <input type="checkbox"/> Legislative			
Method of contribution:		Date Received		Aggregate contributions	
<input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		06/19/2021		\$500.00	

SUBTOTAL Section B - This Page	\$1,600.00
TOTAL of Section B Pages	\$302,834.20
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B) <i>(Enter total on Line 13, Column A of Summary Page)</i>	\$303,219.21

I. MONETARY RECEIPTS (Sections A-K)

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)				TYPE OF REPORT	
Bobby Valentine for Stamford				July 10 filing	
A. Total Contributions from Small Contributors - Received this Period ONLY (See instructions for definition of Small Contributor)				Subtotal Section A \$385.01	
B. Itemized Contributions from Individuals					
Last Name		First		M.I.	
Arader		Alexander			
Residential Street Address		City		State	Zip Code
95 Dulan Dr		Stamford		CT	06903-1631
Principal Occupation		Name of Employer			
Banker		Stamford Mortgage Company			
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?		Amount of Contribution	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Is this contribution associated with an event reported in Section L1?		Is contributor a principal of a state contractor or prospective state contractor?		\$50.00	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>If yes, list Event #</i>		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>If yes, indicate which branch or branches of government the contract is with:</i> <input type="checkbox"/> Executive <input type="checkbox"/> Legislative			
Method of contribution:		Date Received		Aggregate contributions	
<input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		06/19/2021		\$50.00	
Last Name		First		M.I.	
Rigakos		Peter			
Residential Street Address		City		State	Zip Code
1212 Stillwater Rd		Stamford		CT	06902-1428
Principal Occupation		Name of Employer			
Retired		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?		Amount of Contribution	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Is this contribution associated with an event reported in Section L1?		Is contributor a principal of a state contractor or prospective state contractor?		\$20.00	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>If yes, list Event #</i>		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>If yes, indicate which branch or branches of government the contract is with:</i> <input type="checkbox"/> Executive <input type="checkbox"/> Legislative			
Method of contribution:		Date Received		Aggregate contributions	
<input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		06/19/2021		\$20.00	
Last Name		First		M.I.	
Hagan		JohnJoan			
Residential Street Address		City		State	Zip Code
9 Old North Stamford Rd		Stamford		CT	06905-3929
Principal Occupation		Name of Employer			
Retired		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?		Amount of Contribution	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Is this contribution associated with an event reported in Section L1?		Is contributor a principal of a state contractor or prospective state contractor?		\$25.00	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>If yes, list Event #</i>		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>If yes, indicate which branch or branches of government the contract is with:</i> <input type="checkbox"/> Executive <input type="checkbox"/> Legislative			
Method of contribution:		Date Received		Aggregate contributions	
<input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		06/19/2021		\$25.00	

SUBTOTAL Section B - This Page	\$95.00
TOTAL of Section B Pages	\$302,834.20
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B) <i>(Enter total on Line 13, Column A of Summary Page)</i>	\$303,219.21

I. MONETARY RECEIPTS (Sections A-K)

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)				TYPE OF REPORT	
Bobby Valentine for Stamford				July 10 filing	
A. Total Contributions from Small Contributors - Received this Period ONLY (See instructions for definition of Small Contributor)				Subtotal Section A \$385.01	
B. Itemized Contributions from Individuals					
Last Name		First		M.I.	
Davis		Bob			
Residential Street Address		City		State	Zip Code
476 Wire Mill Rd		Stamford		CT	06903-4711
Principal Occupation		Name of Employer			
Self Employed		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?		Amount of Contribution \$50.00	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Is this contribution associated with an event reported in Section L1? <i>If yes, list Event #</i>		Is contributor a principal of a state contractor or prospective state contractor? <i>If yes, indicate which branch or branches of government the contract is with:</i>			
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Executive <input type="checkbox"/> Legislative			
Method of contribution:		Date Received		Aggregate contributions	
<input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		06/19/2021		\$50.00	
Last Name		First		M.I.	
Gabelli		Mario		J	
Residential Street Address		City		State	Zip Code
1 Corporate Ctr		Rye		NY	10580-1422
Principal Occupation		Name of Employer			
Investment Management		Gabelli Funds			
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?		Amount of Contribution \$150.00	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Is this contribution associated with an event reported in Section L1? <i>If yes, list Event #</i>		Is contributor a principal of a state contractor or prospective state contractor? <i>If yes, indicate which branch or branches of government the contract is with:</i>			
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Executive <input type="checkbox"/> Legislative			
Method of contribution:		Date Received		Aggregate contributions	
<input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		06/19/2021		\$150.00	
Last Name		First		M.I.	
Wuchiski		Cathy			
Residential Street Address		City		State	Zip Code
1286 Hope St		Stamford		CT	06907-1402
Principal Occupation		Name of Employer			
Cashier		Stop and Shop			
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?		Amount of Contribution \$10.00	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Is this contribution associated with an event reported in Section L1? <i>If yes, list Event #</i>		Is contributor a principal of a state contractor or prospective state contractor? <i>If yes, indicate which branch or branches of government the contract is with:</i>			
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Executive <input type="checkbox"/> Legislative			
Method of contribution:		Date Received		Aggregate contributions	
<input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		06/19/2021		\$10.00	

SUBTOTAL Section B - This Page	\$210.00
TOTAL of Section B Pages	\$302,834.20
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B) <i>(Enter total on Line 13, Column A of Summary Page)</i>	\$303,219.21

I. MONETARY RECEIPTS (Sections A-K)

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)				TYPE OF REPORT	
Bobby Valentine for Stamford				July 10 filing	
A. Total Contributions from Small Contributors - Received this Period ONLY (See instructions for definition of Small Contributor)				Subtotal Section A \$385.01	
B. Itemized Contributions from Individuals					
Last Name Vitti		First Joanne		M.I.	
Residential Street Address 20 Apple Blossom Ln		City Danbury		State CT	Zip Code 06811-4938
Principal Occupation Retired		Name of Employer None			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		If contribution is in excess of \$400 to a candidate 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? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution \$25.00	
Is this contribution associated with an event reported in Section L1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>If yes, list Event #</i>		Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>If yes, indicate which branch or branches of government the contract is with:</i> <input type="checkbox"/> Executive <input type="checkbox"/> Legislative			
Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		Date Received 06/19/2021	Aggregate contributions \$25.00		
Last Name Beaumont		First simon		M.I.	
Residential Street Address 5 Wynnewood Ln		City Stamford		State CT	Zip Code 06903-1931
Principal Occupation Finance		Name of Employer IBM			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		If contribution is in excess of \$400 to a candidate 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? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution \$50.00	
Is this contribution associated with an event reported in Section L1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>If yes, list Event #</i>		Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>If yes, indicate which branch or branches of government the contract is with:</i> <input type="checkbox"/> Executive <input type="checkbox"/> Legislative			
Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		Date Received 06/19/2021	Aggregate contributions \$150.00		
Last Name DAdemo		First Clemy		M.I.	
Residential Street Address 6 Nottingham Dr		City Stamford		State CT	Zip Code 06907-1123
Principal Occupation Retired		Name of Employer None			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		If contribution is in excess of \$400 to a candidate 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? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution \$100.00	
Is this contribution associated with an event reported in Section L1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>If yes, list Event #</i>		Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>If yes, indicate which branch or branches of government the contract is with:</i> <input type="checkbox"/> Executive <input type="checkbox"/> Legislative			
Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		Date Received 06/19/2021	Aggregate contributions \$100.00		

SUBTOTAL Section B - This Page	\$175.00
TOTAL of Section B Pages	\$302,834.20
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B) <i>(Enter total on Line 13, Column A of Summary Page)</i>	\$303,219.21

I. MONETARY RECEIPTS (Sections A-K)

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)				TYPE OF REPORT	
Bobby Valentine for Stamford				July 10 filing	
A. Total Contributions from Small Contributors - Received this Period ONLY (See instructions for definition of Small Contributor)				Subtotal Section A \$385.01	
B. Itemized Contributions from Individuals					
Last Name		First		M.I.	
Gatz		Marlene			
Residential Street Address		City		State	Zip Code
23 Pond Rd		Stamford		CT	06902-1814
Principal Occupation		Name of Employer			
Homemaker		Not 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?		Amount of Contribution \$100.00	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Is this contribution associated with an event reported in Section L1? <i>If yes, list Event #</i>		Is contributor a principal of a state contractor or prospective state contractor? <i>If yes, indicate which branch or branches of government the contract is with:</i>			
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Executive <input type="checkbox"/> Legislative			
Method of contribution:			Date Received	Aggregate contributions	
<input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order			06/19/2021	\$110.00	
Last Name		First		M.I.	
Endo		Yoko			
Residential Street Address		City		State	Zip Code
116 Radio Circle Dr, Ste 305A		Mount Kisco		NY	10549-2631
Principal Occupation		Name of Employer			
Owner		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?		Amount of Contribution \$50.00	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Is this contribution associated with an event reported in Section L1? <i>If yes, list Event #</i>		Is contributor a principal of a state contractor or prospective state contractor? <i>If yes, indicate which branch or branches of government the contract is with:</i>			
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Executive <input type="checkbox"/> Legislative			
Method of contribution:			Date Received	Aggregate contributions	
<input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order			06/20/2021	\$50.00	
Last Name		First		M.I.	
Lasko		John			
Residential Street Address		City		State	Zip Code
945 Long Ridge Rd		Stamford		CT	06902-1105
Principal Occupation		Name of Employer			
CPA		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?		Amount of Contribution \$20.00	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Is this contribution associated with an event reported in Section L1? <i>If yes, list Event #</i>		Is contributor a principal of a state contractor or prospective state contractor? <i>If yes, indicate which branch or branches of government the contract is with:</i>			
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Executive <input type="checkbox"/> Legislative			
Method of contribution:			Date Received	Aggregate contributions	
<input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order			06/20/2021	\$20.00	

SUBTOTAL Section B - This Page	\$170.00
TOTAL of Section B Pages	\$302,834.20
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B) <i>(Enter total on Line 13, Column A of Summary Page)</i>	\$303,219.21

I. MONETARY RECEIPTS (Sections A-K)

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)				TYPE OF REPORT	
Bobby Valentine for Stamford				July 10 filing	
A. Total Contributions from Small Contributors - Received this Period ONLY (See instructions for definition of Small Contributor)				Subtotal Section A \$385.01	
B. Itemized Contributions from Individuals					
Last Name Iadarola		First George		M.I.	
Residential Street Address 22 Linden Hts		City Norwalk		State CT	Zip Code 06851-1552
Principal Occupation Assistant Controller		Name of Employer IBM			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		If contribution is in excess of \$400 to a candidate 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? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution \$100.00	
Is this contribution associated with an event reported in Section L1? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If yes, list Event # 062821a		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: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative <input checked="" type="checkbox"/> No			
Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		Date Received 06/20/2021	Aggregate contributions \$100.00		
Last Name Beutel		First Bob		M.I.	
Residential Street Address 38 Farm Hill Rd		City Ridgefield		State CT	Zip Code 06877-3729
Principal Occupation Retired		Name of Employer Retired			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		If contribution is in excess of \$400 to a candidate 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? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution \$25.00	
Is this contribution associated with an event reported in Section L1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No 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: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative <input checked="" type="checkbox"/> No			
Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		Date Received 06/20/2021	Aggregate contributions \$25.00		
Last Name Hickey		First Paul		M.I.	
Residential Street Address 140 Country Club Rd		City Stamford		State CT	Zip Code 06903-1322
Principal Occupation Retired		Name of Employer Retired			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		If contribution is in excess of \$400 to a candidate 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? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution \$1,000.00	
Is this contribution associated with an event reported in Section L1? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If yes, list Event # 062321a		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: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative <input checked="" type="checkbox"/> No			
Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		Date Received 06/20/2021	Aggregate contributions \$1,000.00		

SUBTOTAL Section B - This Page	\$1,125.00
TOTAL of Section B Pages	\$302,834.20
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B) (Enter total on Line 13, Column A of Summary Page)	\$303,219.21

I. MONETARY RECEIPTS (Sections A-K)

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)				TYPE OF REPORT	
Bobby Valentine for Stamford				July 10 filing	
A. Total Contributions from Small Contributors - Received this Period ONLY (See instructions for definition of Small Contributor)				Subtotal Section A \$385.01	
B. Itemized Contributions from Individuals					
Last Name		First		M.I.	
Valentine		Anthony			
Residential Street Address		City		State	Zip Code
128 Scoville Rd		Avon		CT	06001-2532
Principal Occupation		Name of Employer			
Sales		HP Hood			
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?		Amount of Contribution	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Is this contribution associated with an event reported in Section L1?		Is contributor a principal of a state contractor or prospective state contractor?		\$20.00	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>If yes, list Event #</i>		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>If yes, indicate which branch or branches of government the contract is with:</i> <input type="checkbox"/> Executive <input type="checkbox"/> Legislative			
Method of contribution:		Date Received		Aggregate contributions	
<input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		06/20/2021		\$20.00	
Last Name		First		M.I.	
Pearce		Anne			
Residential Street Address		City		State	Zip Code
12 Turtleback Rd		Westerly		RI	02891-5121
Principal Occupation		Name of Employer			
Chemical Engineer/Principal Scientist		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?		Amount of Contribution	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Is this contribution associated with an event reported in Section L1?		Is contributor a principal of a state contractor or prospective state contractor?		\$50.00	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>If yes, list Event #</i>		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>If yes, indicate which branch or branches of government the contract is with:</i> <input type="checkbox"/> Executive <input type="checkbox"/> Legislative			
Method of contribution:		Date Received		Aggregate contributions	
<input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		06/20/2021		\$50.00	
Last Name		First		M.I.	
Gaffney		Brian			
Residential Street Address		City		State	Zip Code
10 Harbor Bluff Ln		Norwalk		CT	06853-1544
Principal Occupation		Name of Employer			
Retired		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?		Amount of Contribution	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Is this contribution associated with an event reported in Section L1?		Is contributor a principal of a state contractor or prospective state contractor?		\$500.00	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>If yes, list Event #</i>		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>If yes, indicate which branch or branches of government the contract is with:</i> <input type="checkbox"/> Executive <input type="checkbox"/> Legislative			
Method of contribution:		Date Received		Aggregate contributions	
<input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		06/20/2021		\$500.00	

SUBTOTAL Section B - This Page	\$570.00
TOTAL of Section B Pages	\$302,834.20
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B) <i>(Enter total on Line 13, Column A of Summary Page)</i>	\$303,219.21

I. MONETARY RECEIPTS (Sections A-K)

NAME OF COMMITTEE <i>(Provide Complete Name as Registered with Filing Repository)</i>				TYPE OF REPORT	
Bobby Valentine for Stamford				July 10 filing	
A. Total Contributions from Small Contributors - Received this Period ONLY <i>(See instructions for definition of Small Contributor)</i>				Subtotal Section A \$385.01	
B. Itemized Contributions from Individuals					
Last Name		First		M.I.	
Kunin		Susan			
Residential Street Address		City		State	Zip Code
149 Emery Dr E		Stamford		CT	06902-2035
Principal Occupation		Name of Employer			
Unemployed		Unemployed			
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?		Amount of Contribution \$100.00	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Is this contribution associated with an event reported in Section L1? <i>If yes, list Event #</i>		Is contributor a principal of a state contractor or prospective state contractor? <i>If yes, indicate which branch or branches of government the contract is with:</i>			
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Executive <input type="checkbox"/> Legislative			
Method of contribution:		Date Received		Aggregate contributions	
<input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		06/20/2021		\$100.00	
Last Name		First		M.I.	
scalise		donald			
Residential Street Address		City		State	Zip Code
34 Lamplighter Ln		Fairfield		CT	06825-2321
Principal Occupation		Name of Employer			
Retired		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?		Amount of Contribution \$1,000.00	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Is this contribution associated with an event reported in Section L1? <i>If yes, list Event #</i>		Is contributor a principal of a state contractor or prospective state contractor? <i>If yes, indicate which branch or branches of government the contract is with:</i>			
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Executive <input type="checkbox"/> Legislative			
Method of contribution:		Date Received		Aggregate contributions	
<input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		06/20/2021		\$1,000.00	
Last Name		First		M.I.	
Miller		Lauren			
Residential Street Address		City		State	Zip Code
9301 Wilshire Blvd		Beverly Hills		CA	90210-5424
Principal Occupation		Name of Employer			
Writer		Freelance			
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?		Amount of Contribution \$50.00	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Is this contribution associated with an event reported in Section L1? <i>If yes, list Event #</i>		Is contributor a principal of a state contractor or prospective state contractor? <i>If yes, indicate which branch or branches of government the contract is with:</i>			
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Executive <input type="checkbox"/> Legislative			
Method of contribution:		Date Received		Aggregate contributions	
<input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		06/20/2021		\$50.00	

SUBTOTAL Section B - This Page	\$1,150.00
TOTAL of Section B Pages	\$302,834.20
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B) <i>(Enter total on Line 13, Column A of Summary Page)</i>	\$303,219.21

I. MONETARY RECEIPTS (Sections A-K)

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)				TYPE OF REPORT	
Bobby Valentine for Stamford				July 10 filing	
A. Total Contributions from Small Contributors - Received this Period ONLY (See instructions for definition of Small Contributor)				Subtotal Section A \$385.01	
B. Itemized Contributions from Individuals					
Last Name		First		M.I.	
Miller		Scott			
Residential Street Address		City		State	Zip Code
741 N Orange Grove Ave		Los Angeles		CA	90046-7211
Principal Occupation		Name of Employer			
Retired		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?		Amount of Contribution	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Is this contribution associated with an event reported in Section L1?		Is contributor a principal of a state contractor or prospective state contractor?		\$50.00	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>If yes, list Event #</i>		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>If yes, indicate which branch or branches of government the contract is with:</i> <input type="checkbox"/> Executive <input type="checkbox"/> Legislative			
Method of contribution:		Date Received		Aggregate contributions	
<input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		06/20/2021		\$100.00	
Last Name		First		M.I.	
Patel		Tejas			
Residential Street Address		City		State	Zip Code
49 Nichols Ave		Stamford		CT	06905-2227
Principal Occupation		Name of Employer			
Software Engineer		JP Morgan			
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?		Amount of Contribution	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Is this contribution associated with an event reported in Section L1?		Is contributor a principal of a state contractor or prospective state contractor?		\$25.00	
<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <i>If yes, list Event # 062321b</i>		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>If yes, indicate which branch or branches of government the contract is with:</i> <input type="checkbox"/> Executive <input type="checkbox"/> Legislative			
Method of contribution:		Date Received		Aggregate contributions	
<input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		06/20/2021		\$25.00	
Last Name		First		M.I.	
Cassone		John			
Residential Street Address		City		State	Zip Code
17 Hoyt St		Stamford		CT	06905-5602
Principal Occupation		Name of Employer			
Attorney		Self			
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?		Amount of Contribution	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Is this contribution associated with an event reported in Section L1?		Is contributor a principal of a state contractor or prospective state contractor?		\$500.00	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>If yes, list Event #</i>		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>If yes, indicate which branch or branches of government the contract is with:</i> <input type="checkbox"/> Executive <input type="checkbox"/> Legislative			
Method of contribution:		Date Received		Aggregate contributions	
<input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		06/20/2021		\$500.00	

SUBTOTAL Section B - This Page	\$575.00
TOTAL of Section B Pages	\$302,834.20
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B) <i>(Enter total on Line 13, Column A of Summary Page)</i>	\$303,219.21

I. MONETARY RECEIPTS (Sections A-K)

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)				TYPE OF REPORT	
Bobby Valentine for Stamford				July 10 filing	
A. Total Contributions from Small Contributors - Received this Period ONLY (See instructions for definition of Small Contributor)				Subtotal Section A \$385.01	
B. Itemized Contributions from Individuals					
Last Name Terenzio		First Dante		M.I. I	
Residential Street Address 85 Riverside Ave, Apt F5		City Stamford		State CT	Zip Code 06905-4420
Principal Occupation Entrepreneur		Name of Employer DNM Associates			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		If contribution is in excess of \$400 to a candidate 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? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution \$500.00	
Is this contribution associated with an event reported in Section L1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>If yes, list Event #</i>		Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>If yes, indicate which branch or branches of government the contract is with:</i> <input type="checkbox"/> Executive <input type="checkbox"/> Legislative			
Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		Date Received 06/20/2021	Aggregate contributions \$500.00		
Last Name Schinella		First Domineck		M.I.	
Residential Street Address 1475 Newfield Ave		City Stamford		State CT	Zip Code 06905-1502
Principal Occupation Owner		Name of Employer Arena Construction			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		If contribution is in excess of \$400 to a candidate 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? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution \$200.00	
Is this contribution associated with an event reported in Section L1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>If yes, list Event #</i>		Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>If yes, indicate which branch or branches of government the contract is with:</i> <input type="checkbox"/> Executive <input type="checkbox"/> Legislative			
Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		Date Received 06/20/2021	Aggregate contributions \$200.00		
Last Name Pardo		First Gaye		M.I.	
Residential Street Address 9950 Durant Dr		City Beverly Hills		State CA	Zip Code 90212-1615
Principal Occupation Retired		Name of Employer Retired			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		If contribution is in excess of \$400 to a candidate 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? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution \$20.00	
Is this contribution associated with an event reported in Section L1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>If yes, list Event #</i>		Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>If yes, indicate which branch or branches of government the contract is with:</i> <input type="checkbox"/> Executive <input type="checkbox"/> Legislative			
Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		Date Received 06/21/2021	Aggregate contributions \$20.00		

SUBTOTAL Section B - This Page	\$720.00
TOTAL of Section B Pages	\$302,834.20
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B) <i>(Enter total on Line 13, Column A of Summary Page)</i>	\$303,219.21

I. MONETARY RECEIPTS (Sections A-K)

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)				TYPE OF REPORT	
Bobby Valentine for Stamford				July 10 filing	
A. Total Contributions from Small Contributors - Received this Period ONLY (See instructions for definition of Small Contributor)				Subtotal Section A \$385.01	
B. Itemized Contributions from Individuals					
Last Name		First		M.I.	
Cohen		David			
Residential Street Address		City		State	Zip Code
1921 Fairfield Beach Rd		Fairfield		CT	06824-6566
Principal Occupation		Name of Employer			
Executive		Standard Oil of Connecticut			
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?			Amount of Contribution
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Is this contribution associated with an event reported in Section L1?		Is contributor a principal of a state contractor or prospective state contractor?			
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative <input checked="" type="checkbox"/> No			\$50.00
Method of contribution:		Date Received		Aggregate contributions	
<input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		06/21/2021		\$50.00	
Last Name		First		M.I.	
Ahuja		Manik			
Residential Street Address		City		State	Zip Code
1084 W Oakland Ave, Apt 922		Johnson City		TN	37604-2573
Principal Occupation		Name of Employer			
Scientist		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?			Amount of Contribution
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Is this contribution associated with an event reported in Section L1?		Is contributor a principal of a state contractor or prospective state contractor?			
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative <input checked="" type="checkbox"/> No			\$5.00
Method of contribution:		Date Received		Aggregate contributions	
<input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		06/21/2021		\$5.00	
Last Name		First		M.I.	
Zinicola		Anthony			
Residential Street Address		City		State	Zip Code
67 Mohawk Trl		Stamford		CT	06903-1608
Principal Occupation		Name of Employer			
Insurance Executive		Not 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?			Amount of Contribution
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Is this contribution associated with an event reported in Section L1?		Is contributor a principal of a state contractor or prospective state contractor?			
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative <input checked="" type="checkbox"/> No			\$100.00
Method of contribution:		Date Received		Aggregate contributions	
<input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		06/21/2021		\$100.00	

SUBTOTAL Section B - This Page	\$155.00
TOTAL of Section B Pages	\$302,834.20
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B) (Enter total on Line 13, Column A of Summary Page)	\$303,219.21

I. MONETARY RECEIPTS (Sections A-K)

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)				TYPE OF REPORT	
Bobby Valentine for Stamford				July 10 filing	
A. Total Contributions from Small Contributors - Received this Period ONLY (See instructions for definition of Small Contributor)				Subtotal Section A \$385.01	
B. Itemized Contributions from Individuals					
Last Name Mead		First Fred		M.I.	
Residential Street Address 4070 Gunsmith Ct		City Jamestown		State NC	Zip Code 27282-7787
Principal Occupation Management		Name of Employer theopexgroup			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		If contribution is in excess of \$400 to a candidate 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? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution \$100.00	
Is this contribution associated with an event reported in Section L1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>If yes, list Event #</i>		Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>If yes, indicate which branch or branches of government the contract is with:</i> <input type="checkbox"/> Executive <input type="checkbox"/> Legislative			
Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		Date Received 06/21/2021	Aggregate contributions \$120.00		
Last Name Mead		First Fred		M.I.	
Residential Street Address 4070 Gunsmith Ct		City Jamestown		State NC	Zip Code 27282-7787
Principal Occupation Management		Name of Employer theopexgroup			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		If contribution is in excess of \$400 to a candidate 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? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution \$20.00	
Is this contribution associated with an event reported in Section L1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>If yes, list Event #</i>		Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>If yes, indicate which branch or branches of government the contract is with:</i> <input type="checkbox"/> Executive <input type="checkbox"/> Legislative			
Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		Date Received 06/21/2021	Aggregate contributions \$120.00		
Last Name Johnson		First Anthony		M.I.	
Residential Street Address 3342 Main St		City Bridgeport		State CT	Zip Code 06606-4227
Principal Occupation Owner		Name of Employer Park city insurance			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		If contribution is in excess of \$400 to a candidate 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? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution \$10.00	
Is this contribution associated with an event reported in Section L1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>If yes, list Event #</i>		Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>If yes, indicate which branch or branches of government the contract is with:</i> <input type="checkbox"/> Executive <input type="checkbox"/> Legislative			
Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		Date Received 06/21/2021	Aggregate contributions \$10.00		

SUBTOTAL Section B - This Page	\$130.00
TOTAL of Section B Pages	\$302,834.20
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B) <i>(Enter total on Line 13, Column A of Summary Page)</i>	\$303,219.21

I. MONETARY RECEIPTS (Sections A-K)

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)				TYPE OF REPORT	
Bobby Valentine for Stamford				July 10 filing	
A. Total Contributions from Small Contributors - Received this Period ONLY (See instructions for definition of Small Contributor)				Subtotal Section A \$385.01	
B. Itemized Contributions from Individuals					
Last Name		First		M.I.	
RAHILLY		GENE			
Residential Street Address		City		State	Zip Code
14 Lordship Rd		Stratford		CT	06615-7820
Principal Occupation		Name of Employer			
Manager		park city insurance			
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?		Amount of Contribution	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Is this contribution associated with an event reported in Section L1?		Is contributor a principal of a state contractor or prospective state contractor?		\$10.00	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>If yes, list Event #</i>		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>If yes, indicate which branch or branches of government the contract is with:</i> <input type="checkbox"/> Executive <input type="checkbox"/> Legislative			
Method of contribution:		Date Received		Aggregate contributions	
<input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		06/21/2021		\$10.00	
Last Name		First		M.I.	
Montanaro		Nick			
Residential Street Address		City		State	Zip Code
989 Lakeside Dr		Bridgeport		CT	06606-1952
Principal Occupation		Name of Employer			
Insurance sales		Self			
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?		Amount of Contribution	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Is this contribution associated with an event reported in Section L1?		Is contributor a principal of a state contractor or prospective state contractor?		\$20.00	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>If yes, list Event #</i>		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>If yes, indicate which branch or branches of government the contract is with:</i> <input type="checkbox"/> Executive <input type="checkbox"/> Legislative			
Method of contribution:		Date Received		Aggregate contributions	
<input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		06/21/2021		\$20.00	
Last Name		First		M.I.	
Sanseverino		Susan			
Residential Street Address		City		State	Zip Code
118 Winesap Rd		Stamford		CT	06903-1812
Principal Occupation		Name of Employer			
Office Manager		Dr. James Brunetti, LLC			
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?		Amount of Contribution	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Is this contribution associated with an event reported in Section L1?		Is contributor a principal of a state contractor or prospective state contractor?		\$150.00	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>If yes, list Event #</i>		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>If yes, indicate which branch or branches of government the contract is with:</i> <input type="checkbox"/> Executive <input type="checkbox"/> Legislative			
Method of contribution:		Date Received		Aggregate contributions	
<input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		06/21/2021		\$150.00	

SUBTOTAL Section B - This Page	\$180.00
TOTAL of Section B Pages	\$302,834.20
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B) <i>(Enter total on Line 13, Column A of Summary Page)</i>	\$303,219.21

I. MONETARY RECEIPTS (Sections A-K)

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)				TYPE OF REPORT	
Bobby Valentine for Stamford				July 10 filing	
A. Total Contributions from Small Contributors - Received this Period ONLY (See instructions for definition of Small Contributor)				Subtotal Section A \$385.01	
B. Itemized Contributions from Individuals					
Last Name		First		M.I.	
Grillo		Lawrence			
Residential Street Address		City		State	Zip Code
20 Gwendolyn Dr		Trumbull		CT	06611-2428
Principal Occupation		Name of Employer			
organic recycling		Grillo Services LLC			
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?		Amount of Contribution	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		\$50.00	
Is this contribution associated with an event reported in Section L1?		Is contributor a principal of a state contractor or prospective state contractor?			
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>If yes, list Event #</i>		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>If yes, indicate which branch or branches of government the contract is with:</i> <input type="checkbox"/> Executive <input type="checkbox"/> Legislative			
Method of contribution:		Date Received		Aggregate contributions	
<input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		06/21/2021		\$70.00	
Last Name		First		M.I.	
Antonucci		John			
Residential Street Address		City		State	Zip Code
85 Doolittle Rd		Stamford		CT	06902-1117
Principal Occupation		Name of Employer			
Heavy equipment operator		City of Stamford			
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?		Amount of Contribution	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		\$10.00	
Is this contribution associated with an event reported in Section L1?		Is contributor a principal of a state contractor or prospective state contractor?			
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>If yes, list Event #</i>		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>If yes, indicate which branch or branches of government the contract is with:</i> <input type="checkbox"/> Executive <input type="checkbox"/> Legislative			
Method of contribution:		Date Received		Aggregate contributions	
<input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		06/21/2021		\$10.00	
Last Name		First		M.I.	
Osborn		Tiani			
Residential Street Address		City		State	Zip Code
131 Soundview Ct		Stamford		CT	06902-7111
Principal Occupation		Name of Employer			
Retired		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?		Amount of Contribution	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		\$50.00	
Is this contribution associated with an event reported in Section L1?		Is contributor a principal of a state contractor or prospective state contractor?			
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>If yes, list Event #</i>		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>If yes, indicate which branch or branches of government the contract is with:</i> <input type="checkbox"/> Executive <input type="checkbox"/> Legislative			
Method of contribution:		Date Received		Aggregate contributions	
<input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		06/21/2021		\$50.00	

SUBTOTAL Section B - This Page	\$110.00
TOTAL of Section B Pages	\$302,834.20
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B) <i>(Enter total on Line 13, Column A of Summary Page)</i>	\$303,219.21

I. MONETARY RECEIPTS (Sections A-K)

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)				TYPE OF REPORT	
Bobby Valentine for Stamford				July 10 filing	
A. Total Contributions from Small Contributors - Received this Period ONLY (See instructions for definition of Small Contributor)				Subtotal Section A \$385.01	
B. Itemized Contributions from Individuals					
Last Name		First		M.I.	
SCHENK		JOE			
Residential Street Address		City		State	Zip Code
102 Park Ave		Bronxville		NY	10708-1705
Principal Occupation		Name of Employer			
Executive		QARIK GROUP LLC			
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?		Amount of Contribution	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Is this contribution associated with an event reported in Section L1?		Is contributor a principal of a state contractor or prospective state contractor?		\$1,000.00	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>If yes, list Event #</i>		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>If yes, indicate which branch or branches of government the contract is with:</i> <input type="checkbox"/> Executive <input type="checkbox"/> Legislative			
Method of contribution:		Date Received		Aggregate contributions	
<input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		06/21/2021		\$1,000.00	
Last Name		First		M.I.	
Smith		Janet			
Residential Street Address		City		State	Zip Code
27 Lanark Rd		Stamford		CT	06902-7819
Principal Occupation		Name of Employer			
Self Employed		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?		Amount of Contribution	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Is this contribution associated with an event reported in Section L1?		Is contributor a principal of a state contractor or prospective state contractor?		\$500.00	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>If yes, list Event #</i>		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>If yes, indicate which branch or branches of government the contract is with:</i> <input type="checkbox"/> Executive <input type="checkbox"/> Legislative			
Method of contribution:		Date Received		Aggregate contributions	
<input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		06/21/2021		\$500.00	
Last Name		First		M.I.	
Greenman		Justin			
Residential Street Address		City		State	Zip Code
20 Clydesdale Rd		Scotch Plains		NJ	07076-2437
Principal Occupation		Name of Employer			
Student		New York University			
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?		Amount of Contribution	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Is this contribution associated with an event reported in Section L1?		Is contributor a principal of a state contractor or prospective state contractor?		\$50.00	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>If yes, list Event #</i>		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>If yes, indicate which branch or branches of government the contract is with:</i> <input type="checkbox"/> Executive <input type="checkbox"/> Legislative			
Method of contribution:		Date Received		Aggregate contributions	
<input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		06/21/2021		\$50.00	

SUBTOTAL Section B - This Page	\$1,550.00
TOTAL of Section B Pages	\$302,834.20
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B) <i>(Enter total on Line 13, Column A of Summary Page)</i>	\$303,219.21

I. MONETARY RECEIPTS (Sections A-K)

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)				TYPE OF REPORT	
Bobby Valentine for Stamford				July 10 filing	
A. Total Contributions from Small Contributors - Received this Period ONLY (See instructions for definition of Small Contributor)				Subtotal Section A \$385.01	
B. Itemized Contributions from Individuals					
Last Name		First		M.I.	
Gentile		Pina			
Residential Street Address		City		State	Zip Code
33 River Hill Dr		Stamford		CT	06902-1619
Principal Occupation		Name of Employer			
Para Ed		Stamford public school			
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?		Amount of Contribution \$5.00	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
Is this contribution associated with an event reported in Section L1? <i>If yes, list Event #</i>		Is contributor a principal of a state contractor or prospective state contractor? <i>If yes, indicate which branch or branches of government the contract is with:</i>			
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Executive <input type="checkbox"/> Legislative			
Method of contribution:		Date Received		Aggregate contributions	
<input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		06/21/2021		\$5.00	
Last Name		First		M.I.	
Ahrens		Peter			
Residential Street Address		City		State	Zip Code
177 White Birch Rd		New Canaan		CT	06840-6723
Principal Occupation		Name of Employer			
Managing Director		JP Morgan			
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?		Amount of Contribution \$300.00	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Is this contribution associated with an event reported in Section L1? <i>If yes, list Event #</i>		Is contributor a principal of a state contractor or prospective state contractor? <i>If yes, indicate which branch or branches of government the contract is with:</i>			
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Executive <input type="checkbox"/> Legislative			
Method of contribution:		Date Received		Aggregate contributions	
<input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		06/21/2021		\$300.00	
Last Name		First		M.I.	
Weissman		Alan			
Residential Street Address		City		State	Zip Code
60 Rye Rd		Rye		NY	10580-2228
Principal Occupation		Name of Employer			
Investor		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?		Amount of Contribution \$250.00	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Is this contribution associated with an event reported in Section L1? <i>If yes, list Event #</i>		Is contributor a principal of a state contractor or prospective state contractor? <i>If yes, indicate which branch or branches of government the contract is with:</i>			
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Executive <input type="checkbox"/> Legislative			
Method of contribution:		Date Received		Aggregate contributions	
<input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		06/21/2021		\$250.00	

SUBTOTAL Section B - This Page	\$555.00
TOTAL of Section B Pages	\$302,834.20
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B) <i>(Enter total on Line 13, Column A of Summary Page)</i>	\$303,219.21

I. MONETARY RECEIPTS (Sections A-K)

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)				TYPE OF REPORT	
Bobby Valentine for Stamford				July 10 filing	
A. Total Contributions from Small Contributors - Received this Period ONLY (See instructions for definition of Small Contributor)				Subtotal Section A \$385.01	
B. Itemized Contributions from Individuals					
Last Name Miller		First Russell		M.I. 	
Residential Street Address 6 Cider Ln		City Norwalk		State CT	Zip Code 06851-3413
Principal Occupation Self Employed		Name of Employer Self Employed			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		If contribution is in excess of \$400 to a candidate 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? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution \$100.00	
Is this contribution associated with an event reported in Section L1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No 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: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative <input checked="" type="checkbox"/> No			
Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		Date Received 06/21/2021	Aggregate contributions \$150.00		
Last Name O'Leary		First Michael		M.I. 	
Residential Street Address 7 Northwind Dr		City Stamford		State CT	Zip Code 06903-2927
Principal Occupation Retired		Name of Employer Retired			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		If contribution is in excess of \$400 to a candidate 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? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution \$1,000.00	
Is this contribution associated with an event reported in Section L1? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If yes, list Event # 062321a		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: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative <input checked="" type="checkbox"/> No			
Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		Date Received 06/21/2021	Aggregate contributions \$1,000.00		
Last Name Liberatore		First John		M.I. 	
Residential Street Address 21 Phaiban Ln		City Stamford		State CT	Zip Code 06902-1813
Principal Occupation HVAC Contractor		Name of Employer J & A Mechanical Service, LLC			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		If contribution is in excess of \$400 to a candidate 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? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution \$50.00	
Is this contribution associated with an event reported in Section L1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No 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: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative <input checked="" type="checkbox"/> No			
Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		Date Received 06/21/2021	Aggregate contributions \$50.00		

SUBTOTAL Section B - This Page	\$1,150.00
TOTAL of Section B Pages	\$302,834.20
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B) (Enter total on Line 13, Column A of Summary Page)	\$303,219.21

I. MONETARY RECEIPTS (Sections A-K)

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)				TYPE OF REPORT	
Bobby Valentine for Stamford				July 10 filing	
A. Total Contributions from Small Contributors - Received this Period ONLY (See instructions for definition of Small Contributor)				Subtotal Section A \$385.01	
B. Itemized Contributions from Individuals					
Last Name		First		M.I.	
Pierce		Karen			
Residential Street Address		City		State	Zip Code
150 Southfield Ave, Apt 1207		Stamford		CT	06902-7758
Principal Occupation		Name of Employer			
IT Program Manager		Gartner, Inc			
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?			Amount of Contribution
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Is this contribution associated with an event reported in Section L1?		Is contributor a principal of a state contractor or prospective state contractor?			
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>If yes, list Event #</i>		<i>If yes, indicate which branch or branches of government the contract is with:</i> <input type="checkbox"/> Executive <input type="checkbox"/> Legislative <input checked="" type="checkbox"/> No			\$20.00
Method of contribution:		Date Received		Aggregate contributions	
<input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		06/21/2021		\$20.00	
Last Name		First		M.I.	
Nichani		Ashok			
Residential Street Address		City		State	Zip Code
26 Mill River St		Stamford		CT	06902-3726
Principal Occupation		Name of Employer			
Owner		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?			Amount of Contribution
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Is this contribution associated with an event reported in Section L1?		Is contributor a principal of a state contractor or prospective state contractor?			
<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <i>If yes, list Event # 062321b</i>		<i>If yes, indicate which branch or branches of government the contract is with:</i> <input type="checkbox"/> Executive <input type="checkbox"/> Legislative <input checked="" type="checkbox"/> No			\$2,000.00
Method of contribution:		Date Received		Aggregate contributions	
<input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		06/21/2021		\$1,000.00	
Last Name		First		M.I.	
Friedman		Melissa			
Residential Street Address		City		State	Zip Code
77 Fox Glen Dr		Stamford		CT	06903-2200
Principal Occupation		Name of Employer			
Homemaker		Not 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?			Amount of Contribution
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Is this contribution associated with an event reported in Section L1?		Is contributor a principal of a state contractor or prospective state contractor?			
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>If yes, list Event #</i>		<i>If yes, indicate which branch or branches of government the contract is with:</i> <input type="checkbox"/> Executive <input type="checkbox"/> Legislative <input checked="" type="checkbox"/> No			\$50.00
Method of contribution:		Date Received		Aggregate contributions	
<input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		06/21/2021		\$50.00	

SUBTOTAL Section B - This Page	\$2,070.00
TOTAL of Section B Pages	\$302,834.20
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B) <i>(Enter total on Line 13, Column A of Summary Page)</i>	\$303,219.21

I. MONETARY RECEIPTS (Sections A-K)

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)				TYPE OF REPORT	
Bobby Valentine for Stamford				July 10 filing	
A. Total Contributions from Small Contributors - Received this Period ONLY (See instructions for definition of Small Contributor)				Subtotal Section A \$385.01	
B. Itemized Contributions from Individuals					
Last Name		First		M.I.	
O'Sullivan		Brian			
Residential Street Address		City		State	Zip Code
355 Atlantic St, Apt 12C		Stamford		CT	06901-3542
Principal Occupation		Name of Employer			
Analyst		Ellington Management Group			
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?		Amount of Contribution	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Is this contribution associated with an event reported in Section L1?		Is contributor a principal of a state contractor or prospective state contractor?		\$50.00	
<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <i>If yes, list Event # 062821a</i>		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>If yes, indicate which branch or branches of government the contract is with:</i> <input type="checkbox"/> Executive <input type="checkbox"/> Legislative			
Method of contribution:		Date Received		Aggregate contributions	
<input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		06/21/2021		\$50.00	
Last Name		First		M.I.	
Subramanian		Anand			
Residential Street Address		City		State	Zip Code
189 Seaside Ave, Apt 4		Stamford		CT	06902-5376
Principal Occupation		Name of Employer			
Manager		Medtronic			
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?		Amount of Contribution	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Is this contribution associated with an event reported in Section L1?		Is contributor a principal of a state contractor or prospective state contractor?		\$50.00	
<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <i>If yes, list Event # 062321b</i>		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>If yes, indicate which branch or branches of government the contract is with:</i> <input type="checkbox"/> Executive <input type="checkbox"/> Legislative			
Method of contribution:		Date Received		Aggregate contributions	
<input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		06/21/2021		\$50.00	
Last Name		First		M.I.	
Luccarelli		Denise			
Residential Street Address		City		State	Zip Code
63 Skyview Ln		New Canaan		CT	06840-6032
Principal Occupation		Name of Employer			
CEO		63 Skyview Lane			
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?		Amount of Contribution	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Is this contribution associated with an event reported in Section L1?		Is contributor a principal of a state contractor or prospective state contractor?		\$1,000.00	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>If yes, list Event #</i>		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>If yes, indicate which branch or branches of government the contract is with:</i> <input type="checkbox"/> Executive <input type="checkbox"/> Legislative			
Method of contribution:		Date Received		Aggregate contributions	
<input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		06/21/2021		\$1,000.00	

SUBTOTAL Section B - This Page	\$1,100.00
TOTAL of Section B Pages	\$302,834.20
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B) <i>(Enter total on Line 13, Column A of Summary Page)</i>	\$303,219.21

I. MONETARY RECEIPTS (Sections A-K)

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)				TYPE OF REPORT	
Bobby Valentine for Stamford				July 10 filing	
A. Total Contributions from Small Contributors - Received this Period ONLY (See instructions for definition of Small Contributor)				Subtotal Section A \$385.01	
B. Itemized Contributions from Individuals					
Last Name		First		M.I.	
Levitt		BJ			
Residential Street Address		City		State	Zip Code
7394 Ashley Shores Cir		Lake Worth		FL	33467-7617
Principal Occupation		Name of Employer			
Realtor		NV Realty Group			
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?		Amount of Contribution	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Is this contribution associated with an event reported in Section L1?		Is contributor a principal of a state contractor or prospective state contractor?		\$50.00	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>If yes, list Event #</i>		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>If yes, indicate which branch or branches of government the contract is with:</i> <input type="checkbox"/> Executive <input type="checkbox"/> Legislative			
Method of contribution:		Date Received		Aggregate contributions	
<input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		06/21/2021		\$50.00	
Last Name		First		M.I.	
Tzoannopoulos		Eugenia			
Residential Street Address		City		State	Zip Code
74 Woodbury Ave		Stamford		CT	06907-2424
Principal Occupation		Name of Employer			
Regional Director Massage Envy New England		Massage Envy Franchising			
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?		Amount of Contribution	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Is this contribution associated with an event reported in Section L1?		Is contributor a principal of a state contractor or prospective state contractor?		\$200.00	
<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <i>If yes, list Event # 062321a</i>		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>If yes, indicate which branch or branches of government the contract is with:</i> <input type="checkbox"/> Executive <input type="checkbox"/> Legislative			
Method of contribution:		Date Received		Aggregate contributions	
<input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		06/21/2021		\$250.00	
Last Name		First		M.I.	
Sinatra		Chris			
Residential Street Address		City		State	Zip Code
22 Regent Ct		Stamford		CT	06907-1423
Principal Occupation		Name of Employer			
Realtor		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?		Amount of Contribution	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Is this contribution associated with an event reported in Section L1?		Is contributor a principal of a state contractor or prospective state contractor?		\$150.00	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>If yes, list Event #</i>		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>If yes, indicate which branch or branches of government the contract is with:</i> <input type="checkbox"/> Executive <input type="checkbox"/> Legislative			
Method of contribution:		Date Received		Aggregate contributions	
<input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		06/21/2021		\$150.00	

SUBTOTAL Section B - This Page	\$400.00
TOTAL of Section B Pages	\$302,834.20
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B) <i>(Enter total on Line 13, Column A of Summary Page)</i>	\$303,219.21

I. MONETARY RECEIPTS (Sections A-K)

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)				TYPE OF REPORT	
Bobby Valentine for Stamford				July 10 filing	
A. Total Contributions from Small Contributors - Received this Period ONLY (See instructions for definition of Small Contributor)				Subtotal Section A \$385.01	
B. Itemized Contributions from Individuals					
Last Name		First		M.I.	
Walsh		Ryan			
Residential Street Address		City		State	Zip Code
24 Leona Dr		Stamford		CT	06907-1145
Principal Occupation		Name of Employer			
Investor		Bluerock Capital Markets			
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?		Amount of Contribution	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Is this contribution associated with an event reported in Section L1?		Is contributor a principal of a state contractor or prospective state contractor?		\$25.00	
<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <i>If yes, list Event # 062321a</i>		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>If yes, indicate which branch or branches of government the contract is with:</i> <input type="checkbox"/> Executive <input type="checkbox"/> Legislative			
Method of contribution:		Date Received		Aggregate contributions	
<input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		06/21/2021		\$55.00	
Last Name		First		M.I.	
Sandolo		Antonio			
Residential Street Address		City		State	Zip Code
85 Doolittle Rd		Stamford		CT	06902-1117
Principal Occupation		Name of Employer			
Restaurant		John the baker			
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?		Amount of Contribution	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Is this contribution associated with an event reported in Section L1?		Is contributor a principal of a state contractor or prospective state contractor?		\$20.00	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>If yes, list Event #</i>		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>If yes, indicate which branch or branches of government the contract is with:</i> <input type="checkbox"/> Executive <input type="checkbox"/> Legislative			
Method of contribution:		Date Received		Aggregate contributions	
<input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		06/22/2021		\$20.00	
Last Name		First		M.I.	
Guarneri		Gina			
Residential Street Address		City		State	Zip Code
72 Gerik Rd		Stamford		CT	06905-2019
Principal Occupation		Name of Employer			
Realtor		Berkshire Hathaway Home Services NE			
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?		Amount of Contribution	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Is this contribution associated with an event reported in Section L1?		Is contributor a principal of a state contractor or prospective state contractor?		\$100.00	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>If yes, list Event #</i>		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>If yes, indicate which branch or branches of government the contract is with:</i> <input type="checkbox"/> Executive <input type="checkbox"/> Legislative			
Method of contribution:		Date Received		Aggregate contributions	
<input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		06/22/2021		\$100.00	

SUBTOTAL Section B - This Page	\$145.00
TOTAL of Section B Pages	\$302,834.20
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B) <i>(Enter total on Line 13, Column A of Summary Page)</i>	\$303,219.21

I. MONETARY RECEIPTS (Sections A-K)

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)				TYPE OF REPORT	
Bobby Valentine for Stamford				July 10 filing	
A. Total Contributions from Small Contributors - Received this Period ONLY (See instructions for definition of Small Contributor)				Subtotal Section A \$385.01	
B. Itemized Contributions from Individuals					
Last Name		First		M.I.	
karp		arnold			
Residential Street Address		City		State	Zip Code
16 Cross St		Old Greenwich		CT	06870
Principal Occupation		Name of Employer			
Builder		Karp Associates Inc			
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?		Amount of Contribution \$1,000.00	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Is this contribution associated with an event reported in Section L1? <i>If yes, list Event #</i>		Is contributor a principal of a state contractor or prospective state contractor? <i>If yes, indicate which branch or branches of government the contract is with:</i>			
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Executive <input type="checkbox"/> Legislative			
Method of contribution:		Date Received		Aggregate contributions	
<input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		06/22/2021		\$1,000.00	
Last Name		First		M.I.	
Jepsen		Chuck			
Residential Street Address		City		State	Zip Code
252 Ocean Dr E		Stamford		CT	06902-8238
Principal Occupation		Name of Employer			
Producer		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?		Amount of Contribution \$100.00	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Is this contribution associated with an event reported in Section L1? <i>If yes, list Event #</i>		Is contributor a principal of a state contractor or prospective state contractor? <i>If yes, indicate which branch or branches of government the contract is with:</i>			
<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No 062221a		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Executive <input type="checkbox"/> Legislative			
Method of contribution:		Date Received		Aggregate contributions	
<input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		06/22/2021		\$100.00	
Last Name		First		M.I.	
Meehan		Peggy and John			
Residential Street Address		City		State	Zip Code
1412 Newfield Ave		Stamford		CT	06905-1416
Principal Occupation		Name of Employer			
Peggy-Realtor and John-Dentist		Coldwell Banker/ self			
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?		Amount of Contribution \$50.00	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Is this contribution associated with an event reported in Section L1? <i>If yes, list Event #</i>		Is contributor a principal of a state contractor or prospective state contractor? <i>If yes, indicate which branch or branches of government the contract is with:</i>			
<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No 062321a		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Executive <input type="checkbox"/> Legislative			
Method of contribution:		Date Received		Aggregate contributions	
<input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		06/22/2021		\$50.00	

SUBTOTAL Section B - This Page	\$1,150.00
TOTAL of Section B Pages	\$302,834.20
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B) <i>(Enter total on Line 13, Column A of Summary Page)</i>	\$303,219.21

I. MONETARY RECEIPTS (Sections A-K)

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)				TYPE OF REPORT	
Bobby Valentine for Stamford				July 10 filing	
A. Total Contributions from Small Contributors - Received this Period ONLY (See instructions for definition of Small Contributor)				Subtotal Section A \$385.01	
B. Itemized Contributions from Individuals					
Last Name schuster		First edward		M.I.	
Residential Street Address 68 N Lake Dr		City Stamford		State CT	Zip Code 06903-1012
Principal Occupation Doctor		Name of Employer Stamford medical group			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		If contribution is in excess of \$400 to a candidate 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? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution \$100.00	
Is this contribution associated with an event reported in Section L1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>If yes, list Event #</i>		Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>If yes, indicate which branch or branches of government the contract is with:</i> <input type="checkbox"/> Executive <input type="checkbox"/> Legislative			
Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		Date Received 06/22/2021	Aggregate contributions \$100.00		
Last Name Walsh		First Brian		M.I.	
Residential Street Address 74 Minivale Rd		City Stamford		State CT	Zip Code 06907-1205
Principal Occupation Sales		Name of Employer Montran			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		If contribution is in excess of \$400 to a candidate 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? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution \$100.00	
Is this contribution associated with an event reported in Section L1? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <i>If yes, list Event # 062321a</i>		Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>If yes, indicate which branch or branches of government the contract is with:</i> <input type="checkbox"/> Executive <input type="checkbox"/> Legislative			
Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		Date Received 06/22/2021	Aggregate contributions \$100.00		
Last Name Massell		First Melanie		M.I.	
Residential Street Address 320 Strawberry Hill Ave, Apt 48		City Stamford		State CT	Zip Code 06902-2580
Principal Occupation Retired		Name of Employer Retired			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		If contribution is in excess of \$400 to a candidate 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? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution \$100.00	
Is this contribution associated with an event reported in Section L1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>If yes, list Event #</i>		Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>If yes, indicate which branch or branches of government the contract is with:</i> <input type="checkbox"/> Executive <input type="checkbox"/> Legislative			
Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		Date Received 06/22/2021	Aggregate contributions \$100.00		

SUBTOTAL Section B - This Page	\$300.00
TOTAL of Section B Pages	\$302,834.20
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B) <i>(Enter total on Line 13, Column A of Summary Page)</i>	\$303,219.21

I. MONETARY RECEIPTS (Sections A-K)

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)				TYPE OF REPORT	
Bobby Valentine for Stamford				July 10 filing	
A. Total Contributions from Small Contributors - Received this Period ONLY (See instructions for definition of Small Contributor)				Subtotal Section A \$385.01	
B. Itemized Contributions from Individuals					
Last Name		First		M.I.	
Healy		Peter			
Residential Street Address		City		State	Zip Code
61 Seaview Ave, Apt 52		Stamford		CT	06902-6045
Principal Occupation		Name of Employer			
Retired		Hearst Connecticut News Media			
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?		Amount of Contribution	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		\$25.00	
Is this contribution associated with an event reported in Section L1? <i>If yes, list Event # 062321a</i>		Is contributor a principal of a state contractor or prospective state contractor? <i>If yes, indicate which branch or branches of government the contract is with:</i>			
<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Executive <input type="checkbox"/> Legislative			
Method of contribution:		Date Received	Aggregate contributions		
<input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		06/22/2021	\$25.00		
Last Name		First		M.I.	
Wood		James			
Residential Street Address		City		State	Zip Code
185 Tanglewood Dr		Hamden		CT	06518-2700
Principal Occupation		Name of Employer			
Retired Parole Officer		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?		Amount of Contribution	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		\$20.00	
Is this contribution associated with an event reported in Section L1? <i>If yes, list Event #</i>		Is contributor a principal of a state contractor or prospective state contractor? <i>If yes, indicate which branch or branches of government the contract is with:</i>			
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Executive <input type="checkbox"/> Legislative			
Method of contribution:		Date Received	Aggregate contributions		
<input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		06/22/2021	\$40.00		
Last Name		First		M.I.	
Bush		George			
Residential Street Address		City		State	Zip Code
PO Box 3362		Midland		TX	79702-3362
Principal Occupation		Name of Employer			
Former President		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?		Amount of Contribution	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		\$500.00	
Is this contribution associated with an event reported in Section L1? <i>If yes, list Event #</i>		Is contributor a principal of a state contractor or prospective state contractor? <i>If yes, indicate which branch or branches of government the contract is with:</i>			
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Executive <input type="checkbox"/> Legislative			
Method of contribution:		Date Received	Aggregate contributions		
<input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		06/22/2021	\$500.00		

SUBTOTAL Section B - This Page	\$545.00
TOTAL of Section B Pages	\$302,834.20
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B) <i>(Enter total on Line 13, Column A of Summary Page)</i>	\$303,219.21

I. MONETARY RECEIPTS (Sections A-K)

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)				TYPE OF REPORT	
Bobby Valentine for Stamford				July 10 filing	
A. Total Contributions from Small Contributors - Received this Period ONLY (See instructions for definition of Small Contributor)				Subtotal Section A \$385.01	
B. Itemized Contributions from Individuals					
Last Name		First		M.I.	
Suryawanshi		Jatin			
Residential Street Address		City		State	Zip Code
25 Bracchi Dr		Stamford		CT	06903-2934
Principal Occupation		Name of Employer			
Banking		Jefferies			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		If contribution is in excess of \$400 to a candidate 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? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution \$150.00	
Is this contribution associated with an event reported in Section L1? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <i>If yes, list Event # 062321b</i>		Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>If yes, indicate which branch or branches of government the contract is with:</i> <input type="checkbox"/> Executive <input type="checkbox"/> Legislative			
Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		Date Received	Aggregate contributions		
		06/22/2021	\$150.00		
Last Name		First		M.I.	
Federici		Frank			
Residential Street Address		City		State	Zip Code
1510 Ponus Rdg		New Canaan		CT	06840-3430
Principal Occupation		Name of Employer			
Banker		Merrill			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		If contribution is in excess of \$400 to a candidate 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? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution \$500.00	
Is this contribution associated with an event reported in Section L1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>If yes, list Event #</i>		Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>If yes, indicate which branch or branches of government the contract is with:</i> <input type="checkbox"/> Executive <input type="checkbox"/> Legislative			
Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		Date Received	Aggregate contributions		
		06/22/2021	\$550.00		
Last Name		First		M.I.	
Federici		Frank			
Residential Street Address		City		State	Zip Code
1510 Ponus Rdg		New Canaan		CT	06840-3430
Principal Occupation		Name of Employer			
Banker		Merrill			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		If contribution is in excess of \$400 to a candidate 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? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution \$50.00	
Is this contribution associated with an event reported in Section L1? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <i>If yes, list Event # 062821a</i>		Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>If yes, indicate which branch or branches of government the contract is with:</i> <input type="checkbox"/> Executive <input type="checkbox"/> Legislative			
Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		Date Received	Aggregate contributions		
		06/22/2021	\$550.00		

SUBTOTAL Section B - This Page	\$700.00
TOTAL of Section B Pages	\$302,834.20
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B) <i>(Enter total on Line 13, Column A of Summary Page)</i>	\$303,219.21

I. MONETARY RECEIPTS (Sections A-K)

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)				TYPE OF REPORT	
Bobby Valentine for Stamford				July 10 filing	
A. Total Contributions from Small Contributors - Received this Period ONLY (See instructions for definition of Small Contributor)				Subtotal Section A \$385.01	
B. Itemized Contributions from Individuals					
Last Name		First		M.I.	
Koryan		James			
Residential Street Address		City		State	Zip Code
111 Towne St		Stamford		CT	06902-5967
Principal Occupation		Name of Employer			
Engineer		ASML			
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?		Amount of Contribution	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		\$50.00	
Is this contribution associated with an event reported in Section L1?		Is contributor a principal of a state contractor or prospective state contractor?			
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>If yes, list Event #</i>		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>If yes, indicate which branch or branches of government the contract is with:</i>			
		<input type="checkbox"/> Executive <input type="checkbox"/> Legislative			
Method of contribution:		Date Received	Aggregate contributions		
<input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		06/22/2021	\$50.00		
Last Name		First		M.I.	
haber		judith			
Residential Street Address		City		State	Zip Code
111 New England Dr		Stamford		CT	06903-5018
Principal Occupation		Name of Employer			
Professor		NYU			
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?		Amount of Contribution	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		\$50.00	
Is this contribution associated with an event reported in Section L1?		Is contributor a principal of a state contractor or prospective state contractor?			
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>If yes, list Event #</i>		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>If yes, indicate which branch or branches of government the contract is with:</i>			
		<input type="checkbox"/> Executive <input type="checkbox"/> Legislative			
Method of contribution:		Date Received	Aggregate contributions		
<input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		06/22/2021	\$50.00		
Last Name		First		M.I.	
Faugno		Theodora			
Residential Street Address		City		State	Zip Code
26 Keith St		Stamford		CT	06902-7515
Principal Occupation		Name of Employer			
Hairdresser		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?		Amount of Contribution	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		\$50.00	
Is this contribution associated with an event reported in Section L1?		Is contributor a principal of a state contractor or prospective state contractor?			
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>If yes, list Event #</i>		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>If yes, indicate which branch or branches of government the contract is with:</i>			
		<input type="checkbox"/> Executive <input type="checkbox"/> Legislative			
Method of contribution:		Date Received	Aggregate contributions		
<input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		06/22/2021	\$50.00		

SUBTOTAL Section B - This Page	\$150.00
TOTAL of Section B Pages	\$302,834.20
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B) <i>(Enter total on Line 13, Column A of Summary Page)</i>	\$303,219.21

I. MONETARY RECEIPTS (Sections A-K)

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)				TYPE OF REPORT	
Bobby Valentine for Stamford				July 10 filing	
A. Total Contributions from Small Contributors - Received this Period ONLY (See instructions for definition of Small Contributor)				Subtotal Section A \$385.01	
B. Itemized Contributions from Individuals					
Last Name		First		M.I.	
Desai		Praveen			
Residential Street Address		City		State	Zip Code
301 Commons Park S		Stamford		CT	06902-7082
Principal Occupation		Name of Employer			
Consultant		Deloitte Consulting LLP			
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?		Amount of Contribution	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		\$25.00	
Is this contribution associated with an event reported in Section L1?		Is contributor a principal of a state contractor or prospective state contractor?			
<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If yes, list Event # 062321b		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative			
Method of contribution:		Date Received	Aggregate contributions		
<input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		06/22/2021	\$25.00		
Last Name		First		M.I.	
Puri		Vinay			
Residential Street Address		City		State	Zip Code
15 Wescott St		Riverside		CT	06878-1409
Principal Occupation		Name of Employer			
Software Engineer		MKP Capital			
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?		Amount of Contribution	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		\$25.00	
Is this contribution associated with an event reported in Section L1?		Is contributor a principal of a state contractor or prospective state contractor?			
<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If yes, list Event # 062321b		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative			
Method of contribution:		Date Received	Aggregate contributions		
<input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		06/22/2021	\$25.00		
Last Name		First		M.I.	
Loeb		Fern			
Residential Street Address		City		State	Zip Code
2241 Shippan Ave		Stamford		CT	06902-8207
Principal Occupation		Name of Employer			
homemaker		Not 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?		Amount of Contribution	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		\$1,000.00	
Is this contribution associated with an event reported in Section L1?		Is contributor a principal of a state contractor or prospective state contractor?			
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative			
Method of contribution:		Date Received	Aggregate contributions		
<input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		06/22/2021	\$1,000.00		

SUBTOTAL Section B - This Page	\$1,050.00
TOTAL of Section B Pages	\$302,834.20
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B) (Enter total on Line 13, Column A of Summary Page)	\$303,219.21

I. MONETARY RECEIPTS (Sections A-K)

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)				TYPE OF REPORT	
Bobby Valentine for Stamford				July 10 filing	
A. Total Contributions from Small Contributors - Received this Period ONLY (See instructions for definition of Small Contributor)				Subtotal Section A \$385.01	
B. Itemized Contributions from Individuals					
Last Name		First		M.I.	
Loeb		Jason			
Residential Street Address		City		State	Zip Code
2241 Shippan Ave		Stamford		CT	06902-8207
Principal Occupation		Name of Employer			
Student		Student			
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?		Amount of Contribution	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Is this contribution associated with an event reported in Section L1?		Is contributor a principal of a state contractor or prospective state contractor?		\$1,000.00	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>If yes, list Event #</i>		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>If yes, indicate which branch or branches of government the contract is with:</i> <input type="checkbox"/> Executive <input type="checkbox"/> Legislative			
Method of contribution:		Date Received		Aggregate contributions	
<input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		06/22/2021		\$1,000.00	
Last Name		First		M.I.	
Beaudine		Rachel			
Residential Street Address		City		State	Zip Code
1100 S Lamar Blvd		Austin		TX	78704-0119
Principal Occupation		Name of Employer			
Director of Sales		KEY Travel			
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?		Amount of Contribution	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Is this contribution associated with an event reported in Section L1?		Is contributor a principal of a state contractor or prospective state contractor?		\$20.00	
<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <i>If yes, list Event # 062621a</i>		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>If yes, indicate which branch or branches of government the contract is with:</i> <input type="checkbox"/> Executive <input type="checkbox"/> Legislative			
Method of contribution:		Date Received		Aggregate contributions	
<input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		06/22/2021		\$20.00	
Last Name		First		M.I.	
Alessi		Tom			
Residential Street Address		City		State	Zip Code
147 Joffre Ave		Stamford		CT	06905-2933
Principal Occupation		Name of Employer			
Radio Systems Manager		Westchester County NY, Emergency Services			
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?		Amount of Contribution	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Is this contribution associated with an event reported in Section L1?		Is contributor a principal of a state contractor or prospective state contractor?		\$100.00	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>If yes, list Event #</i>		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>If yes, indicate which branch or branches of government the contract is with:</i> <input type="checkbox"/> Executive <input type="checkbox"/> Legislative			
Method of contribution:		Date Received		Aggregate contributions	
<input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		06/23/2021		\$100.00	

SUBTOTAL Section B - This Page	\$1,120.00
TOTAL of Section B Pages	\$302,834.20
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B) <i>(Enter total on Line 13, Column A of Summary Page)</i>	\$303,219.21

I. MONETARY RECEIPTS (Sections A-K)

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)				TYPE OF REPORT	
Bobby Valentine for Stamford				July 10 filing	
A. Total Contributions from Small Contributors - Received this Period ONLY (See instructions for definition of Small Contributor)				Subtotal Section A \$385.01	
B. Itemized Contributions from Individuals					
Last Name		First		M.I.	
Benefico		James			
Residential Street Address		City		State	Zip Code
7700 N Capital Of Texas Hwy		Austin		TX	78731-1183
Principal Occupation		Name of Employer			
Entrepreneur		OM			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		If contribution is in excess of \$400 to a candidate 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? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution \$20.00	
Is this contribution associated with an event reported in Section L1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>If yes, list Event #</i>		Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>If yes, indicate which branch or branches of government the contract is with:</i> <input type="checkbox"/> Executive <input type="checkbox"/> Legislative			
Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		Date Received 06/23/2021			
Last Name		First		M.I.	
Braun		Gerald			
Residential Street Address		City		State	Zip Code
301 Commons Park S, Unit 601		Stamford		CT	06902-7087
Principal Occupation		Name of Employer			
Owner		Cushman and Wakefield			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		If contribution is in excess of \$400 to a candidate 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? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution \$100.00	
Is this contribution associated with an event reported in Section L1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>If yes, list Event #</i>		Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>If yes, indicate which branch or branches of government the contract is with:</i> <input type="checkbox"/> Executive <input type="checkbox"/> Legislative			
Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		Date Received 06/23/2021			
Last Name		First		M.I.	
Gadi		Hitesh			
Residential Street Address		City		State	Zip Code
10 Licata Ter		Cos Cob		CT	06807-1803
Principal Occupation		Name of Employer			
Engineer		Baml			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		If contribution is in excess of \$400 to a candidate 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? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution \$25.00	
Is this contribution associated with an event reported in Section L1? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <i>If yes, list Event #</i> 062321b		Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>If yes, indicate which branch or branches of government the contract is with:</i> <input type="checkbox"/> Executive <input type="checkbox"/> Legislative			
Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		Date Received 06/23/2021			

SUBTOTAL Section B - This Page	\$145.00
TOTAL of Section B Pages	\$302,834.20
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B) <i>(Enter total on Line 13, Column A of Summary Page)</i>	\$303,219.21

I. MONETARY RECEIPTS (Sections A-K)

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)				TYPE OF REPORT	
Bobby Valentine for Stamford				July 10 filing	
A. Total Contributions from Small Contributors - Received this Period ONLY (See instructions for definition of Small Contributor)				Subtotal Section A \$385.01	
B. Itemized Contributions from Individuals					
Last Name duddie		First thomas		M.I.	
Residential Street Address 16 Davenport Ridge Ln		City Stamford		State CT	Zip Code 06903-5108
Principal Occupation Banker		Name of Employer morgan stanley			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		If contribution is in excess of \$400 to a candidate 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? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution \$100.00	
Is this contribution associated with an event reported in Section L1? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <i>If yes, list Event # 062321a</i>		Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>If yes, indicate which branch or branches of government the contract is with:</i> <input type="checkbox"/> Executive <input type="checkbox"/> Legislative			
Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		Date Received 06/23/2021	Aggregate contributions \$100.00		
Last Name Duka		First Milan		M.I.	
Residential Street Address 37 Fairland St		City Stamford		State CT	Zip Code 06905-3702
Principal Occupation Auditor		Name of Employer PwC			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		If contribution is in excess of \$400 to a candidate 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? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution \$25.00	
Is this contribution associated with an event reported in Section L1? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <i>If yes, list Event # 062321b</i>		Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>If yes, indicate which branch or branches of government the contract is with:</i> <input type="checkbox"/> Executive <input type="checkbox"/> Legislative			
Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		Date Received 06/23/2021	Aggregate contributions \$25.00		
Last Name Amaro		First Ramon		M.I.	
Residential Street Address 37 Fairland St		City Stamford		State CT	Zip Code 06905-3702
Principal Occupation Partner		Name of Employer Three Brothers & Sons Landscaping LLC			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		If contribution is in excess of \$400 to a candidate 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? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution \$175.00	
Is this contribution associated with an event reported in Section L1? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <i>If yes, list Event # 062321b</i>		Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>If yes, indicate which branch or branches of government the contract is with:</i> <input type="checkbox"/> Executive <input type="checkbox"/> Legislative			
Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		Date Received 06/23/2021	Aggregate contributions \$175.00		

SUBTOTAL Section B - This Page	\$300.00
TOTAL of Section B Pages	\$302,834.20
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B) <i>(Enter total on Line 13, Column A of Summary Page)</i>	\$303,219.21

I. MONETARY RECEIPTS (Sections A-K)

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)				TYPE OF REPORT	
Bobby Valentine for Stamford				July 10 filing	
A. Total Contributions from Small Contributors - Received this Period ONLY (See instructions for definition of Small Contributor)				Subtotal Section A \$385.01	
B. Itemized Contributions from Individuals					
Last Name		First		M.I.	
Bonom		SANDY			
Residential Street Address		City		State	Zip Code
351 Weed Ave		Stamford		CT	06902-5409
Principal Occupation		Name of Employer			
Dog groomer		Self			
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?		Amount of Contribution	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		\$20.00	
Is this contribution associated with an event reported in Section L1? <i>If yes, list Event #</i>		Is contributor a principal of a state contractor or prospective state contractor? <i>If yes, indicate which branch or branches of government the contract is with:</i>			
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Executive <input type="checkbox"/> Legislative			
Method of contribution:		Date Received	Aggregate contributions		
<input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		06/23/2021	\$20.00		
Last Name		First		M.I.	
Dani		Lokesh			
Residential Street Address		City		State	Zip Code
1340 Washington Blvd, Unit 305		Stamford		CT	06902-8814
Principal Occupation		Name of Employer			
Analyst		Jpm			
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?		Amount of Contribution	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		\$25.00	
Is this contribution associated with an event reported in Section L1? <i>If yes, list Event #</i>		Is contributor a principal of a state contractor or prospective state contractor? <i>If yes, indicate which branch or branches of government the contract is with:</i>			
<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No 062321b		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Executive <input type="checkbox"/> Legislative			
Method of contribution:		Date Received	Aggregate contributions		
<input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		06/23/2021	\$25.00		
Last Name		First		M.I.	
Devito		Donna			
Residential Street Address		City		State	Zip Code
14 Hawthorne Ridge Cir		Trumbull		CT	06611-5724
Principal Occupation		Name of Employer			
Retired		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?		Amount of Contribution	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		\$10.00	
Is this contribution associated with an event reported in Section L1? <i>If yes, list Event #</i>		Is contributor a principal of a state contractor or prospective state contractor? <i>If yes, indicate which branch or branches of government the contract is with:</i>			
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Executive <input type="checkbox"/> Legislative			
Method of contribution:		Date Received	Aggregate contributions		
<input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		06/23/2021	\$10.00		

SUBTOTAL Section B - This Page	\$55.00
TOTAL of Section B Pages	\$302,834.20
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B) <i>(Enter total on Line 13, Column A of Summary Page)</i>	\$303,219.21

I. MONETARY RECEIPTS (Sections A-K)

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)				TYPE OF REPORT	
Bobby Valentine for Stamford				July 10 filing	
A. Total Contributions from Small Contributors - Received this Period ONLY (See instructions for definition of Small Contributor)				Subtotal Section A \$385.01	
B. Itemized Contributions from Individuals					
Last Name Cahill		First Patti		M.I.	
Residential Street Address 26 Saint Charles Ave		City Stamford		State CT	Zip Code 06907-2415
Principal Occupation Self Employed		Name of Employer Self Employed			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		If contribution is in excess of \$400 to a candidate 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? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution \$20.00	
Is this contribution associated with an event reported in Section L1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>If yes, list Event #</i>		Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>If yes, indicate which branch or branches of government the contract is with:</i> <input type="checkbox"/> Executive <input type="checkbox"/> Legislative			
Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		Date Received 06/23/2021	Aggregate contributions \$30.00		
Last Name Fortmann		First Jeffrey		M.I.	
Residential Street Address 33 Shady Knoll Ln		City New Canaan		State CT	Zip Code 06840-6517
Principal Occupation Executive		Name of Employer TideSmart			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		If contribution is in excess of \$400 to a candidate 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? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution \$150.00	
Is this contribution associated with an event reported in Section L1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>If yes, list Event #</i>		Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>If yes, indicate which branch or branches of government the contract is with:</i> <input type="checkbox"/> Executive <input type="checkbox"/> Legislative			
Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		Date Received 06/23/2021	Aggregate contributions \$150.00		
Last Name Koretz		First James		M.I.	
Residential Street Address 43 Boulderol Rd		City Stamford		State CT	Zip Code 06903-1328
Principal Occupation NA		Name of Employer NA			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		If contribution is in excess of \$400 to a candidate 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? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution \$125.00	
Is this contribution associated with an event reported in Section L1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>If yes, list Event #</i>		Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>If yes, indicate which branch or branches of government the contract is with:</i> <input type="checkbox"/> Executive <input type="checkbox"/> Legislative			
Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		Date Received 06/23/2021	Aggregate contributions \$125.00		

SUBTOTAL Section B - This Page	\$295.00
TOTAL of Section B Pages	\$302,834.20
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B) <i>(Enter total on Line 13, Column A of Summary Page)</i>	\$303,219.21

I. MONETARY RECEIPTS (Sections A-K)

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)				TYPE OF REPORT	
Bobby Valentine for Stamford				July 10 filing	
A. Total Contributions from Small Contributors - Received this Period ONLY (See instructions for definition of Small Contributor)				Subtotal Section A \$385.01	
B. Itemized Contributions from Individuals					
Last Name		First		M.I.	
Alba		Brian			
Residential Street Address		City		State	Zip Code
99 James St		Greenwich		CT	06830-6904
Principal Occupation		Name of Employer			
Self Employed		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?		Amount of Contribution \$5.00	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Is this contribution associated with an event reported in Section L1? <i>If yes, list Event #</i>		Is contributor a principal of a state contractor or prospective state contractor? <i>If yes, indicate which branch or branches of government the contract is with:</i>			
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Executive <input type="checkbox"/> Legislative			
Method of contribution:		Date Received		Aggregate contributions	
<input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		06/29/2021		\$8.00	
Last Name		First		M.I.	
Lovello		Frank			
Residential Street Address		City		State	Zip Code
8 Middle Ridge Rd		Stamford		CT	06903-4026
Principal Occupation		Name of Employer			
Owner		Magna Construction			
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?		Amount of Contribution \$1,000.00	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Is this contribution associated with an event reported in Section L1? <i>If yes, list Event #</i>		Is contributor a principal of a state contractor or prospective state contractor? <i>If yes, indicate which branch or branches of government the contract is with:</i>			
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Executive <input type="checkbox"/> Legislative			
Method of contribution:		Date Received		Aggregate contributions	
<input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		06/24/2021		\$1,000.00	
Last Name		First		M.I.	
Sable		Rick			
Residential Street Address		City		State	Zip Code
70 Forest St, Apt 9B		Stamford		CT	06901-1864
Principal Occupation		Name of Employer			
Consultant		Thusen Mechanical			
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?		Amount of Contribution \$50.00	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Is this contribution associated with an event reported in Section L1? <i>If yes, list Event #</i>		Is contributor a principal of a state contractor or prospective state contractor? <i>If yes, indicate which branch or branches of government the contract is with:</i>			
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Executive <input type="checkbox"/> Legislative			
Method of contribution:		Date Received		Aggregate contributions	
<input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		06/29/2021		\$50.00	

SUBTOTAL Section B - This Page	\$1,055.00
TOTAL of Section B Pages	\$302,834.20
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B) <i>(Enter total on Line 13, Column A of Summary Page)</i>	\$303,219.21

I. MONETARY RECEIPTS (Sections A-K)

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)				TYPE OF REPORT	
Bobby Valentine for Stamford				July 10 filing	
A. Total Contributions from Small Contributors - Received this Period ONLY (See instructions for definition of Small Contributor)				Subtotal Section A \$385.01	
B. Itemized Contributions from Individuals					
Last Name Truglia		First Joseph		M.I.	
Residential Street Address 320 Weed Ave		City Stamford		State CT	Zip Code 06902-5411
Principal Occupation NA		Name of Employer NA			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		If contribution is in excess of \$400 to a candidate 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? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution \$200.00	
Is this contribution associated with an event reported in Section L1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>If yes, list Event #</i>		Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>If yes, indicate which branch or branches of government the contract is with:</i> <input type="checkbox"/> Executive <input type="checkbox"/> Legislative			
Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		Date Received 06/30/2021	Aggregate contributions \$200.00		
Last Name Kavulich		First Judy		M.I.	
Residential Street Address 18 Brushwood Rd		City Stamford		State CT	Zip Code 06903-2620
Principal Occupation Teacher		Name of Employer Mater Salvatore			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		If contribution is in excess of \$400 to a candidate 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? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution \$300.00	
Is this contribution associated with an event reported in Section L1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>If yes, list Event #</i>		Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>If yes, indicate which branch or branches of government the contract is with:</i> <input type="checkbox"/> Executive <input type="checkbox"/> Legislative			
Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		Date Received 06/29/2021	Aggregate contributions \$300.00		
Last Name Isla		First Paul		M.I.	
Residential Street Address 25 Flora Pl		City Stamford		State CT	Zip Code 06903-1805
Principal Occupation Banker		Name of Employer FCB			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		If contribution is in excess of \$400 to a candidate 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? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution \$50.00	
Is this contribution associated with an event reported in Section L1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>If yes, list Event #</i>		Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>If yes, indicate which branch or branches of government the contract is with:</i> <input type="checkbox"/> Executive <input type="checkbox"/> Legislative			
Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		Date Received 06/28/2021	Aggregate contributions \$50.00		

SUBTOTAL Section B - This Page	\$550.00
TOTAL of Section B Pages	\$302,834.20
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B) <i>(Enter total on Line 13, Column A of Summary Page)</i>	\$303,219.21

I. MONETARY RECEIPTS (Sections A-K)

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)				TYPE OF REPORT	
Bobby Valentine for Stamford				July 10 filing	
A. Total Contributions from Small Contributors - Received this Period ONLY (See instructions for definition of Small Contributor)				Subtotal Section A \$385.01	
B. Itemized Contributions from Individuals					
Last Name		First		M.I.	
Carroll		Charles			
Residential Street Address		City		State	Zip Code
333 Stamford Ave		Stamford		CT	06902-8203
Principal Occupation		Name of Employer			
Attorney		Covington & Burling			
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?		Amount of Contribution	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Is this contribution associated with an event reported in Section L1?		Is contributor a principal of a state contractor or prospective state contractor?		\$50.00	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>If yes, list Event #</i>		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>If yes, indicate which branch or branches of government the contract is with:</i> <input type="checkbox"/> Executive <input type="checkbox"/> Legislative			
Method of contribution:		Date Received		Aggregate contributions	
<input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		06/30/2021		\$50.00	
Last Name		First		M.I.	
Kolenberg		Bob			
Residential Street Address		City		State	Zip Code
97 Harvest Hill Ln		Stamford		CT	06905-2816
Principal Occupation		Name of Employer			
Retired		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?		Amount of Contribution	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Is this contribution associated with an event reported in Section L1?		Is contributor a principal of a state contractor or prospective state contractor?		\$50.00	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>If yes, list Event #</i>		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>If yes, indicate which branch or branches of government the contract is with:</i> <input type="checkbox"/> Executive <input type="checkbox"/> Legislative			
Method of contribution:		Date Received		Aggregate contributions	
<input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		06/30/2021		\$50.00	
Last Name		First		M.I.	
Ferraro Sr.		Anthony			
Residential Street Address		City		State	Zip Code
90 Cos Cob Ave		Cos Cob		CT	06807-2124
Principal Occupation		Name of Employer			
Retired		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?		Amount of Contribution	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Is this contribution associated with an event reported in Section L1?		Is contributor a principal of a state contractor or prospective state contractor?		\$25.00	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>If yes, list Event #</i>		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>If yes, indicate which branch or branches of government the contract is with:</i> <input type="checkbox"/> Executive <input type="checkbox"/> Legislative			
Method of contribution:		Date Received		Aggregate contributions	
<input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		06/30/2021		\$25.00	

SUBTOTAL Section B - This Page	\$125.00
TOTAL of Section B Pages	\$302,834.20
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B) <i>(Enter total on Line 13, Column A of Summary Page)</i>	\$303,219.21

I. MONETARY RECEIPTS (Sections A-K)

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)				TYPE OF REPORT	
Bobby Valentine for Stamford				July 10 filing	
A. Total Contributions from Small Contributors - Received this Period ONLY (See instructions for definition of Small Contributor)				Subtotal Section A \$385.01	
B. Itemized Contributions from Individuals					
Last Name		First		M.I.	
Docimo		Brandon			
Residential Street Address		City		State	Zip Code
707 Hope St		Stamford		CT	06907-2503
Principal Occupation		Name of Employer			
N/A		N/A			
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?		Amount of Contribution	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Is this contribution associated with an event reported in Section L1?		Is contributor a principal of a state contractor or prospective state contractor?		\$10.00	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>If yes, list Event #</i>		<i>If yes, indicate which branch or branches of government the contract is with:</i> <input type="checkbox"/> Executive <input type="checkbox"/> Legislative <input checked="" type="checkbox"/> No			
Method of contribution:		Date Received		Aggregate contributions	
<input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		06/26/2021		\$10.00	
Last Name		First		M.I.	
Flynn		Sean			
Residential Street Address		City		State	Zip Code
221 S Lake Dr		Stamford		CT	06903-1032
Principal Occupation		Name of Employer			
Finance		Two Sigma Securities			
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?		Amount of Contribution	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Is this contribution associated with an event reported in Section L1?		Is contributor a principal of a state contractor or prospective state contractor?		\$500.00	
<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <i>If yes, list Event # 062821a</i>		<i>If yes, indicate which branch or branches of government the contract is with:</i> <input type="checkbox"/> Executive <input type="checkbox"/> Legislative <input checked="" type="checkbox"/> No			
Method of contribution:		Date Received		Aggregate contributions	
<input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		06/25/2021		\$500.00	
Last Name		First		M.I.	
Dempsey		Greg			
Residential Street Address		City		State	Zip Code
1748 Shippan Ave		Stamford		CT	06902-8105
Principal Occupation		Name of Employer			
CPA		RSM US LLP			
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?		Amount of Contribution	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Is this contribution associated with an event reported in Section L1?		Is contributor a principal of a state contractor or prospective state contractor?		\$300.00	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>If yes, list Event #</i>		<i>If yes, indicate which branch or branches of government the contract is with:</i> <input type="checkbox"/> Executive <input type="checkbox"/> Legislative <input checked="" type="checkbox"/> No			
Method of contribution:		Date Received		Aggregate contributions	
<input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		06/29/2021		\$300.00	

SUBTOTAL Section B - This Page	\$810.00
TOTAL of Section B Pages	\$302,834.20
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B) <i>(Enter total on Line 13, Column A of Summary Page)</i>	\$303,219.21

I. MONETARY RECEIPTS (Sections A-K)

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)				TYPE OF REPORT	
Bobby Valentine for Stamford				July 10 filing	
A. Total Contributions from Small Contributors - Received this Period ONLY (See instructions for definition of Small Contributor)				Subtotal Section A \$385.01	
B. Itemized Contributions from Individuals					
Last Name		First		M.I.	
Gallo		Jaclyn			
Residential Street Address		City		State	Zip Code
47 Shadow Ln		Wilton		CT	06897-3530
Principal Occupation		Name of Employer			
N/A		N/A			
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?		Amount of Contribution	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		\$25.00	
Is this contribution associated with an event reported in Section L1?		Is contributor a principal of a state contractor or prospective state contractor?			
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>If yes, list Event #</i>		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>If yes, indicate which branch or branches of government the contract is with:</i> <input type="checkbox"/> Executive <input type="checkbox"/> Legislative			
Method of contribution:		Date Received		Aggregate contributions	
<input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		06/24/2021		\$25.00	
Last Name		First		M.I.	
Lione		Gerald			
Residential Street Address		City		State	Zip Code
33 Canaan Close		New Canaan		CT	06840-4920
Principal Occupation		Name of Employer			
Retired		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?		Amount of Contribution	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		\$100.00	
Is this contribution associated with an event reported in Section L1?		Is contributor a principal of a state contractor or prospective state contractor?			
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>If yes, list Event #</i>		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>If yes, indicate which branch or branches of government the contract is with:</i> <input type="checkbox"/> Executive <input type="checkbox"/> Legislative			
Method of contribution:		Date Received		Aggregate contributions	
<input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		06/30/2021		\$100.00	
Last Name		First		M.I.	
Lee		Griffin			
Residential Street Address		City		State	Zip Code
38 Old Parish Rd		Darien		CT	06820-4321
Principal Occupation		Name of Employer			
Student		Student			
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?		Amount of Contribution	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		\$10.00	
Is this contribution associated with an event reported in Section L1?		Is contributor a principal of a state contractor or prospective state contractor?			
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>If yes, list Event #</i>		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>If yes, indicate which branch or branches of government the contract is with:</i> <input type="checkbox"/> Executive <input type="checkbox"/> Legislative			
Method of contribution:		Date Received		Aggregate contributions	
<input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		06/29/2021		\$10.00	

SUBTOTAL Section B - This Page	\$135.00
TOTAL of Section B Pages	\$302,834.20
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B) <i>(Enter total on Line 13, Column A of Summary Page)</i>	\$303,219.21

I. MONETARY RECEIPTS (Sections A-K)

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)				TYPE OF REPORT	
Bobby Valentine for Stamford				July 10 filing	
A. Total Contributions from Small Contributors - Received this Period ONLY (See instructions for definition of Small Contributor)				Subtotal Section A \$385.01	
B. Itemized Contributions from Individuals					
Last Name		First		M.I.	
Lupinacci		Marc			
Residential Street Address		City		State	Zip Code
374 Eden Rd		Stamford		CT	06907-1013
Principal Occupation		Name of Employer			
N/A		N/A			
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?		Amount of Contribution	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Is this contribution associated with an event reported in Section L1?		Is contributor a principal of a state contractor or prospective state contractor?		\$20.00	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>If yes, list Event #</i>		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>If yes, indicate which branch or branches of government the contract is with:</i> <input type="checkbox"/> Executive <input type="checkbox"/> Legislative			
Method of contribution:		Date Received		Aggregate contributions	
<input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		06/26/2021		\$20.00	
Last Name		First		M.I.	
Santiago		Sam			
Residential Street Address		City		State	Zip Code
8 Lewelyn Rd		Stamford		CT	06902-6220
Principal Occupation		Name of Employer			
Self Employed		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?		Amount of Contribution	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Is this contribution associated with an event reported in Section L1?		Is contributor a principal of a state contractor or prospective state contractor?		\$10.00	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>If yes, list Event #</i>		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>If yes, indicate which branch or branches of government the contract is with:</i> <input type="checkbox"/> Executive <input type="checkbox"/> Legislative			
Method of contribution:		Date Received		Aggregate contributions	
<input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		06/28/2021		\$10.00	
Last Name		First		M.I.	
Matik		Scott			
Residential Street Address		City		State	Zip Code
190 Linden Tree Rd		Wilton		CT	06897-1616
Principal Occupation		Name of Employer			
Manager		Al Jazeera Media Networks			
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?		Amount of Contribution	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Is this contribution associated with an event reported in Section L1?		Is contributor a principal of a state contractor or prospective state contractor?		\$50.00	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>If yes, list Event #</i>		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>If yes, indicate which branch or branches of government the contract is with:</i> <input type="checkbox"/> Executive <input type="checkbox"/> Legislative			
Method of contribution:		Date Received		Aggregate contributions	
<input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		06/30/2021		\$50.00	

SUBTOTAL Section B - This Page	\$80.00
TOTAL of Section B Pages	\$302,834.20
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B) <i>(Enter total on Line 13, Column A of Summary Page)</i>	\$303,219.21

I. MONETARY RECEIPTS (Sections A-K)

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)				TYPE OF REPORT	
Bobby Valentine for Stamford				July 10 filing	
A. Total Contributions from Small Contributors - Received this Period ONLY (See instructions for definition of Small Contributor)				Subtotal Section A \$385.01	
B. Itemized Contributions from Individuals					
Last Name		First		M.I.	
Bedosky		Stephen			
Residential Street Address		City		State	Zip Code
15 Robin Hood Rd		Stamford		CT	06907-1130
Principal Occupation		Name of Employer			
Partner		York International Agency, LLC			
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?		Amount of Contribution	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Is this contribution associated with an event reported in Section L1?		Is contributor a principal of a state contractor or prospective state contractor?		\$20.00	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>If yes, list Event #</i>		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>If yes, indicate which branch or branches of government the contract is with:</i> <input type="checkbox"/> Executive <input type="checkbox"/> Legislative			
Method of contribution:		Date Received		Aggregate contributions	
<input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		06/29/2021		\$20.00	
Last Name		First		M.I.	
Hourihan		Emmett			
Residential Street Address		City		State	Zip Code
535 Hunting Ridge Rd		Stamford		CT	06903-2231
Principal Occupation		Name of Employer			
Insurance manager		Aon			
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?		Amount of Contribution	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Is this contribution associated with an event reported in Section L1?		Is contributor a principal of a state contractor or prospective state contractor?		\$10.00	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>If yes, list Event #</i>		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>If yes, indicate which branch or branches of government the contract is with:</i> <input type="checkbox"/> Executive <input type="checkbox"/> Legislative			
Method of contribution:		Date Received		Aggregate contributions	
<input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		06/26/2021		\$10.00	
Last Name		First		M.I.	
Katchko		Bob			
Residential Street Address		City		State	Zip Code
315 Pepper Ridge Rd		Stamford		CT	06905-2801
Principal Occupation		Name of Employer			
Self Employed		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?		Amount of Contribution	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Is this contribution associated with an event reported in Section L1?		Is contributor a principal of a state contractor or prospective state contractor?		\$10.00	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>If yes, list Event #</i>		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>If yes, indicate which branch or branches of government the contract is with:</i> <input type="checkbox"/> Executive <input type="checkbox"/> Legislative			
Method of contribution:		Date Received		Aggregate contributions	
<input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		06/28/2021		\$510.00	

SUBTOTAL Section B - This Page	\$40.00
TOTAL of Section B Pages	\$302,834.20
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B) <i>(Enter total on Line 13, Column A of Summary Page)</i>	\$303,219.21

I. MONETARY RECEIPTS (Sections A-K)

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)				TYPE OF REPORT	
Bobby Valentine for Stamford				July 10 filing	
A. Total Contributions from Small Contributors - Received this Period ONLY (See instructions for definition of Small Contributor)				Subtotal Section A \$385.01	
B. Itemized Contributions from Individuals					
Last Name Ostrowski		First John		M.I.	
Residential Street Address 211 E Rocks Rd		City Norwalk		State CT	Zip Code 06851-1109
Principal Occupation Engineer		Name of Employer Macys/ Bloomingdales			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		If contribution is in excess of \$400 to a candidate 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? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution \$100.00	
Is this contribution associated with an event reported in Section L1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>If yes, list Event #</i>		Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>If yes, indicate which branch or branches of government the contract is with:</i> <input type="checkbox"/> Executive <input type="checkbox"/> Legislative			
Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		Date Received 06/28/2021	Aggregate contributions \$700.00		
Last Name Ostrowski		First John		M.I.	
Residential Street Address 211 E Rocks Rd		City Norwalk		State CT	Zip Code 06851-1109
Principal Occupation Engineer		Name of Employer Macys/ Bloomingdales			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		If contribution is in excess of \$400 to a candidate 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? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution \$500.00	
Is this contribution associated with an event reported in Section L1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>If yes, list Event #</i>		Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>If yes, indicate which branch or branches of government the contract is with:</i> <input type="checkbox"/> Executive <input type="checkbox"/> Legislative			
Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		Date Received 06/25/2021	Aggregate contributions \$700.00		
Last Name Ostrowski		First John		M.I.	
Residential Street Address 211 E Rocks Rd		City Norwalk		State CT	Zip Code 06851-1109
Principal Occupation Engineer		Name of Employer Macys/ Bloomingdales			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		If contribution is in excess of \$400 to a candidate 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? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution \$50.00	
Is this contribution associated with an event reported in Section L1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>If yes, list Event #</i>		Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>If yes, indicate which branch or branches of government the contract is with:</i> <input type="checkbox"/> Executive <input type="checkbox"/> Legislative			
Method of contribution: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		Date Received 06/26/2021	Aggregate contributions \$700.00		

SUBTOTAL Section B - This Page	\$650.00
TOTAL of Section B Pages	\$302,834.20
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B) <i>(Enter total on Line 13, Column A of Summary Page)</i>	\$303,219.21

I. MONETARY RECEIPTS (Sections A-K)

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)				TYPE OF REPORT	
Bobby Valentine for Stamford				July 10 filing	
A. Total Contributions from Small Contributors - Received this Period ONLY (See instructions for definition of Small Contributor)				Subtotal Section A \$385.01	
B. Itemized Contributions from Individuals					
Last Name		First		M.I.	
Bisordi		Lance			
Residential Street Address		City		State	Zip Code
22 Ralph St		Stamford		CT	06902-7833
Principal Occupation		Name of Employer			
Investor		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?		Amount of Contribution	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Is this contribution associated with an event reported in Section L1?		Is contributor a principal of a state contractor or prospective state contractor?		\$10.00	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>If yes, list Event #</i>		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>If yes, indicate which branch or branches of government the contract is with:</i> <input type="checkbox"/> Executive <input type="checkbox"/> Legislative			
Method of contribution:		Date Received		Aggregate contributions	
<input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		06/25/2021		\$120.00	
Last Name		First		M.I.	
Bisordi		Lance			
Residential Street Address		City		State	Zip Code
22 Ralph St		Stamford		CT	06902-7833
Principal Occupation		Name of Employer			
Investor		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?		Amount of Contribution	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Is this contribution associated with an event reported in Section L1?		Is contributor a principal of a state contractor or prospective state contractor?		\$50.00	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>If yes, list Event #</i>		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>If yes, indicate which branch or branches of government the contract is with:</i> <input type="checkbox"/> Executive <input type="checkbox"/> Legislative			
Method of contribution:		Date Received		Aggregate contributions	
<input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		06/29/2021		\$120.00	
Last Name		First		M.I.	
Bisordi		Lance			
Residential Street Address		City		State	Zip Code
22 Ralph St		Stamford		CT	06902-7833
Principal Occupation		Name of Employer			
Investor		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?		Amount of Contribution	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Is this contribution associated with an event reported in Section L1?		Is contributor a principal of a state contractor or prospective state contractor?		\$10.00	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>If yes, list Event #</i>		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>If yes, indicate which branch or branches of government the contract is with:</i> <input type="checkbox"/> Executive <input type="checkbox"/> Legislative			
Method of contribution:		Date Received		Aggregate contributions	
<input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		06/30/2021		\$120.00	

SUBTOTAL Section B - This Page	\$70.00
TOTAL of Section B Pages	\$302,834.20
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B) <i>(Enter total on Line 13, Column A of Summary Page)</i>	\$303,219.21

I. MONETARY RECEIPTS (Sections A-K)

NAME OF COMMITTEE <i>(Provide Complete Name as Registered with Filing Repository)</i>				TYPE OF REPORT	
Bobby Valentine for Stamford				July 10 filing	
A. Total Contributions from Small Contributors - Received this Period ONLY <i>(See instructions for definition of Small Contributor)</i>				Subtotal Section A \$385.01	
B. Itemized Contributions from Individuals					
Last Name		First		M.I.	
DeVito		Michael			
Residential Street Address		City		State	Zip Code
58 Mayflower Ave		Stamford		CT	06906-1921
Principal Occupation		Name of Employer			
Not Employed		Not 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?		Amount of Contribution	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Is this contribution associated with an event reported in Section L1?		Is contributor a principal of a state contractor or prospective state contractor?		\$50.00	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>If yes, list Event #</i>		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>If yes, indicate which branch or branches of government the contract is with:</i> <input type="checkbox"/> Executive <input type="checkbox"/> Legislative			
Method of contribution:		Date Received		Aggregate contributions	
<input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		06/26/2021		\$170.00	
Last Name		First		M.I.	
Fitzpatrick		Nancy			
Residential Street Address		City		State	Zip Code
112 Southfield Ave, Apt 517		Stamford		CT	06902-7665
Principal Occupation		Name of Employer			
Broker		AssuredPartners			
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?		Amount of Contribution	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Is this contribution associated with an event reported in Section L1?		Is contributor a principal of a state contractor or prospective state contractor?		\$50.00	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>If yes, list Event #</i>		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>If yes, indicate which branch or branches of government the contract is with:</i> <input type="checkbox"/> Executive <input type="checkbox"/> Legislative			
Method of contribution:		Date Received		Aggregate contributions	
<input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		06/28/2021		\$50.00	
Last Name		First		M.I.	
Hersh		Jeff			
Residential Street Address		City		State	Zip Code
10 Larchmont Ave		Larchmont		NY	10538-4235
Principal Occupation		Name of Employer			
Attorney		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?		Amount of Contribution	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Is this contribution associated with an event reported in Section L1?		Is contributor a principal of a state contractor or prospective state contractor?		\$500.00	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>If yes, list Event #</i>		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>If yes, indicate which branch or branches of government the contract is with:</i> <input type="checkbox"/> Executive <input type="checkbox"/> Legislative			
Method of contribution:		Date Received		Aggregate contributions	
<input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		06/30/2021		\$1,000.00	

SUBTOTAL Section B - This Page	\$600.00
TOTAL of Section B Pages	\$302,834.20
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B) <i>(Enter total on Line 13, Column A of Summary Page)</i>	\$303,219.21

I. MONETARY RECEIPTS (Sections A-K)

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)				TYPE OF REPORT	
Bobby Valentine for Stamford				July 10 filing	
A. Total Contributions from Small Contributors - Received this Period ONLY (See instructions for definition of Small Contributor)				Subtotal Section A \$385.01	
B. Itemized Contributions from Individuals					
Last Name		First		M.I.	
Esses		Joshua			
Residential Street Address		City		State	Zip Code
500 Newfield Ave		Stamford		CT	06905-3745
Principal Occupation		Name of Employer			
Attorney		Proskauer Rose LLP			
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?		Amount of Contribution	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Is this contribution associated with an event reported in Section L1?		Is contributor a principal of a state contractor or prospective state contractor?		\$250.00	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>If yes, list Event #</i>		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>If yes, indicate which branch or branches of government the contract is with:</i> <input type="checkbox"/> Executive <input type="checkbox"/> Legislative			
Method of contribution:		Date Received		Aggregate contributions	
<input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		06/24/2021		\$250.00	
Last Name		First		M.I.	
Debenedictis		Erika			
Residential Street Address		City		State	Zip Code
101 Summer St, Unit 409		Stamford		CT	06901-2327
Principal Occupation		Name of Employer			
Legal assistant		Bloomenthal and trow			
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?		Amount of Contribution	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Is this contribution associated with an event reported in Section L1?		Is contributor a principal of a state contractor or prospective state contractor?		\$20.00	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>If yes, list Event #</i>		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>If yes, indicate which branch or branches of government the contract is with:</i> <input type="checkbox"/> Executive <input type="checkbox"/> Legislative			
Method of contribution:		Date Received		Aggregate contributions	
<input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		06/30/2021		\$20.00	
Last Name		First		M.I.	
Velez		Christian			
Residential Street Address		City		State	Zip Code
43 Barbara Dr		Norwalk		CT	06851-5226
Principal Occupation		Name of Employer			
Barista		Lorca			
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?		Amount of Contribution	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Is this contribution associated with an event reported in Section L1?		Is contributor a principal of a state contractor or prospective state contractor?		\$5.00	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>If yes, list Event #</i>		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>If yes, indicate which branch or branches of government the contract is with:</i> <input type="checkbox"/> Executive <input type="checkbox"/> Legislative			
Method of contribution:		Date Received		Aggregate contributions	
<input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		06/28/2021		\$5.00	

SUBTOTAL Section B - This Page	\$275.00
TOTAL of Section B Pages	\$302,834.20
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B) <i>(Enter total on Line 13, Column A of Summary Page)</i>	\$303,219.21

I. MONETARY RECEIPTS (Sections A-K)

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)				TYPE OF REPORT	
Bobby Valentine for Stamford				July 10 filing	
A. Total Contributions from Small Contributors - Received this Period ONLY (See instructions for definition of Small Contributor)				Subtotal Section A \$385.01	
B. Itemized Contributions from Individuals					
Last Name		First		M.I.	
Cohen		Gary		I	
Residential Street Address		City		State	Zip Code
70 Forest St, Apt 17A		Stamford		CT	06901-1881
Principal Occupation		Name of Employer			
NA		NA			
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?		Amount of Contribution	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Is this contribution associated with an event reported in Section L1?		Is contributor a principal of a state contractor or prospective state contractor?		\$500.00	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>If yes, list Event #</i>		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>If yes, indicate which branch or branches of government the contract is with:</i> <input type="checkbox"/> Executive <input type="checkbox"/> Legislative			
Method of contribution:		Date Received		Aggregate contributions	
<input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		06/29/2021		\$1,000.00	
Last Name		First		M.I.	
Cohen		Carol			
Residential Street Address		City		State	Zip Code
70 Forest St, Apt 17A		Stamford		CT	06901-1881
Principal Occupation		Name of Employer			
NA		NA			
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?		Amount of Contribution	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Is this contribution associated with an event reported in Section L1?		Is contributor a principal of a state contractor or prospective state contractor?		\$500.00	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>If yes, list Event #</i>		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>If yes, indicate which branch or branches of government the contract is with:</i> <input type="checkbox"/> Executive <input type="checkbox"/> Legislative			
Method of contribution:		Date Received		Aggregate contributions	
<input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		06/29/2021		\$1,000.00	
Last Name		First		M.I.	
Cruz		Chase			
Residential Street Address		City		State	Zip Code
56 Cold Spring Rd		Stamford		CT	06905-4251
Principal Occupation		Name of Employer			
Bartender		City Bistro			
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?		Amount of Contribution	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Is this contribution associated with an event reported in Section L1?		Is contributor a principal of a state contractor or prospective state contractor?		\$5.00	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>If yes, list Event #</i>		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>If yes, indicate which branch or branches of government the contract is with:</i> <input type="checkbox"/> Executive <input type="checkbox"/> Legislative			
Method of contribution:		Date Received		Aggregate contributions	
<input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		06/24/2021		\$5.00	

SUBTOTAL Section B - This Page	\$1,005.00
TOTAL of Section B Pages	\$302,834.20
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B) <i>(Enter total on Line 13, Column A of Summary Page)</i>	\$303,219.21

I. MONETARY RECEIPTS (Sections A-K)

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)				TYPE OF REPORT	
Bobby Valentine for Stamford				July 10 filing	
A. Total Contributions from Small Contributors - Received this Period ONLY (See instructions for definition of Small Contributor)				Subtotal Section A \$385.01	
B. Itemized Contributions from Individuals					
Last Name		First		M.I.	
Aldrich		Thomas			
Residential Street Address		City		State	Zip Code
28 Hirsch Rd		Stamford		CT	06905-3207
Principal Occupation		Name of Employer			
Banker		Goldman Sachs			
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?		Amount of Contribution	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Is this contribution associated with an event reported in Section L1?		Is contributor a principal of a state contractor or prospective state contractor?		\$50.00	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>If yes, list Event #</i>		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>If yes, indicate which branch or branches of government the contract is with:</i> <input type="checkbox"/> Executive <input type="checkbox"/> Legislative			
Method of contribution:		Date Received		Aggregate contributions	
<input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		06/25/2021		\$200.00	
Last Name		First		M.I.	
Moore		Bruce			
Residential Street Address		City		State	Zip Code
89 West Trl		Stamford		CT	06903-2411
Principal Occupation		Name of Employer			
Executive		Eastern Land Management			
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?		Amount of Contribution	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
Is this contribution associated with an event reported in Section L1?		Is contributor a principal of a state contractor or prospective state contractor?		\$500.00	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>If yes, list Event #</i>		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>If yes, indicate which branch or branches of government the contract is with:</i> <input type="checkbox"/> Executive <input type="checkbox"/> Legislative			
Method of contribution:		Date Received		Aggregate contributions	
<input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		06/28/2021		\$500.00	
Last Name		First		M.I.	
Salvatore		Bennett			
Residential Street Address		City		State	Zip Code
59 Thornridge Dr		Stamford		CT	06903-5125
Principal Occupation		Name of Employer			
NBA Referee Manager		National Basketball Association			
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?		Amount of Contribution	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Is this contribution associated with an event reported in Section L1?		Is contributor a principal of a state contractor or prospective state contractor?		\$250.00	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>If yes, list Event #</i>		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>If yes, indicate which branch or branches of government the contract is with:</i> <input type="checkbox"/> Executive <input type="checkbox"/> Legislative			
Method of contribution:		Date Received		Aggregate contributions	
<input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		06/23/2021		\$250.00	

SUBTOTAL Section B - This Page	\$800.00
TOTAL of Section B Pages	\$302,834.20
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B) <i>(Enter total on Line 13, Column A of Summary Page)</i>	\$303,219.21

I. MONETARY RECEIPTS (Sections A-K)

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)				TYPE OF REPORT	
Bobby Valentine for Stamford				July 10 filing	
A. Total Contributions from Small Contributors - Received this Period ONLY (See instructions for definition of Small Contributor)				Subtotal Section A \$385.01	
B. Itemized Contributions from Individuals					
Last Name		First		M.I.	
Melzer		Sondra			
Residential Street Address		City		State	Zip Code
180 Turn Of River Rd, Unit 1D		Stamford		CT	06905-1331
Principal Occupation		Name of Employer			
Retired College Professor		None			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		If contribution is in excess of \$400 to a candidate 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? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution \$20.00	
Is this contribution associated with an event reported in Section L1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>If yes, list Event #</i>		Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>If yes, indicate which branch or branches of government the contract is with:</i> <input type="checkbox"/> Executive <input type="checkbox"/> Legislative			
Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		Date Received	Aggregate contributions		
		06/30/2021	\$220.00		
Last Name		First		M.I.	
Fiorito		Joseph			
Residential Street Address		City		State	Zip Code
162 Idlewood Dr		Stamford		CT	06905-2406
Principal Occupation		Name of Employer			
Physician		Nuvance health			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		If contribution is in excess of \$400 to a candidate 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? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution \$100.00	
Is this contribution associated with an event reported in Section L1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>If yes, list Event #</i>		Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>If yes, indicate which branch or branches of government the contract is with:</i> <input type="checkbox"/> Executive <input type="checkbox"/> Legislative			
Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		Date Received	Aggregate contributions		
		06/27/2021	\$100.00		
Last Name		First		M.I.	
Heekin		Jim			
Residential Street Address		City		State	Zip Code
12 Wynnewood Ln		Stamford		CT	06903-1931
Principal Occupation		Name of Employer			
NA		NA			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		If contribution is in excess of \$400 to a candidate 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? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution \$1,000.00	
Is this contribution associated with an event reported in Section L1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>If yes, list Event #</i>		Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>If yes, indicate which branch or branches of government the contract is with:</i> <input type="checkbox"/> Executive <input type="checkbox"/> Legislative			
Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		Date Received	Aggregate contributions		
		06/30/2021	\$1,000.00		

SUBTOTAL Section B - This Page	\$1,120.00
TOTAL of Section B Pages	\$302,834.20
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B) <i>(Enter total on Line 13, Column A of Summary Page)</i>	\$303,219.21

I. MONETARY RECEIPTS (Sections A-K)

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)				TYPE OF REPORT	
Bobby Valentine for Stamford				July 10 filing	
A. Total Contributions from Small Contributors - Received this Period ONLY (See instructions for definition of Small Contributor)				Subtotal Section A \$385.01	
B. Itemized Contributions from Individuals					
Last Name		First		M.I.	
Millette-Valentine		Lisa			
Residential Street Address		City		State	Zip Code
27		Darien		CT	06820
Principal Occupation		Name of Employer			
Director		Furnished Quarters			
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?		Amount of Contribution	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		\$20.00	
Is this contribution associated with an event reported in Section L1?		Is contributor a principal of a state contractor or prospective state contractor?			
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>If yes, list Event #</i>		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>If yes, indicate which branch or branches of government the contract is with:</i> <input type="checkbox"/> Executive <input type="checkbox"/> Legislative			
Method of contribution:		Date Received	Aggregate contributions		
<input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		06/23/2021	\$20.00		
Last Name		First		M.I.	
Iacobelli		Michael			
Residential Street Address		City		State	Zip Code
70 Forest St		Stamford		CT	06901-1831
Principal Occupation		Name of Employer			
Financial Advisor		Merrill Lynch			
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?		Amount of Contribution	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		\$10.00	
Is this contribution associated with an event reported in Section L1?		Is contributor a principal of a state contractor or prospective state contractor?			
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>If yes, list Event #</i>		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>If yes, indicate which branch or branches of government the contract is with:</i> <input type="checkbox"/> Executive <input type="checkbox"/> Legislative			
Method of contribution:		Date Received	Aggregate contributions		
<input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		06/25/2021	\$260.00		
Last Name		First		M.I.	
Deegan		Thomas			
Residential Street Address		City		State	Zip Code
170 Ocean Dr W		Stamford		CT	06902-8028
Principal Occupation		Name of Employer			
Executive		Clearshares, LLC			
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?		Amount of Contribution	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		\$350.00	
Is this contribution associated with an event reported in Section L1?		Is contributor a principal of a state contractor or prospective state contractor?			
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>If yes, list Event #</i>		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>If yes, indicate which branch or branches of government the contract is with:</i> <input type="checkbox"/> Executive <input type="checkbox"/> Legislative			
Method of contribution:		Date Received	Aggregate contributions		
<input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		06/24/2021	\$350.00		

SUBTOTAL Section B - This Page	\$380.00
TOTAL of Section B Pages	\$302,834.20
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B) <i>(Enter total on Line 13, Column A of Summary Page)</i>	\$303,219.21

I. MONETARY RECEIPTS (Sections A-K)

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)				TYPE OF REPORT		
Bobby Valentine for Stamford				July 10 filing		
A. Total Contributions from Small Contributors - Received this Period ONLY (See instructions for definition of Small Contributor)				Subtotal Section A		
				\$385.01		
B. Itemized Contributions from Individuals						
Last Name		First		M.I.		
Mannetti		Jessica				
Residential Street Address		City		State	Zip Code	
197 Ruane St		Fairfield		CT	06824-5839	
Principal Occupation		Name of Employer				
Basketball Coach		Sacred Heart University				
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?		Amount of Contribution		
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				
Is this contribution associated with an event reported in Section L1? <i>If yes, list Event #</i>		Is contributor a principal of a state contractor or prospective state contractor? <i>If yes, indicate which branch or branches of government the contract is with:</i>				
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		\$500.00		
Method of contribution:		Date Received	Aggregate contributions			
<input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		06/28/2021	\$500.00			
Last Name		First		M.I.		
deputy		warner				
Residential Street Address		City		State	Zip Code	
159 Old Stamford Rd		New Canaan		CT	06840-6248	
Principal Occupation		Name of Employer				
Attorney/Consultant		warner deputy				
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?		Amount of Contribution		
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				
Is this contribution associated with an event reported in Section L1? <i>If yes, list Event #</i>		Is contributor a principal of a state contractor or prospective state contractor? <i>If yes, indicate which branch or branches of government the contract is with:</i>				
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		\$50.00		
Method of contribution:		Date Received	Aggregate contributions			
<input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		06/29/2021	\$300.00			
Last Name		First		M.I.		
Kilbane		Mary				
Residential Street Address		City		State	Zip Code	
10 Linden Hts		Norwalk		CT	06851-1552	
Principal Occupation		Name of Employer				
Office Manager		Redniss & Mead, Inc.				
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?		Amount of Contribution		
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				
Is this contribution associated with an event reported in Section L1? <i>If yes, list Event #</i>		Is contributor a principal of a state contractor or prospective state contractor? <i>If yes, indicate which branch or branches of government the contract is with:</i>				
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		\$300.00		
Method of contribution:		Date Received	Aggregate contributions			
<input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		06/30/2021	\$300.00			

SUBTOTAL Section B - This Page	\$850.00
TOTAL of Section B Pages	\$302,834.20
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B) <i>(Enter total on Line 13, Column A of Summary Page)</i>	\$303,219.21

I. MONETARY RECEIPTS (Sections A-K)

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)				TYPE OF REPORT	
Bobby Valentine for Stamford				July 10 filing	
A. Total Contributions from Small Contributors - Received this Period ONLY (See instructions for definition of Small Contributor)				Subtotal Section A \$385.01	
B. Itemized Contributions from Individuals					
Last Name Law		First Elaine		M.I.	
Residential Street Address 32 Grove St		City Branford		State CT	Zip Code 06405-6216
Principal Occupation Teacher		Name of Employer Stamford Public Schools			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		If contribution is in excess of \$400 to a candidate 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? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution \$20.00	
Is this contribution associated with an event reported in Section L1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>If yes, list Event #</i>		Is contributor a principal of a state contractor or prospective state contractor? <i>If yes, indicate which branch or branches of government the contract is with:</i> <input type="checkbox"/> Executive <input type="checkbox"/> Legislative <input checked="" type="checkbox"/> No			
Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		Date Received 06/27/2021	Aggregate contributions \$20.00		
Last Name Moavero		First Jim		M.I.	
Residential Street Address 5 Carter Dr		City Stamford		State CT	Zip Code 06902-7011
Principal Occupation Dispatcher		Name of Employer Winn Waste Innovations/City Carting			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		If contribution is in excess of \$400 to a candidate 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? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution \$50.00	
Is this contribution associated with an event reported in Section L1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>If yes, list Event #</i>		Is contributor a principal of a state contractor or prospective state contractor? <i>If yes, indicate which branch or branches of government the contract is with:</i> <input type="checkbox"/> Executive <input type="checkbox"/> Legislative <input checked="" type="checkbox"/> No			
Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		Date Received 06/28/2021	Aggregate contributions \$50.00		
Last Name Truglia		First Tony		M.I.	
Residential Street Address 96 Carter Dr		City Stamford		State CT	Zip Code 06902-7014
Principal Occupation NA		Name of Employer NA			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		If contribution is in excess of \$400 to a candidate 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? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution \$250.00	
Is this contribution associated with an event reported in Section L1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>If yes, list Event #</i>		Is contributor a principal of a state contractor or prospective state contractor? <i>If yes, indicate which branch or branches of government the contract is with:</i> <input type="checkbox"/> Executive <input type="checkbox"/> Legislative <input checked="" type="checkbox"/> No			
Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		Date Received 06/30/2021	Aggregate contributions \$250.00		

SUBTOTAL Section B - This Page	\$320.00
TOTAL of Section B Pages	\$302,834.20
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B) <i>(Enter total on Line 13, Column A of Summary Page)</i>	\$303,219.21

I. MONETARY RECEIPTS (Sections A-K)

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)				TYPE OF REPORT	
Bobby Valentine for Stamford				July 10 filing	
A. Total Contributions from Small Contributors - Received this Period ONLY (See instructions for definition of Small Contributor)				Subtotal Section A \$385.01	
B. Itemized Contributions from Individuals					
Last Name		First		M.I.	
Truglia		Anna			
Residential Street Address		City		State	Zip Code
96 Carter Dr		Stamford		CT	06902-7014
Principal Occupation		Name of Employer			
NA		NA			
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?		Amount of Contribution \$250.00	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Is this contribution associated with an event reported in Section L1? <i>If yes, list Event #</i>		Is contributor a principal of a state contractor or prospective state contractor? <i>If yes, indicate which branch or branches of government the contract is with:</i>			
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Executive <input type="checkbox"/> Legislative			
Method of contribution:		Date Received		Aggregate contributions	
<input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		06/30/2021		\$250.00	
Last Name		First		M.I.	
Perna		Julie			
Residential Street Address		City		State	Zip Code
970 Hope St, Unit 5D		Stamford		CT	06907-2224
Principal Occupation		Name of Employer			
Teacher Assistant		The Learning Center At Piper's Hill			
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?		Amount of Contribution \$20.00	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Is this contribution associated with an event reported in Section L1? <i>If yes, list Event #</i>		Is contributor a principal of a state contractor or prospective state contractor? <i>If yes, indicate which branch or branches of government the contract is with:</i>			
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Executive <input type="checkbox"/> Legislative			
Method of contribution:		Date Received		Aggregate contributions	
<input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		06/30/2021		\$20.00	
Last Name		First		M.I.	
Lala		Patrice			
Residential Street Address		City		State	Zip Code
1 Strawberry Hill Ave, Apt 3H		Stamford		CT	06902-2654
Principal Occupation		Name of Employer			
Sr Benefits analyst		Gartner			
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?		Amount of Contribution \$10.00	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Is this contribution associated with an event reported in Section L1? <i>If yes, list Event #</i>		Is contributor a principal of a state contractor or prospective state contractor? <i>If yes, indicate which branch or branches of government the contract is with:</i>			
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Executive <input type="checkbox"/> Legislative			
Method of contribution:		Date Received		Aggregate contributions	
<input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		06/25/2021		\$10.00	

SUBTOTAL Section B - This Page	\$280.00
TOTAL of Section B Pages	\$302,834.20
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B) <i>(Enter total on Line 13, Column A of Summary Page)</i>	\$303,219.21

I. MONETARY RECEIPTS (Sections A-K)

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)				TYPE OF REPORT	
Bobby Valentine for Stamford				July 10 filing	
A. Total Contributions from Small Contributors - Received this Period ONLY (See instructions for definition of Small Contributor)				Subtotal Section A \$385.01	
B. Itemized Contributions from Individuals					
Last Name		First		M.I.	
Turnier		Yadley			
Residential Street Address		City		State	Zip Code
84 Warren St		Stamford		CT	06902-4073
Principal Occupation		Name of Employer			
Nutrition educator		Green Village Initiative			
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?		Amount of Contribution \$5.00	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Is this contribution associated with an event reported in Section L1? <i>If yes, list Event #</i>		Is contributor a principal of a state contractor or prospective state contractor? <i>If yes, indicate which branch or branches of government the contract is with:</i>			
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Executive <input type="checkbox"/> Legislative			
Method of contribution:		Date Received		Aggregate contributions	
<input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		06/28/2021		\$5.00	
Last Name		First		M.I.	
Donahue		Colleen			
Residential Street Address		City		State	Zip Code
2408 High Ridge Rd		Stamford		CT	06903-2901
Principal Occupation		Name of Employer			
Manager		Pan Am Equities			
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?		Amount of Contribution \$10.00	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Is this contribution associated with an event reported in Section L1? <i>If yes, list Event #</i>		Is contributor a principal of a state contractor or prospective state contractor? <i>If yes, indicate which branch or branches of government the contract is with:</i>			
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Executive <input type="checkbox"/> Legislative			
Method of contribution:		Date Received		Aggregate contributions	
<input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		06/29/2021		\$10.00	
Last Name		First		M.I.	
Marrucco		Michele			
Residential Street Address		City		State	Zip Code
26 Strawberry Hill Ave, Apt 4D		Stamford		CT	06902-2606
Principal Occupation		Name of Employer			
Sales Mgr		LANDMARK PRINT			
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?		Amount of Contribution \$25.00	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Is this contribution associated with an event reported in Section L1? <i>If yes, list Event #</i>		Is contributor a principal of a state contractor or prospective state contractor? <i>If yes, indicate which branch or branches of government the contract is with:</i>			
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Executive <input type="checkbox"/> Legislative			
Method of contribution:		Date Received		Aggregate contributions	
<input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		06/25/2021		\$25.00	

SUBTOTAL Section B - This Page	\$40.00
TOTAL of Section B Pages	\$302,834.20
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B) <i>(Enter total on Line 13, Column A of Summary Page)</i>	\$303,219.21

I. MONETARY RECEIPTS (Sections A-K)

NAME OF COMMITTEE <i>(Provide Complete Name as Registered with Filing Repository)</i>				TYPE OF REPORT	
Bobby Valentine for Stamford				July 10 filing	
A. Total Contributions from Small Contributors - Received this Period ONLY <i>(See instructions for definition of Small Contributor)</i>				Subtotal Section A \$385.01	
B. Itemized Contributions from Individuals					
Last Name		First		M.I.	
Molgano		Michael L			
Residential Street Address		City		State	Zip Code
10 Hazelwood Ln		Stamford		CT	06905-2725
Principal Occupation		Name of Employer			
Unemployed		Unemployed			
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?		Amount of Contribution	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Is this contribution associated with an event reported in Section L1?		Is contributor a principal of a state contractor or prospective state contractor?		\$50.00	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>If yes, list Event #</i>		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>If yes, indicate which branch or branches of government the contract is with:</i> <input type="checkbox"/> Executive <input type="checkbox"/> Legislative			
Method of contribution:		Date Received		Aggregate contributions	
<input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		06/29/2021		\$50.00	
Last Name		First		M.I.	
Valentine		Rita			
Residential Street Address		City		State	Zip Code
6 Cross Rd, Apt R		Stamford		CT	06905-3401
Principal Occupation		Name of Employer			
Retired		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?		Amount of Contribution	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Is this contribution associated with an event reported in Section L1?		Is contributor a principal of a state contractor or prospective state contractor?		\$20.00	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>If yes, list Event #</i>		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>If yes, indicate which branch or branches of government the contract is with:</i> <input type="checkbox"/> Executive <input type="checkbox"/> Legislative			
Method of contribution:		Date Received		Aggregate contributions	
<input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		06/28/2021		\$20.00	
Last Name		First		M.I.	
Concolino		Robert			
Residential Street Address		City		State	Zip Code
PO Box 180		Lake Arrowhead		CA	92352-0180
Principal Occupation		Name of Employer			
Relational Consultant & Strategist		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?		Amount of Contribution	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Is this contribution associated with an event reported in Section L1?		Is contributor a principal of a state contractor or prospective state contractor?		\$100.00	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>If yes, list Event #</i>		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>If yes, indicate which branch or branches of government the contract is with:</i> <input type="checkbox"/> Executive <input type="checkbox"/> Legislative			
Method of contribution:		Date Received		Aggregate contributions	
<input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		06/25/2021		\$200.00	

SUBTOTAL Section B - This Page	\$170.00
TOTAL of Section B Pages	\$302,834.20
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B) <i>(Enter total on Line 13, Column A of Summary Page)</i>	\$303,219.21

I. MONETARY RECEIPTS (Sections A-K)

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)				TYPE OF REPORT	
Bobby Valentine for Stamford				July 10 filing	
A. Total Contributions from Small Contributors - Received this Period ONLY (See instructions for definition of Small Contributor)				Subtotal Section A \$385.01	
B. Itemized Contributions from Individuals					
Last Name Levine		First David		M.I.	
Residential Street Address 695 Atlantic St, Unit 212		City Stamford		State CT	Zip Code 06902-9322
Principal Occupation Lawyer		Name of Employer Daniel Berger			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		If contribution is in excess of \$400 to a candidate 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? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution \$10.00	
Is this contribution associated with an event reported in Section L1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>If yes, list Event #</i>		Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>If yes, indicate which branch or branches of government the contract is with:</i> <input type="checkbox"/> Executive <input type="checkbox"/> Legislative			
Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		Date Received 06/25/2021	Aggregate contributions \$50.00		
Last Name Hibson		First Emmet		M.I.	
Residential Street Address 6 Spencer Pl		City New Haven		State CT	Zip Code 06515-2434
Principal Occupation Lawyer		Name of Employer Law Office of Emmet P Hibson, Jr			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		If contribution is in excess of \$400 to a candidate 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? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution \$25.00	
Is this contribution associated with an event reported in Section L1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>If yes, list Event #</i>		Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>If yes, indicate which branch or branches of government the contract is with:</i> <input type="checkbox"/> Executive <input type="checkbox"/> Legislative			
Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		Date Received 06/30/2021	Aggregate contributions \$125.00		
Last Name Nizolek		First Kevin		M.I.	
Residential Street Address 104 Sanford Ln		City Stamford		State CT	Zip Code 06905-2820
Principal Occupation Sales		Name of Employer Diocese of Bridgeport			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		If contribution is in excess of \$400 to a candidate 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? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution \$10.00	
Is this contribution associated with an event reported in Section L1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>If yes, list Event #</i>		Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>If yes, indicate which branch or branches of government the contract is with:</i> <input type="checkbox"/> Executive <input type="checkbox"/> Legislative			
Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		Date Received 06/30/2021	Aggregate contributions \$30.00		

SUBTOTAL Section B - This Page	\$45.00
TOTAL of Section B Pages	\$302,834.20
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B) <i>(Enter total on Line 13, Column A of Summary Page)</i>	\$303,219.21

I. MONETARY RECEIPTS (Sections A-K)

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)				TYPE OF REPORT	
Bobby Valentine for Stamford				July 10 filing	
A. Total Contributions from Small Contributors - Received this Period ONLY (See instructions for definition of Small Contributor)				Subtotal Section A \$385.01	
B. Itemized Contributions from Individuals					
Last Name		First		M.I.	
Mitchell		Jim			
Residential Street Address		City		State	Zip Code
11381 Foothill Rd		Santa Paula		CA	93060-9101
Principal Occupation		Name of Employer			
Farmer		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?		Amount of Contribution	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Is this contribution associated with an event reported in Section L1?		Is contributor a principal of a state contractor or prospective state contractor?		\$10.00	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>If yes, list Event #</i>		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>If yes, indicate which branch or branches of government the contract is with:</i> <input type="checkbox"/> Executive <input type="checkbox"/> Legislative			
Method of contribution:		Date Received		Aggregate contributions	
<input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		06/26/2021		\$110.00	
Last Name		First		M.I.	
Barden		Jean			
Residential Street Address		City		State	Zip Code
21 Spring Hill Ln E		Stamford		CT	06903-1935
Principal Occupation		Name of Employer			
Retired		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?		Amount of Contribution	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Is this contribution associated with an event reported in Section L1?		Is contributor a principal of a state contractor or prospective state contractor?		\$50.00	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>If yes, list Event #</i>		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>If yes, indicate which branch or branches of government the contract is with:</i> <input type="checkbox"/> Executive <input type="checkbox"/> Legislative			
Method of contribution:		Date Received		Aggregate contributions	
<input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		06/30/2021		\$100.00	
Last Name		First		M.I.	
Michelson		Bradley			
Residential Street Address		City		State	Zip Code
15 Ralsey Rd S		Stamford		CT	06902-7811
Principal Occupation		Name of Employer			
Manager		Idealist			
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?		Amount of Contribution	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Is this contribution associated with an event reported in Section L1?		Is contributor a principal of a state contractor or prospective state contractor?		\$5.00	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>If yes, list Event #</i>		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>If yes, indicate which branch or branches of government the contract is with:</i> <input type="checkbox"/> Executive <input type="checkbox"/> Legislative			
Method of contribution:		Date Received		Aggregate contributions	
<input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		06/30/2021		\$5.00	

SUBTOTAL Section B - This Page	\$65.00
TOTAL of Section B Pages	\$302,834.20
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B) <i>(Enter total on Line 13, Column A of Summary Page)</i>	\$303,219.21

I. MONETARY RECEIPTS (Sections A-K)

NAME OF COMMITTEE <i>(Provide Complete Name as Registered with Filing Repository)</i>				TYPE OF REPORT	
Bobby Valentine for Stamford				July 10 filing	
A. Total Contributions from Small Contributors - Received this Period ONLY <i>(See instructions for definition of Small Contributor)</i>				Subtotal Section A \$385.01	
B. Itemized Contributions from Individuals					
Last Name Leydon		First Mary		M.I.	
Residential Street Address 222		City Stamford		State CT	Zip Code 06902
Principal Occupation Waitress		Name of Employer Zodys 19th hole			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		If contribution is in excess of \$400 to a candidate 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? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution \$15.00	
Is this contribution associated with an event reported in Section L1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>If yes, list Event #</i>		Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>If yes, indicate which branch or branches of government the contract is with:</i> <input type="checkbox"/> Executive <input type="checkbox"/> Legislative			
Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		Date Received 06/29/2021	Aggregate contributions \$15.00		
Last Name Dipierro		First Lucy		M.I.	
Residential Street Address 1366 Stadium Ave		City Bronx		State NY	Zip Code 10465-1313
Principal Occupation Cpa		Name of Employer Unemployed			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		If contribution is in excess of \$400 to a candidate 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? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution \$10.00	
Is this contribution associated with an event reported in Section L1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>If yes, list Event #</i>		Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>If yes, indicate which branch or branches of government the contract is with:</i> <input type="checkbox"/> Executive <input type="checkbox"/> Legislative			
Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		Date Received 06/25/2021	Aggregate contributions \$10.00		
Last Name Marra		First Tracy		M.I.	
Residential Street Address 16 Sunswyck Rd		City Darien		State CT	Zip Code 06820-6033
Principal Occupation None		Name of Employer None			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		If contribution is in excess of \$400 to a candidate 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? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution \$100.00	
Is this contribution associated with an event reported in Section L1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>If yes, list Event #</i>		Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>If yes, indicate which branch or branches of government the contract is with:</i> <input type="checkbox"/> Executive <input type="checkbox"/> Legislative			
Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		Date Received 06/29/2021	Aggregate contributions \$100.00		

SUBTOTAL Section B - This Page	\$125.00
TOTAL of Section B Pages	\$302,834.20
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B) <i>(Enter total on Line 13, Column A of Summary Page)</i>	\$303,219.21

I. MONETARY RECEIPTS (Sections A-K)

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)				TYPE OF REPORT	
Bobby Valentine for Stamford				July 10 filing	
A. Total Contributions from Small Contributors - Received this Period ONLY (See instructions for definition of Small Contributor)				Subtotal Section A \$385.01	
B. Itemized Contributions from Individuals					
Last Name		First		M.I.	
Miller		Jeffrey			
Residential Street Address		City		State	Zip Code
173 Grove St		Waterbury		CT	06710-2229
Principal Occupation		Name of Employer			
Retail		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?		Amount of Contribution	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		\$10.00	
Is this contribution associated with an event reported in Section L1? <i>If yes, list Event #</i>		Is contributor a principal of a state contractor or prospective state contractor? <i>If yes, indicate which branch or branches of government the contract is with:</i>			
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Executive <input type="checkbox"/> Legislative			
Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order			Date Received	Aggregate contributions	
			06/29/2021	\$60.00	
Last Name		First		M.I.	
Feeney		Margaret			
Residential Street Address		City		State	Zip Code
79 Ocean Dr E		Stamford		CT	06902-8116
Principal Occupation		Name of Employer			
Director of TIP Digital		UConn			
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?		Amount of Contribution	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		\$50.00	
Is this contribution associated with an event reported in Section L1? <i>If yes, list Event #</i>		Is contributor a principal of a state contractor or prospective state contractor? <i>If yes, indicate which branch or branches of government the contract is with:</i>			
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Executive <input type="checkbox"/> Legislative			
Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order			Date Received	Aggregate contributions	
			06/30/2021	\$150.00	
Last Name		First		M.I.	
Wiener		Andrew			
Residential Street Address		City		State	Zip Code
125 Woodside Dr		Greenwich		CT	06830-6731
Principal Occupation		Name of Employer			
Executive		MAXX			
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?		Amount of Contribution	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		\$1,000.00	
Is this contribution associated with an event reported in Section L1? <i>If yes, list Event #</i>		Is contributor a principal of a state contractor or prospective state contractor? <i>If yes, indicate which branch or branches of government the contract is with:</i>			
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Executive <input type="checkbox"/> Legislative			
Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order			Date Received	Aggregate contributions	
			06/29/2021	\$2,000.00	

SUBTOTAL Section B - This Page	\$1,060.00
TOTAL of Section B Pages	\$302,834.20
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B) <i>(Enter total on Line 13, Column A of Summary Page)</i>	\$303,219.21

I. MONETARY RECEIPTS (Sections A-K)

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)				TYPE OF REPORT	
Bobby Valentine for Stamford				July 10 filing	
A. Total Contributions from Small Contributors - Received this Period ONLY (See instructions for definition of Small Contributor)				Subtotal Section A \$385.01	
B. Itemized Contributions from Individuals					
Last Name		First		M.I.	
Ellis		john			
Residential Street Address		City		State	Zip Code
24 Saltus Dr		Old Saybrook		CT	06475-2305
Principal Occupation		Name of Employer			
Consultant		Chairman			
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?		Amount of Contribution	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		\$20.00	
Is this contribution associated with an event reported in Section L1? <i>If yes, list Event #</i>		Is contributor a principal of a state contractor or prospective state contractor? <i>If yes, indicate which branch or branches of government the contract is with:</i>			
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Executive <input type="checkbox"/> Legislative			
Method of contribution:		Date Received	Aggregate contributions		
<input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		06/30/2021	\$350.00		
Last Name		First		M.I.	
Ellis		john			
Residential Street Address		City		State	Zip Code
24 Saltus Dr		Old Saybrook		CT	06475-2305
Principal Occupation		Name of Employer			
Consultant		Chairman			
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?		Amount of Contribution	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		\$10.00	
Is this contribution associated with an event reported in Section L1? <i>If yes, list Event #</i>		Is contributor a principal of a state contractor or prospective state contractor? <i>If yes, indicate which branch or branches of government the contract is with:</i>			
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Executive <input type="checkbox"/> Legislative			
Method of contribution:		Date Received	Aggregate contributions		
<input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		06/28/2021	\$350.00		
Last Name		First		M.I.	
Barile		Mike			
Residential Street Address		City		State	Zip Code
250 Main St		Windsor Locks		CT	06096-1919
Principal Occupation		Name of Employer			
Real Estate Broker		Barile Realty Group			
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?		Amount of Contribution	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		\$1,000.00	
Is this contribution associated with an event reported in Section L1? <i>If yes, list Event #</i>		Is contributor a principal of a state contractor or prospective state contractor? <i>If yes, indicate which branch or branches of government the contract is with:</i>			
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Executive <input type="checkbox"/> Legislative			
Method of contribution:		Date Received	Aggregate contributions		
<input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		06/28/2021	\$1,050.00		

SUBTOTAL Section B - This Page	\$1,030.00
TOTAL of Section B Pages	\$302,834.20
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B) <i>(Enter total on Line 13, Column A of Summary Page)</i>	\$303,219.21

I. MONETARY RECEIPTS (Sections A-K)

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)				TYPE OF REPORT	
Bobby Valentine for Stamford				July 10 filing	
A. Total Contributions from Small Contributors - Received this Period ONLY (See instructions for definition of Small Contributor)				Subtotal Section A \$385.01	
B. Itemized Contributions from Individuals					
Last Name		First		M.I.	
Barile		Mike			
Residential Street Address		City		State	Zip Code
250 Main St		Windsor Locks		CT	06096-1919
Principal Occupation		Name of Employer			
Real Estate Broker		Barile Realty Group			
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?		Amount of Contribution	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Is this contribution associated with an event reported in Section L1?		Is contributor a principal of a state contractor or prospective state contractor?		\$50.00	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>If yes, list Event #</i>		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>If yes, indicate which branch or branches of government the contract is with:</i> <input type="checkbox"/> Executive <input type="checkbox"/> Legislative			
Method of contribution:		Date Received		Aggregate contributions	
<input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		06/28/2021		\$1,050.00	
Last Name		First		M.I.	
Liebertz		Jim			
Residential Street Address		City		State	Zip Code
640 Westover Rd		Stamford		CT	06902-1321
Principal Occupation		Name of Employer			
Consultant		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?		Amount of Contribution	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Is this contribution associated with an event reported in Section L1?		Is contributor a principal of a state contractor or prospective state contractor?		\$20.00	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>If yes, list Event #</i>		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>If yes, indicate which branch or branches of government the contract is with:</i> <input type="checkbox"/> Executive <input type="checkbox"/> Legislative			
Method of contribution:		Date Received		Aggregate contributions	
<input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		06/28/2021		\$20.00	
Last Name		First		M.I.	
Mouny		Alan			
Residential Street Address		City		State	Zip Code
119 Towne St		Stamford		CT	06902-5952
Principal Occupation		Name of Employer			
Real Estate		Mountco`			
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?		Amount of Contribution	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Is this contribution associated with an event reported in Section L1?		Is contributor a principal of a state contractor or prospective state contractor?		\$20.00	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>If yes, list Event #</i>		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>If yes, indicate which branch or branches of government the contract is with:</i> <input type="checkbox"/> Executive <input type="checkbox"/> Legislative			
Method of contribution:		Date Received		Aggregate contributions	
<input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		06/26/2021		\$20.00	

SUBTOTAL Section B - This Page	\$90.00
TOTAL of Section B Pages	\$302,834.20
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B) <i>(Enter total on Line 13, Column A of Summary Page)</i>	\$303,219.21

I. MONETARY RECEIPTS (Sections A-K)

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)				TYPE OF REPORT	
Bobby Valentine for Stamford				July 10 filing	
A. Total Contributions from Small Contributors - Received this Period ONLY (See instructions for definition of Small Contributor)				Subtotal Section A \$385.01	
B. Itemized Contributions from Individuals					
Last Name Osman		First Harley		M.I.	
Residential Street Address 57 W Hill Rd		City Stamford		State CT	Zip Code 06902-2029
Principal Occupation Retired		Name of Employer Retired			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		If contribution is in excess of \$400 to a candidate 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? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution \$100.00	
Is this contribution associated with an event reported in Section L1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>If yes, list Event #</i>		Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>If yes, indicate which branch or branches of government the contract is with:</i> <input type="checkbox"/> Executive <input type="checkbox"/> Legislative			
Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		Date Received 06/25/2021	Aggregate contributions \$100.00		
Last Name Rosenthal		First Russell		M.I.	
Residential Street Address 1233 Beech St		City Atlantic Beach		State NY	Zip Code 11509-1600
Principal Occupation Retired		Name of Employer Retired			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		If contribution is in excess of \$400 to a candidate 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? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution \$1,000.00	
Is this contribution associated with an event reported in Section L1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>If yes, list Event #</i>		Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>If yes, indicate which branch or branches of government the contract is with:</i> <input type="checkbox"/> Executive <input type="checkbox"/> Legislative			
Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		Date Received 06/30/2021	Aggregate contributions \$1,000.00		
Last Name Beaumont		First simon		M.I.	
Residential Street Address 5 Wynnewood Ln		City Stamford		State CT	Zip Code 06903-1931
Principal Occupation Finance		Name of Employer IBM			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		If contribution is in excess of \$400 to a candidate 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? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution \$100.00	
Is this contribution associated with an event reported in Section L1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>If yes, list Event #</i>		Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>If yes, indicate which branch or branches of government the contract is with:</i> <input type="checkbox"/> Executive <input type="checkbox"/> Legislative			
Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		Date Received 06/25/2021	Aggregate contributions \$150.00		

SUBTOTAL Section B - This Page	\$1,200.00
TOTAL of Section B Pages	\$302,834.20
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B) <i>(Enter total on Line 13, Column A of Summary Page)</i>	\$303,219.21

I. MONETARY RECEIPTS (Sections A-K)

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)				TYPE OF REPORT	
Bobby Valentine for Stamford				July 10 filing	
A. Total Contributions from Small Contributors - Received this Period ONLY (See instructions for definition of Small Contributor)				Subtotal Section A \$385.01	
B. Itemized Contributions from Individuals					
Last Name		First		M.I.	
Gatz		Marlene			
Residential Street Address		City		State	Zip Code
23 Pond Rd		Stamford		CT	06902-1814
Principal Occupation		Name of Employer			
Homemaker		Not 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?		Amount of Contribution	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		\$10.00	
Is this contribution associated with an event reported in Section L1? <i>If yes, list Event #</i>		Is contributor a principal of a state contractor or prospective state contractor? <i>If yes, indicate which branch or branches of government the contract is with:</i>			
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Executive <input type="checkbox"/> Legislative			
Method of contribution:		Date Received	Aggregate contributions		
<input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		06/25/2021	\$110.00		
Last Name		First		M.I.	
Miller		Scott			
Residential Street Address		City		State	Zip Code
741 N Orange Grove Ave		Los Angeles		CA	90046-7211
Principal Occupation		Name of Employer			
Retired		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?		Amount of Contribution	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		\$50.00	
Is this contribution associated with an event reported in Section L1? <i>If yes, list Event #</i>		Is contributor a principal of a state contractor or prospective state contractor? <i>If yes, indicate which branch or branches of government the contract is with:</i>			
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Executive <input type="checkbox"/> Legislative			
Method of contribution:		Date Received	Aggregate contributions		
<input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		06/29/2021	\$100.00		
Last Name		First		M.I.	
Grillo		Lawrence			
Residential Street Address		City		State	Zip Code
20 Gwendolyn Dr		Trumbull		CT	06611-2428
Principal Occupation		Name of Employer			
organic recycling		Grillo Services LLC			
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?		Amount of Contribution	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		\$20.00	
Is this contribution associated with an event reported in Section L1? <i>If yes, list Event #</i>		Is contributor a principal of a state contractor or prospective state contractor? <i>If yes, indicate which branch or branches of government the contract is with:</i>			
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Executive <input type="checkbox"/> Legislative			
Method of contribution:		Date Received	Aggregate contributions		
<input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		06/26/2021	\$70.00		

SUBTOTAL Section B - This Page	\$80.00
TOTAL of Section B Pages	\$302,834.20
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B) <i>(Enter total on Line 13, Column A of Summary Page)</i>	\$303,219.21

I. MONETARY RECEIPTS (Sections A-K)

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)				TYPE OF REPORT	
Bobby Valentine for Stamford				July 10 filing	
A. Total Contributions from Small Contributors - Received this Period ONLY (See instructions for definition of Small Contributor)				Subtotal Section A \$385.01	
B. Itemized Contributions from Individuals					
Last Name		First		M.I.	
Miller		Russell			
Residential Street Address		City		State	Zip Code
6 Cider Ln		Norwalk		CT	06851-3413
Principal Occupation		Name of Employer			
Self Employed		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?		Amount of Contribution \$50.00	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Is this contribution associated with an event reported in Section L1? <i>If yes, list Event #</i>		Is contributor a principal of a state contractor or prospective state contractor? <i>If yes, indicate which branch or branches of government the contract is with:</i>			
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Executive <input type="checkbox"/> Legislative			
Method of contribution:		Date Received		Aggregate contributions	
<input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		06/28/2021		\$150.00	
Last Name		First		M.I.	
Tzoannopoulos		Eugenia			
Residential Street Address		City		State	Zip Code
74 Woodbury Ave		Stamford		CT	06907-2424
Principal Occupation		Name of Employer			
Regional Director Massage Envy New England		Massage Envy Franchising			
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?		Amount of Contribution \$50.00	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Is this contribution associated with an event reported in Section L1? <i>If yes, list Event #</i>		Is contributor a principal of a state contractor or prospective state contractor? <i>If yes, indicate which branch or branches of government the contract is with:</i>			
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Executive <input type="checkbox"/> Legislative			
Method of contribution:		Date Received		Aggregate contributions	
<input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		06/30/2021		\$250.00	
Last Name		First		M.I.	
Walsh		Ryan			
Residential Street Address		City		State	Zip Code
24 Leona Dr		Stamford		CT	06907-1145
Principal Occupation		Name of Employer			
Investor		Bluerock Capital Markets			
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?		Amount of Contribution \$30.00	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Is this contribution associated with an event reported in Section L1? <i>If yes, list Event #</i>		Is contributor a principal of a state contractor or prospective state contractor? <i>If yes, indicate which branch or branches of government the contract is with:</i>			
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Executive <input type="checkbox"/> Legislative			
Method of contribution:		Date Received		Aggregate contributions	
<input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		06/26/2021		\$55.00	

SUBTOTAL Section B - This Page	\$130.00
TOTAL of Section B Pages	\$302,834.20
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B) <i>(Enter total on Line 13, Column A of Summary Page)</i>	\$303,219.21

I. MONETARY RECEIPTS (Sections A-K)

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)				TYPE OF REPORT	
Bobby Valentine for Stamford				July 10 filing	
A. Total Contributions from Small Contributors - Received this Period ONLY (See instructions for definition of Small Contributor)				Subtotal Section A \$385.01	
B. Itemized Contributions from Individuals					
Last Name		First		M.I.	
Boshka		Kerie			
Residential Street Address		City		State	Zip Code
28 Red Fox Rd		Stamford		CT	06903-4618
Principal Occupation		Name of Employer			
Self		Boshka Interiors			
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?		Amount of Contribution	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		\$90.00	
Is this contribution associated with an event reported in Section L1? <i>If yes, list Event # 062621a</i>		Is contributor a principal of a state contractor or prospective state contractor? <i>If yes, indicate which branch or branches of government the contract is with:</i>			
<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Executive <input type="checkbox"/> Legislative			
Method of contribution:		Date Received	Aggregate contributions		
<input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		06/26/2021	\$90.00		
Last Name		First		M.I.	
Wood		James			
Residential Street Address		City		State	Zip Code
185 Tanglewood Dr		Hamden		CT	06518-2700
Principal Occupation		Name of Employer			
Retired Parole Officer		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?		Amount of Contribution	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		\$20.00	
Is this contribution associated with an event reported in Section L1? <i>If yes, list Event #</i>		Is contributor a principal of a state contractor or prospective state contractor? <i>If yes, indicate which branch or branches of government the contract is with:</i>			
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Executive <input type="checkbox"/> Legislative			
Method of contribution:		Date Received	Aggregate contributions		
<input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		06/29/2021	\$40.00		
Last Name		First		M.I.	
Termini		Jennifer			
Residential Street Address		City		State	Zip Code
150 Southfield Ave, Apt 1143		Stamford		CT	06902-7758
Principal Occupation		Name of Employer			
Contracts Manager		Trepp, LLC			
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?		Amount of Contribution	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		\$50.00	
Is this contribution associated with an event reported in Section L1? <i>If yes, list Event #</i>		Is contributor a principal of a state contractor or prospective state contractor? <i>If yes, indicate which branch or branches of government the contract is with:</i>			
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Executive <input type="checkbox"/> Legislative			
Method of contribution:		Date Received	Aggregate contributions		
<input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		06/23/2021	\$50.00		

SUBTOTAL Section B - This Page	\$160.00
TOTAL of Section B Pages	\$302,834.20
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B) <i>(Enter total on Line 13, Column A of Summary Page)</i>	\$303,219.21

I. MONETARY RECEIPTS (Sections A-K)

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)				TYPE OF REPORT	
Bobby Valentine for Stamford				July 10 filing	
A. Total Contributions from Small Contributors - Received this Period ONLY (See instructions for definition of Small Contributor)				Subtotal Section A \$385.01	
B. Itemized Contributions from Individuals					
Last Name		First		M.I.	
Riccio		Michael L.			
Residential Street Address		City		State	Zip Code
PO Box 162		Botsford		CT	06404-0162
Principal Occupation		Name of Employer			
Self Employed		Mike Riccio Sports, LLC			
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?		Amount of Contribution	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Is this contribution associated with an event reported in Section L1?		Is contributor a principal of a state contractor or prospective state contractor?		\$25.00	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>If yes, list Event #</i>		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>If yes, indicate which branch or branches of government the contract is with:</i> <input type="checkbox"/> Executive <input type="checkbox"/> Legislative			
Method of contribution:		Date Received		Aggregate contributions	
<input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		06/23/2021		\$25.00	
Last Name		First		M.I.	
Valentine		Brian			
Residential Street Address		City		State	Zip Code
27		Darien		CT	06820
Principal Occupation		Name of Employer			
Engineer		Joe Valentine Machine			
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?		Amount of Contribution	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Is this contribution associated with an event reported in Section L1?		Is contributor a principal of a state contractor or prospective state contractor?		\$20.00	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>If yes, list Event #</i>		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>If yes, indicate which branch or branches of government the contract is with:</i> <input type="checkbox"/> Executive <input type="checkbox"/> Legislative			
Method of contribution:		Date Received		Aggregate contributions	
<input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		06/23/2021		\$20.00	
Last Name		First		M.I.	
Millette		Samantha			
Residential Street Address		City		State	Zip Code
27 Crimmins Rd		Darien		CT	06820-5327
Principal Occupation		Name of Employer			
Student		Student			
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?		Amount of Contribution	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Is this contribution associated with an event reported in Section L1?		Is contributor a principal of a state contractor or prospective state contractor?		\$20.00	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>If yes, list Event #</i>		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>If yes, indicate which branch or branches of government the contract is with:</i> <input type="checkbox"/> Executive <input type="checkbox"/> Legislative			
Method of contribution:		Date Received		Aggregate contributions	
<input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		06/23/2021		\$20.00	

SUBTOTAL Section B - This Page	\$65.00
TOTAL of Section B Pages	\$302,834.20
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B) <i>(Enter total on Line 13, Column A of Summary Page)</i>	\$303,219.21

I. MONETARY RECEIPTS (Sections A-K)

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)				TYPE OF REPORT	
Bobby Valentine for Stamford				July 10 filing	
A. Total Contributions from Small Contributors - Received this Period ONLY (See instructions for definition of Small Contributor)				Subtotal Section A \$385.01	
B. Itemized Contributions from Individuals					
Last Name		First		M.I.	
Lerner		Michael			
Residential Street Address		City		State	Zip Code
90 Park Ave, Ste 259		Florham Park		NJ	07932-1064
Principal Occupation		Name of Employer			
Owner		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?		Amount of Contribution \$500.00	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Is this contribution associated with an event reported in Section L1? <i>If yes, list Event #</i>		Is contributor a principal of a state contractor or prospective state contractor? <i>If yes, indicate which branch or branches of government the contract is with:</i>			
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Executive <input type="checkbox"/> Legislative			
Method of contribution:		Date Received		Aggregate contributions	
<input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		06/23/2021		\$500.00	
Last Name		First		M.I.	
Pavia		Anthony			
Residential Street Address		City		State	Zip Code
1675 Winding Oaks Way, Apt 202		Naples		FL	34109-0439
Principal Occupation		Name of Employer			
Retired		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?		Amount of Contribution \$100.00	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Is this contribution associated with an event reported in Section L1? <i>If yes, list Event #</i>		Is contributor a principal of a state contractor or prospective state contractor? <i>If yes, indicate which branch or branches of government the contract is with:</i>			
<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No 062321a		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Executive <input type="checkbox"/> Legislative			
Method of contribution:		Date Received		Aggregate contributions	
<input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		06/23/2021		\$100.00	
Last Name		First		M.I.	
Murthy		Shrdeep			
Residential Street Address		City		State	Zip Code
2350 Washington Blvd, Apt 5		Stamford		CT	06905-4400
Principal Occupation		Name of Employer			
Consultant		Pension Associates			
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?		Amount of Contribution \$25.00	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Is this contribution associated with an event reported in Section L1? <i>If yes, list Event #</i>		Is contributor a principal of a state contractor or prospective state contractor? <i>If yes, indicate which branch or branches of government the contract is with:</i>			
<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No 062321b		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Executive <input type="checkbox"/> Legislative			
Method of contribution:		Date Received		Aggregate contributions	
<input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		06/23/2021		\$25.00	

SUBTOTAL Section B - This Page	\$625.00
TOTAL of Section B Pages	\$302,834.20
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B) <i>(Enter total on Line 13, Column A of Summary Page)</i>	\$303,219.21

I. MONETARY RECEIPTS (Sections A-K)

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)				TYPE OF REPORT	
Bobby Valentine for Stamford				July 10 filing	
A. Total Contributions from Small Contributors - Received this Period ONLY (See instructions for definition of Small Contributor)				Subtotal Section A \$385.01	
B. Itemized Contributions from Individuals					
Last Name		First		M.I.	
Cahill		Patti			
Residential Street Address		City		State	Zip Code
26 Saint Charles Ave		Stamford		CT	06907-2415
Principal Occupation		Name of Employer			
Self Employed		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?		Amount of Contribution	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Is this contribution associated with an event reported in Section L1?		Is contributor a principal of a state contractor or prospective state contractor?		\$10.00	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>If yes, list Event #</i>		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>If yes, indicate which branch or branches of government the contract is with:</i> <input type="checkbox"/> Executive <input type="checkbox"/> Legislative			
Method of contribution:		Date Received		Aggregate contributions	
<input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		06/28/2021		\$30.00	
Last Name		First		M.I.	
Watson		Arthur			
Residential Street Address		City		State	Zip Code
63 Wyndendown Rd		New Canaan		CT	06840-2226
Principal Occupation		Name of Employer			
Professional		Wei			
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?		Amount of Contribution	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Is this contribution associated with an event reported in Section L1?		Is contributor a principal of a state contractor or prospective state contractor?		\$50.00	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>If yes, list Event #</i>		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>If yes, indicate which branch or branches of government the contract is with:</i> <input type="checkbox"/> Executive <input type="checkbox"/> Legislative			
Method of contribution:		Date Received		Aggregate contributions	
<input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		06/23/2021		\$50.00	
Last Name		First		M.I.	
Pellini		Clara			
Residential Street Address		City		State	Zip Code
10 Wells Ave		Stamford		CT	06902-7619
Principal Occupation		Name of Employer			
Retired		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?		Amount of Contribution	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Is this contribution associated with an event reported in Section L1?		Is contributor a principal of a state contractor or prospective state contractor?		\$500.00	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>If yes, list Event #</i>		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>If yes, indicate which branch or branches of government the contract is with:</i> <input type="checkbox"/> Executive <input type="checkbox"/> Legislative			
Method of contribution:		Date Received		Aggregate contributions	
<input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		06/23/2021		\$500.00	

SUBTOTAL Section B - This Page	\$560.00
TOTAL of Section B Pages	\$302,834.20
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B) <i>(Enter total on Line 13, Column A of Summary Page)</i>	\$303,219.21

I. MONETARY RECEIPTS (Sections A-K)

NAME OF COMMITTEE <i>(Provide Complete Name as Registered with Filing Repository)</i>				TYPE OF REPORT	
Bobby Valentine for Stamford				July 10 filing	
A. Total Contributions from Small Contributors - Received this Period ONLY <i>(See instructions for definition of Small Contributor)</i>				Subtotal Section A \$385.01	
B. Itemized Contributions from Individuals					
Last Name		First		M.I.	
Radonich		Milan			
Residential Street Address		City		State	Zip Code
53 Fox Glen Dr		Stamford		CT	06903-2200
Principal Occupation		Name of Employer			
NA		TigerRisk Partners			
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?		Amount of Contribution	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Is this contribution associated with an event reported in Section L1?		Is contributor a principal of a state contractor or prospective state contractor?		\$150.00	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>If yes, list Event #</i>		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>If yes, indicate which branch or branches of government the contract is with:</i> <input type="checkbox"/> Executive <input type="checkbox"/> Legislative			
Method of contribution:		Date Received		Aggregate contributions	
<input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		06/23/2021		\$150.00	
Last Name		First		M.I.	
Mara		Sheila			
Residential Street Address		City		State	Zip Code
445 Hunting Ridge Rd		Stamford		CT	06903-2232
Principal Occupation		Name of Employer			
NA		NA			
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?		Amount of Contribution	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Is this contribution associated with an event reported in Section L1?		Is contributor a principal of a state contractor or prospective state contractor?		\$1,000.00	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>If yes, list Event #</i>		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>If yes, indicate which branch or branches of government the contract is with:</i> <input type="checkbox"/> Executive <input type="checkbox"/> Legislative			
Method of contribution:		Date Received		Aggregate contributions	
<input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		06/23/2021		\$1,000.00	
Last Name		First		M.I.	
Koretz		Jodie		L	
Residential Street Address		City		State	Zip Code
43 Boulderol Rd		Stamford		CT	06903-1328
Principal Occupation		Name of Employer			
NA		NA			
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?		Amount of Contribution	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Is this contribution associated with an event reported in Section L1?		Is contributor a principal of a state contractor or prospective state contractor?		\$125.00	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>If yes, list Event #</i>		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>If yes, indicate which branch or branches of government the contract is with:</i> <input type="checkbox"/> Executive <input type="checkbox"/> Legislative			
Method of contribution:		Date Received		Aggregate contributions	
<input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		06/23/2021		\$125.00	

SUBTOTAL Section B - This Page	\$1,275.00
TOTAL of Section B Pages	\$302,834.20
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B) <i>(Enter total on Line 13, Column A of Summary Page)</i>	\$303,219.21

I. MONETARY RECEIPTS (Sections A-K)

NAME OF COMMITTEE <i>(Provide Complete Name as Registered with Filing Repository)</i>				TYPE OF REPORT	
Bobby Valentine for Stamford				July 10 filing	
A. Total Contributions from Small Contributors - Received this Period ONLY <i>(See instructions for definition of Small Contributor)</i>				Subtotal Section A \$385.01	
B. Itemized Contributions from Individuals					
Last Name Nolan		First Connor		M.I.	
Residential Street Address 31 Carter Dr		City Stamford		State CT	Zip Code 06902-7011
Principal Occupation Commercial real estate		Name of Employer WS Development			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		If contribution is in excess of \$400 to a candidate 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? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution \$20.00	
Is this contribution associated with an event reported in Section L1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>If yes, list Event #</i>		Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>If yes, indicate which branch or branches of government the contract is with:</i> <input type="checkbox"/> Executive <input type="checkbox"/> Legislative			
Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		Date Received 06/23/2021	Aggregate contributions \$20.00		
Last Name Salvatore		First Laura		M.I.	
Residential Street Address 59 Thornridge Dr		City Stamford		State CT	Zip Code 06903-5125
Principal Occupation House wife		Name of Employer None			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		If contribution is in excess of \$400 to a candidate 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? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution \$250.00	
Is this contribution associated with an event reported in Section L1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>If yes, list Event #</i>		Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>If yes, indicate which branch or branches of government the contract is with:</i> <input type="checkbox"/> Executive <input type="checkbox"/> Legislative			
Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		Date Received 06/23/2021	Aggregate contributions \$250.00		
Last Name Panaro		First Joseph		M.I.	
Residential Street Address 9 River Rd, Unit 402		City Cos Cob		State CT	Zip Code 06807-2722
Principal Occupation Retired		Name of Employer Retired			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		If contribution is in excess of \$400 to a candidate 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? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution \$275.00	
Is this contribution associated with an event reported in Section L1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>If yes, list Event #</i>		Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>If yes, indicate which branch or branches of government the contract is with:</i> <input type="checkbox"/> Executive <input type="checkbox"/> Legislative			
Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		Date Received 06/24/2021	Aggregate contributions \$275.00		

SUBTOTAL Section B - This Page	\$545.00
TOTAL of Section B Pages	\$302,834.20
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B) <i>(Enter total on Line 13, Column A of Summary Page)</i>	\$303,219.21

I. MONETARY RECEIPTS (Sections A-K)

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)				TYPE OF REPORT	
Bobby Valentine for Stamford				July 10 filing	
A. Total Contributions from Small Contributors - Received this Period ONLY (See instructions for definition of Small Contributor)				Subtotal Section A \$385.01	
B. Itemized Contributions from Individuals					
Last Name		First		M.I.	
Panaro		Janet			
Residential Street Address		City		State	Zip Code
9 River Rd, Unit 402		Cos Cob		CT	06807-2722
Principal Occupation		Name of Employer			
retired		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?		Amount of Contribution \$275.00	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Is this contribution associated with an event reported in Section L1? <i>If yes, list Event #</i>		Is contributor a principal of a state contractor or prospective state contractor? <i>If yes, indicate which branch or branches of government the contract is with:</i>			
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Executive <input type="checkbox"/> Legislative			
Method of contribution:		Date Received		Aggregate contributions	
<input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		06/24/2021		\$275.00	
Last Name		First		M.I.	
M Radonich		Milan			
Residential Street Address		City		State	Zip Code
53 Fox Glen Dr		Stamford		CT	06903-2200
Principal Occupation		Name of Employer			
Partner & Senior Financial Advisor		TigerRisk Partners LLC			
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?		Amount of Contribution \$50.00	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Is this contribution associated with an event reported in Section L1? <i>If yes, list Event #</i>		Is contributor a principal of a state contractor or prospective state contractor? <i>If yes, indicate which branch or branches of government the contract is with:</i>			
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Executive <input type="checkbox"/> Legislative			
Method of contribution:		Date Received		Aggregate contributions	
<input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		06/24/2021		\$50.00	
Last Name		First		M.I.	
powers		michael			
Residential Street Address		City		State	Zip Code
2923 Willow Bay Ter		Casselberry		FL	32707-6735
Principal Occupation		Name of Employer			
Attorney		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?		Amount of Contribution \$500.00	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Is this contribution associated with an event reported in Section L1? <i>If yes, list Event #</i>		Is contributor a principal of a state contractor or prospective state contractor? <i>If yes, indicate which branch or branches of government the contract is with:</i>			
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Executive <input type="checkbox"/> Legislative			
Method of contribution:		Date Received		Aggregate contributions	
<input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		06/24/2021		\$500.00	

SUBTOTAL Section B - This Page	\$825.00
TOTAL of Section B Pages	\$302,834.20
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B) <i>(Enter total on Line 13, Column A of Summary Page)</i>	\$303,219.21

I. MONETARY RECEIPTS (Sections A-K)

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)				TYPE OF REPORT	
Bobby Valentine for Stamford				July 10 filing	
A. Total Contributions from Small Contributors - Received this Period ONLY (See instructions for definition of Small Contributor)				Subtotal Section A \$385.01	
B. Itemized Contributions from Individuals					
Last Name Clifford		First Tom		M.I.	
Residential Street Address 10 S Westwood Rd		City Ansonia		State CT	Zip Code 06401-1217
Principal Occupation Attorney		Name of Employer Retired			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		If contribution is in excess of \$400 to a candidate 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? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution \$100.00	
Is this contribution associated with an event reported in Section L1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>If yes, list Event #</i>		Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>If yes, indicate which branch or branches of government the contract is with:</i> <input type="checkbox"/> Executive <input type="checkbox"/> Legislative			
Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		Date Received 06/24/2021	Aggregate contributions \$100.00		
Last Name Brennan		First Deborah		M.I.	
Residential Street Address 14 Oak Park Ave		City Darien		State CT	Zip Code 06820-4007
Principal Occupation Realtor		Name of Employer Berkshire Hathaway			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		If contribution is in excess of \$400 to a candidate 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? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution \$100.00	
Is this contribution associated with an event reported in Section L1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>If yes, list Event #</i>		Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>If yes, indicate which branch or branches of government the contract is with:</i> <input type="checkbox"/> Executive <input type="checkbox"/> Legislative			
Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		Date Received 06/24/2021	Aggregate contributions \$100.00		
Last Name Melvin		First Ann		M.I.	
Residential Street Address 24 Whitman St		City Hastings On Hudson		State NY	Zip Code 10706-1606
Principal Occupation Teacher		Name of Employer Five Corners Nursery School			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		If contribution is in excess of \$400 to a candidate 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? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution \$100.00	
Is this contribution associated with an event reported in Section L1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>If yes, list Event #</i>		Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>If yes, indicate which branch or branches of government the contract is with:</i> <input type="checkbox"/> Executive <input type="checkbox"/> Legislative			
Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		Date Received 06/24/2021	Aggregate contributions \$100.00		

SUBTOTAL Section B - This Page	\$300.00
TOTAL of Section B Pages	\$302,834.20
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B) <i>(Enter total on Line 13, Column A of Summary Page)</i>	\$303,219.21

I. MONETARY RECEIPTS (Sections A-K)

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)				TYPE OF REPORT	
Bobby Valentine for Stamford				July 10 filing	
A. Total Contributions from Small Contributors - Received this Period ONLY (See instructions for definition of Small Contributor)				Subtotal Section A \$385.01	
B. Itemized Contributions from Individuals					
Last Name		First		M.I.	
Deegan		Diane			
Residential Street Address		City		State	Zip Code
170 Ocean Dr W		Stamford		CT	06902-8028
Principal Occupation		Name of Employer			
Administrator		Stamford Policemen's Pension Trust Fund			
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?		Amount of Contribution \$1,000.00	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Is this contribution associated with an event reported in Section L1?		Is contributor a principal of a state contractor or prospective state contractor?		Amount of Contribution \$1,000.00	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>If yes, list Event #</i>		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>If yes, indicate which branch or branches of government the contract is with:</i> <input type="checkbox"/> Executive <input type="checkbox"/> Legislative			
Method of contribution:		Date Received		Aggregate contributions	
<input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		06/24/2021		\$1,000.00	
Last Name		First		M.I.	
Lichorat		Lance			
Residential Street Address		City		State	Zip Code
25 Hale St		Westport		CT	06880-5137
Principal Occupation		Name of Employer			
Finance		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?		Amount of Contribution \$50.00	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Is this contribution associated with an event reported in Section L1?		Is contributor a principal of a state contractor or prospective state contractor?		Amount of Contribution \$50.00	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>If yes, list Event #</i>		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>If yes, indicate which branch or branches of government the contract is with:</i> <input type="checkbox"/> Executive <input type="checkbox"/> Legislative			
Method of contribution:		Date Received		Aggregate contributions	
<input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		06/24/2021		\$50.00	
Last Name		First		M.I.	
Salvatore		Jeffrey			
Residential Street Address		City		State	Zip Code
1802 Newfield Ave		Stamford		CT	06903-5128
Principal Occupation		Name of Employer			
Consultant		Accurate Tool and Die			
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?		Amount of Contribution \$1,000.00	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Is this contribution associated with an event reported in Section L1?		Is contributor a principal of a state contractor or prospective state contractor?		Amount of Contribution \$1,000.00	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>If yes, list Event #</i>		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>If yes, indicate which branch or branches of government the contract is with:</i> <input type="checkbox"/> Executive <input type="checkbox"/> Legislative			
Method of contribution:		Date Received		Aggregate contributions	
<input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		06/24/2021		\$1,000.00	

SUBTOTAL Section B - This Page	\$2,050.00
TOTAL of Section B Pages	\$302,834.20
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B) <i>(Enter total on Line 13, Column A of Summary Page)</i>	\$303,219.21

I. MONETARY RECEIPTS (Sections A-K)

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)				TYPE OF REPORT	
Bobby Valentine for Stamford				July 10 filing	
A. Total Contributions from Small Contributors - Received this Period ONLY (See instructions for definition of Small Contributor)				Subtotal Section A \$385.01	
B. Itemized Contributions from Individuals					
Last Name Severance		First Dan		M.I.	
Residential Street Address 82 Fernwood Dr		City Stamford		State CT	Zip Code 06903-1920
Principal Occupation Designer		Name of Employer Self Employed			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		If contribution is in excess of \$400 to a candidate 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? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution \$5.00	
Is this contribution associated with an event reported in Section L1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>If yes, list Event #</i>		Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>If yes, indicate which branch or branches of government the contract is with:</i> <input type="checkbox"/> Executive <input type="checkbox"/> Legislative			
Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		Date Received 06/24/2021	Aggregate contributions \$5.00		
Last Name Martschenko		First Nick		M.I.	
Residential Street Address 9 Windsor Ln		City New Canaan		State CT	Zip Code 06840
Principal Occupation Self Employed		Name of Employer Self Employed			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		If contribution is in excess of \$400 to a candidate 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? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution \$25.00	
Is this contribution associated with an event reported in Section L1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>If yes, list Event #</i>		Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>If yes, indicate which branch or branches of government the contract is with:</i> <input type="checkbox"/> Executive <input type="checkbox"/> Legislative			
Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		Date Received 06/24/2021	Aggregate contributions \$25.00		
Last Name Rivera		First Jose		M.I.	
Residential Street Address 222 Skymeadow Dr		City Stamford		State CT	Zip Code 06903-3405
Principal Occupation Retired		Name of Employer Retired			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		If contribution is in excess of \$400 to a candidate 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? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution \$20.00	
Is this contribution associated with an event reported in Section L1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>If yes, list Event #</i>		Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>If yes, indicate which branch or branches of government the contract is with:</i> <input type="checkbox"/> Executive <input type="checkbox"/> Legislative			
Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		Date Received 06/24/2021	Aggregate contributions \$20.00		

SUBTOTAL Section B - This Page	\$50.00
TOTAL of Section B Pages	\$302,834.20
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B) <i>(Enter total on Line 13, Column A of Summary Page)</i>	\$303,219.21

I. MONETARY RECEIPTS (Sections A-K)

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)				TYPE OF REPORT	
Bobby Valentine for Stamford				July 10 filing	
A. Total Contributions from Small Contributors - Received this Period ONLY (See instructions for definition of Small Contributor)				Subtotal Section A \$385.01	
B. Itemized Contributions from Individuals					
Last Name Gallo		First Matthew		M.I.	
Residential Street Address 47 Shadow Ln		City Wilton		State CT	Zip Code 06897-3530
Principal Occupation Managing Director		Name of Employer First Republic Bank			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		If contribution is in excess of \$400 to a candidate 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? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution \$25.00	
Is this contribution associated with an event reported in Section L1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>If yes, list Event #</i>		Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>If yes, indicate which branch or branches of government the contract is with:</i> <input type="checkbox"/> Executive <input type="checkbox"/> Legislative			
Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		Date Received 06/24/2021	Aggregate contributions \$25.00		
Last Name Salvatore		First Scott		M.I.	
Residential Street Address 59 Thornridge Dr		City Stamford		State CT	Zip Code 06903-5125
Principal Occupation Realtor		Name of Employer Self			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		If contribution is in excess of \$400 to a candidate 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? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution \$50.00	
Is this contribution associated with an event reported in Section L1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>If yes, list Event #</i>		Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>If yes, indicate which branch or branches of government the contract is with:</i> <input type="checkbox"/> Executive <input type="checkbox"/> Legislative			
Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		Date Received 06/24/2021	Aggregate contributions \$50.00		
Last Name Fried		First Andrew		M.I.	
Residential Street Address 2860 16th St		City Boulder		State CO	Zip Code 80304-3528
Principal Occupation Consultant		Name of Employer Evolution Advisors			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		If contribution is in excess of \$400 to a candidate 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? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution \$100.00	
Is this contribution associated with an event reported in Section L1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>If yes, list Event #</i>		Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>If yes, indicate which branch or branches of government the contract is with:</i> <input type="checkbox"/> Executive <input type="checkbox"/> Legislative			
Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		Date Received 06/24/2021	Aggregate contributions \$100.00		

SUBTOTAL Section B - This Page	\$175.00
TOTAL of Section B Pages	\$302,834.20
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B) <i>(Enter total on Line 13, Column A of Summary Page)</i>	\$303,219.21

I. MONETARY RECEIPTS (Sections A-K)

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)				TYPE OF REPORT	
Bobby Valentine for Stamford				July 10 filing	
A. Total Contributions from Small Contributors - Received this Period ONLY (See instructions for definition of Small Contributor)				Subtotal Section A \$385.01	
B. Itemized Contributions from Individuals					
Last Name Scinto		First Robert		M.I.	
Residential Street Address 1 Corporate Dr, # S100		City Shelton		State CT	Zip Code 06484-6208
Principal Occupation Real Estate Deve;p[er		Name of Employer Self Employed			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		If contribution is in excess of \$400 to a candidate 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? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution \$1,000.00	
Is this contribution associated with an event reported in Section L1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No 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: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative <input checked="" type="checkbox"/> No			
Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		Date Received 06/25/2021	Aggregate contributions \$1,000.00		
Last Name pastore		First ralph		M.I.	
Residential Street Address 19 Franklin Ct		City Garden City		State NY	Zip Code 11530-6109
Principal Occupation cpa		Name of Employer DPI			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		If contribution is in excess of \$400 to a candidate 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? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution \$500.00	
Is this contribution associated with an event reported in Section L1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No 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: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative <input checked="" type="checkbox"/> No			
Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		Date Received 06/25/2021	Aggregate contributions \$500.00		
Last Name Rapice		First Richard		M.I.	
Residential Street Address 1 Greyrock Pl		City Stamford		State CT	Zip Code 06901-3129
Principal Occupation Attorney		Name of Employer Goldman, Gruder, Woods			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		If contribution is in excess of \$400 to a candidate 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? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution \$20.00	
Is this contribution associated with an event reported in Section L1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No 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: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative <input checked="" type="checkbox"/> No			
Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		Date Received 06/25/2021	Aggregate contributions \$20.00		

SUBTOTAL Section B - This Page	\$1,520.00
TOTAL of Section B Pages	\$302,834.20
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B) (Enter total on Line 13, Column A of Summary Page)	\$303,219.21

I. MONETARY RECEIPTS (Sections A-K)

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)				TYPE OF REPORT	
Bobby Valentine for Stamford				July 10 filing	
A. Total Contributions from Small Contributors - Received this Period ONLY (See instructions for definition of Small Contributor)				Subtotal Section A \$385.01	
B. Itemized Contributions from Individuals					
Last Name		First		M.I.	
ORourke		Bill			
Residential Street Address		City		State	Zip Code
19 Prospect Rdg, Apt 21		Ridgefield		CT	06877-5129
Principal Occupation		Name of Employer			
Retired		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?		Amount of Contribution	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Is this contribution associated with an event reported in Section L1?		Is contributor a principal of a state contractor or prospective state contractor?		\$500.00	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>If yes, list Event #</i>		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>If yes, indicate which branch or branches of government the contract is with:</i> <input type="checkbox"/> Executive <input type="checkbox"/> Legislative			
Method of contribution:		Date Received		Aggregate contributions	
<input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		06/25/2021		\$500.00	
Last Name		First		M.I.	
GALATRO		JOHN			
Residential Street Address		City		State	Zip Code
185 Davenport Ridge Rd		Stamford		CT	06903-5117
Principal Occupation		Name of Employer			
BUSINESS Owner		ROYAL MAINTENANCE SERVICE CORP			
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?		Amount of Contribution	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Is this contribution associated with an event reported in Section L1?		Is contributor a principal of a state contractor or prospective state contractor?		\$200.00	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>If yes, list Event #</i>		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>If yes, indicate which branch or branches of government the contract is with:</i> <input type="checkbox"/> Executive <input type="checkbox"/> Legislative			
Method of contribution:		Date Received		Aggregate contributions	
<input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		06/25/2021		\$200.00	
Last Name		First		M.I.	
Brewer		John			
Residential Street Address		City		State	Zip Code
3 Crescent Beach Rd		Norwalk		CT	06853-1722
Principal Occupation		Name of Employer			
Executive		Safe Harbor Marinas			
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?		Amount of Contribution	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Is this contribution associated with an event reported in Section L1?		Is contributor a principal of a state contractor or prospective state contractor?		\$1,000.00	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>If yes, list Event #</i>		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>If yes, indicate which branch or branches of government the contract is with:</i> <input type="checkbox"/> Executive <input type="checkbox"/> Legislative			
Method of contribution:		Date Received		Aggregate contributions	
<input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		06/25/2021		\$1,000.00	

SUBTOTAL Section B - This Page	\$1,700.00
TOTAL of Section B Pages	\$302,834.20
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B) <i>(Enter total on Line 13, Column A of Summary Page)</i>	\$303,219.21

I. MONETARY RECEIPTS (Sections A-K)

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)				TYPE OF REPORT	
Bobby Valentine for Stamford				July 10 filing	
A. Total Contributions from Small Contributors - Received this Period ONLY (See instructions for definition of Small Contributor)				Subtotal Section A \$385.01	
B. Itemized Contributions from Individuals					
Last Name Downey		First John		M.I.	
Residential Street Address 2440 Camden Lake Vw NW		City Acworth		State GA	Zip Code 30101-8086
Principal Occupation Attorney/Arbitrator/ Ret. Judge		Name of Employer Self Employed			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		If contribution is in excess of \$400 to a candidate 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? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution \$100.00	
Is this contribution associated with an event reported in Section L1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>If yes, list Event #</i>		Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>If yes, indicate which branch or branches of government the contract is with:</i> <input type="checkbox"/> Executive <input type="checkbox"/> Legislative			
Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		Date Received 06/25/2021	Aggregate contributions \$100.00		
Last Name Hoffman		First Stephen		M.I.	
Residential Street Address PO Box 3580		City Stamford		State CT	Zip Code 06905-0580
Principal Occupation Real estate		Name of Employer Hoffman Investment Partners LLC			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		If contribution is in excess of \$400 to a candidate 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? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution \$1,000.00	
Is this contribution associated with an event reported in Section L1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>If yes, list Event #</i>		Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>If yes, indicate which branch or branches of government the contract is with:</i> <input type="checkbox"/> Executive <input type="checkbox"/> Legislative			
Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		Date Received 06/25/2021	Aggregate contributions \$1,000.00		
Last Name Berkman		First Harvey		M.I.	
Residential Street Address 3350 Saint Malo Ct		City Palm Beach Gardens		State FL	Zip Code 33410-1236
Principal Occupation Consultant		Name of Employer Adrianna Papell llc			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		If contribution is in excess of \$400 to a candidate 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? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution \$200.00	
Is this contribution associated with an event reported in Section L1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>If yes, list Event #</i>		Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>If yes, indicate which branch or branches of government the contract is with:</i> <input type="checkbox"/> Executive <input type="checkbox"/> Legislative			
Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		Date Received 06/25/2021	Aggregate contributions \$200.00		

SUBTOTAL Section B - This Page	\$1,300.00
TOTAL of Section B Pages	\$302,834.20
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B) <i>(Enter total on Line 13, Column A of Summary Page)</i>	\$303,219.21

I. MONETARY RECEIPTS (Sections A-K)

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)				TYPE OF REPORT	
Bobby Valentine for Stamford				July 10 filing	
A. Total Contributions from Small Contributors - Received this Period ONLY (See instructions for definition of Small Contributor)				Subtotal Section A \$385.01	
B. Itemized Contributions from Individuals					
Last Name		First		M.I.	
Eilertsen		Marj			
Residential Street Address		City		State	Zip Code
163 Turn Of River Rd		Stamford		CT	06905-1318
Principal Occupation		Name of Employer			
NA		NA			
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?		Amount of Contribution	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Is this contribution associated with an event reported in Section L1?		Is contributor a principal of a state contractor or prospective state contractor?		\$60.00	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>If yes, list Event #</i>		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>If yes, indicate which branch or branches of government the contract is with:</i> <input type="checkbox"/> Executive <input type="checkbox"/> Legislative			
Method of contribution:		Date Received		Aggregate contributions	
<input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		06/26/2021		\$60.00	
Last Name		First		M.I.	
Lofaro		Joseph			
Residential Street Address		City		State	Zip Code
303 Eden Rd		Stamford		CT	06907-1011
Principal Occupation		Name of Employer			
Mechanic		Shell			
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?		Amount of Contribution	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Is this contribution associated with an event reported in Section L1?		Is contributor a principal of a state contractor or prospective state contractor?		\$1,000.00	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>If yes, list Event #</i>		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>If yes, indicate which branch or branches of government the contract is with:</i> <input type="checkbox"/> Executive <input type="checkbox"/> Legislative			
Method of contribution:		Date Received		Aggregate contributions	
<input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		06/25/2021		\$1,000.00	
Last Name		First		M.I.	
Lofaro		Felicia			
Residential Street Address		City		State	Zip Code
303 Eden Rd		Stamford		CT	06907-1011
Principal Occupation		Name of Employer			
Accountant		Grade A			
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?		Amount of Contribution	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Is this contribution associated with an event reported in Section L1?		Is contributor a principal of a state contractor or prospective state contractor?		\$1,000.00	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>If yes, list Event #</i>		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>If yes, indicate which branch or branches of government the contract is with:</i> <input type="checkbox"/> Executive <input type="checkbox"/> Legislative			
Method of contribution:		Date Received		Aggregate contributions	
<input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		06/25/2021		\$1,000.00	

SUBTOTAL Section B - This Page	\$2,060.00
TOTAL of Section B Pages	\$302,834.20
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B) <i>(Enter total on Line 13, Column A of Summary Page)</i>	\$303,219.21

I. MONETARY RECEIPTS (Sections A-K)

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)				TYPE OF REPORT	
Bobby Valentine for Stamford				July 10 filing	
A. Total Contributions from Small Contributors - Received this Period ONLY (See instructions for definition of Small Contributor)				Subtotal Section A \$385.01	
B. Itemized Contributions from Individuals					
Last Name		First		M.I.	
Salvatore		Jennifer			
Residential Street Address		City		State	Zip Code
16		Stamford		CT	06905
Principal Occupation		Name of Employer			
Para educator		Stamford Public schools			
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?		Amount of Contribution	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Is this contribution associated with an event reported in Section L1?		Is contributor a principal of a state contractor or prospective state contractor?		\$20.00	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>If yes, list Event #</i>		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>If yes, indicate which branch or branches of government the contract is with:</i> <input type="checkbox"/> Executive <input type="checkbox"/> Legislative			
Method of contribution:		Date Received	Aggregate contributions		
<input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		06/25/2021	\$20.00		
Last Name		First		M.I.	
Donohoe		Heather			
Residential Street Address		City		State	Zip Code
23 Gifford St		Stamford		CT	06907-1723
Principal Occupation		Name of Employer			
Student		Student			
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?		Amount of Contribution	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Is this contribution associated with an event reported in Section L1?		Is contributor a principal of a state contractor or prospective state contractor?		\$10.00	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>If yes, list Event #</i>		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>If yes, indicate which branch or branches of government the contract is with:</i> <input type="checkbox"/> Executive <input type="checkbox"/> Legislative			
Method of contribution:		Date Received	Aggregate contributions		
<input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		06/25/2021	\$10.00		
Last Name		First		M.I.	
Chester		Scott			
Residential Street Address		City		State	Zip Code
46 Hoyt St		Stamford		CT	06905-5601
Principal Occupation		Name of Employer			
Engineer		ASML			
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?		Amount of Contribution	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Is this contribution associated with an event reported in Section L1?		Is contributor a principal of a state contractor or prospective state contractor?		\$20.00	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>If yes, list Event #</i>		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>If yes, indicate which branch or branches of government the contract is with:</i> <input type="checkbox"/> Executive <input type="checkbox"/> Legislative			
Method of contribution:		Date Received	Aggregate contributions		
<input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		06/25/2021	\$20.00		

SUBTOTAL Section B - This Page	\$50.00
TOTAL of Section B Pages	\$302,834.20
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B) <i>(Enter total on Line 13, Column A of Summary Page)</i>	\$303,219.21

I. MONETARY RECEIPTS (Sections A-K)

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)				TYPE OF REPORT	
Bobby Valentine for Stamford				July 10 filing	
A. Total Contributions from Small Contributors - Received this Period ONLY (See instructions for definition of Small Contributor)				Subtotal Section A \$385.01	
B. Itemized Contributions from Individuals					
Last Name		First		M.I.	
Cortez		Angel			
Residential Street Address		City		State	Zip Code
100 Prospect St		Stamford		CT	06901-1696
Principal Occupation		Name of Employer			
Software Engineer		NBC Sports			
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?		Amount of Contribution \$5.00	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Is this contribution associated with an event reported in Section L1? <i>If yes, list Event #</i>		Is contributor a principal of a state contractor or prospective state contractor? <i>If yes, indicate which branch or branches of government the contract is with:</i>			
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Executive <input type="checkbox"/> Legislative			
Method of contribution:		Date Received		Aggregate contributions	
<input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		06/25/2021		\$5.00	
Last Name		First		M.I.	
J Cribbin Jr		Thomas			
Residential Street Address		City		State	Zip Code
100 Wedgemere Rd		Stamford		CT	06905-1517
Principal Occupation		Name of Employer			
Video		Infinite vision			
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?		Amount of Contribution \$20.00	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Is this contribution associated with an event reported in Section L1? <i>If yes, list Event #</i>		Is contributor a principal of a state contractor or prospective state contractor? <i>If yes, indicate which branch or branches of government the contract is with:</i>			
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Executive <input type="checkbox"/> Legislative			
Method of contribution:		Date Received		Aggregate contributions	
<input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		06/25/2021		\$20.00	
Last Name		First		M.I.	
Keefe		Shannon			
Residential Street Address		City		State	Zip Code
26 Fitch Ave		Darien		CT	06820-5336
Principal Occupation		Name of Employer			
Student		Student			
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?		Amount of Contribution \$20.00	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Is this contribution associated with an event reported in Section L1? <i>If yes, list Event #</i>		Is contributor a principal of a state contractor or prospective state contractor? <i>If yes, indicate which branch or branches of government the contract is with:</i>			
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Executive <input type="checkbox"/> Legislative			
Method of contribution:		Date Received		Aggregate contributions	
<input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		06/25/2021		\$20.00	

SUBTOTAL Section B - This Page	\$45.00
TOTAL of Section B Pages	\$302,834.20
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B) <i>(Enter total on Line 13, Column A of Summary Page)</i>	\$303,219.21

I. MONETARY RECEIPTS (Sections A-K)

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)				TYPE OF REPORT	
Bobby Valentine for Stamford				July 10 filing	
A. Total Contributions from Small Contributors - Received this Period ONLY (See instructions for definition of Small Contributor)				Subtotal Section A \$385.01	
B. Itemized Contributions from Individuals					
Last Name		First		M.I.	
Baron		Steven			
Residential Street Address		City		State	Zip Code
600 Summer St		Stamford		CT	06901-4404
Principal Occupation			Name of Employer		
Attorney			Self		
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?		Amount of Contribution	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		\$25.00	
Is this contribution associated with an event reported in Section L1? <i>If yes, list Event #</i>		Is contributor a principal of a state contractor or prospective state contractor? <i>If yes, indicate which branch or branches of government the contract is with:</i>			
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Executive <input type="checkbox"/> Legislative			
Method of contribution:			Date Received	Aggregate contributions	
<input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order			06/25/2021	\$25.00	
Last Name		First		M.I.	
Gerych		Rissa			
Residential Street Address		City		State	Zip Code
26 Arnold Dr		Stamford		CT	06905-1301
Principal Occupation			Name of Employer		
Accountant			Brighthouse Financial Inc.		
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?		Amount of Contribution	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		\$500.00	
Is this contribution associated with an event reported in Section L1? <i>If yes, list Event #</i>		Is contributor a principal of a state contractor or prospective state contractor? <i>If yes, indicate which branch or branches of government the contract is with:</i>			
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Executive <input type="checkbox"/> Legislative			
Method of contribution:			Date Received	Aggregate contributions	
<input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order			06/25/2021	\$525.00	
Last Name		First		M.I.	
Papajohn		Suzanne			
Residential Street Address		City		State	Zip Code
11 Hampton Rd		Darien		CT	06820-5121
Principal Occupation			Name of Employer		
pR			Selvlf		
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?		Amount of Contribution	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		\$10.00	
Is this contribution associated with an event reported in Section L1? <i>If yes, list Event #</i>		Is contributor a principal of a state contractor or prospective state contractor? <i>If yes, indicate which branch or branches of government the contract is with:</i>			
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Executive <input type="checkbox"/> Legislative			
Method of contribution:			Date Received	Aggregate contributions	
<input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order			06/25/2021	\$10.00	

SUBTOTAL Section B - This Page	\$535.00
TOTAL of Section B Pages	\$302,834.20
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B) <i>(Enter total on Line 13, Column A of Summary Page)</i>	\$303,219.21

I. MONETARY RECEIPTS (Sections A-K)

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)				TYPE OF REPORT	
Bobby Valentine for Stamford				July 10 filing	
A. Total Contributions from Small Contributors - Received this Period ONLY (See instructions for definition of Small Contributor)				Subtotal Section A \$385.01	
B. Itemized Contributions from Individuals					
Last Name		First		M.I.	
Montanez		Anel			
Residential Street Address		City		State	Zip Code
93 Malibu Rd		Stamford		CT	06903-3827
Principal Occupation		Name of Employer			
Self Employed		AM Contracting			
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?		Amount of Contribution	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Is this contribution associated with an event reported in Section L1?		Is contributor a principal of a state contractor or prospective state contractor?		\$1,000.00	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>If yes, list Event #</i>		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>If yes, indicate which branch or branches of government the contract is with:</i> <input type="checkbox"/> Executive <input type="checkbox"/> Legislative			
Method of contribution:		Date Received		Aggregate contributions	
<input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		06/25/2021		\$1,000.00	
Last Name		First		M.I.	
Alarcon		Jacquelin			
Residential Street Address		City		State	Zip Code
68 Frank St		Stamford		CT	06902-4271
Principal Occupation		Name of Employer			
HR Director		ShopRite			
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?		Amount of Contribution	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Is this contribution associated with an event reported in Section L1?		Is contributor a principal of a state contractor or prospective state contractor?		\$1,000.00	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>If yes, list Event #</i>		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>If yes, indicate which branch or branches of government the contract is with:</i> <input type="checkbox"/> Executive <input type="checkbox"/> Legislative			
Method of contribution:		Date Received		Aggregate contributions	
<input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		06/25/2021		\$1,000.00	
Last Name		First		M.I.	
Montanez		Rosemary			
Residential Street Address		City		State	Zip Code
93 Malibu Rd		Stamford		CT	06903-3827
Principal Occupation		Name of Employer			
AP Specialist		Grade A			
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?		Amount of Contribution	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Is this contribution associated with an event reported in Section L1?		Is contributor a principal of a state contractor or prospective state contractor?		\$1,000.00	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>If yes, list Event #</i>		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>If yes, indicate which branch or branches of government the contract is with:</i> <input type="checkbox"/> Executive <input type="checkbox"/> Legislative			
Method of contribution:		Date Received		Aggregate contributions	
<input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		06/25/2021		\$1,000.00	

SUBTOTAL Section B - This Page	\$3,000.00
TOTAL of Section B Pages	\$302,834.20
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B) <i>(Enter total on Line 13, Column A of Summary Page)</i>	\$303,219.21

I. MONETARY RECEIPTS (Sections A-K)

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)				TYPE OF REPORT	
Bobby Valentine for Stamford				July 10 filing	
A. Total Contributions from Small Contributors - Received this Period ONLY (See instructions for definition of Small Contributor)				Subtotal Section A \$385.01	
B. Itemized Contributions from Individuals					
Last Name		First		M.I.	
Chiappetta		Domenic			
Residential Street Address		City		State	Zip Code
14 Suburban Dr		Norwalk		CT	06851-1612
Principal Occupation		Name of Employer			
Self Employed		DMC Electrical Services			
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?		Amount of Contribution	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Is this contribution associated with an event reported in Section L1?		Is contributor a principal of a state contractor or prospective state contractor?		\$1,000.00	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>If yes, list Event #</i>		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>If yes, indicate which branch or branches of government the contract is with:</i> <input type="checkbox"/> Executive <input type="checkbox"/> Legislative			
Method of contribution:		Date Received		Aggregate contributions	
<input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		06/25/2021		\$1,000.00	
Last Name		First		M.I.	
Imbrogno		Isabel		C	
Residential Street Address		City		State	Zip Code
81 Rock Spring Rd		Stamford		CT	06906-1927
Principal Occupation		Name of Employer			
Home maker		n/a			
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?		Amount of Contribution	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Is this contribution associated with an event reported in Section L1?		Is contributor a principal of a state contractor or prospective state contractor?		\$1,000.00	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>If yes, list Event #</i>		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>If yes, indicate which branch or branches of government the contract is with:</i> <input type="checkbox"/> Executive <input type="checkbox"/> Legislative			
Method of contribution:		Date Received		Aggregate contributions	
<input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		06/25/2021		\$1,000.00	
Last Name		First		M.I.	
Imbrogno		Oscar		E	
Residential Street Address		City		State	Zip Code
81 Rock Spring Rd		Stamford		CT	06906-1927
Principal Occupation		Name of Employer			
Maintenance		360 Connecticut Ave Association			
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?		Amount of Contribution	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Is this contribution associated with an event reported in Section L1?		Is contributor a principal of a state contractor or prospective state contractor?		\$1,000.00	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>If yes, list Event #</i>		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>If yes, indicate which branch or branches of government the contract is with:</i> <input type="checkbox"/> Executive <input type="checkbox"/> Legislative			
Method of contribution:		Date Received		Aggregate contributions	
<input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		06/25/2021		\$1,000.00	

SUBTOTAL Section B - This Page	\$3,000.00
TOTAL of Section B Pages	\$302,834.20
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B) <i>(Enter total on Line 13, Column A of Summary Page)</i>	\$303,219.21

I. MONETARY RECEIPTS (Sections A-K)

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)				TYPE OF REPORT	
Bobby Valentine for Stamford				July 10 filing	
A. Total Contributions from Small Contributors - Received this Period ONLY (See instructions for definition of Small Contributor)				Subtotal Section A \$385.01	
B. Itemized Contributions from Individuals					
Last Name		First		M.I.	
Jaramillo		Gabriel		L	
Residential Street Address		City		State	Zip Code
35 Fairfield Ave		Norwalk		CT	06854-2117
Principal Occupation		Name of Employer			
Maintenance		360 Connecticut Ave Association			
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?		Amount of Contribution	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Is this contribution associated with an event reported in Section L1?		Is contributor a principal of a state contractor or prospective state contractor?		\$1,000.00	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>If yes, list Event #</i>		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>If yes, indicate which branch or branches of government the contract is with:</i> <input type="checkbox"/> Executive <input type="checkbox"/> Legislative			
Method of contribution:		Date Received		Aggregate contributions	
<input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		06/25/2021		\$1,000.00	
Last Name		First		M.I.	
Rizzo		Peter			
Residential Street Address		City		State	Zip Code
66 Wynnewood Ln		Stamford		CT	06903-1931
Principal Occupation		Name of Employer			
Consultant		PJRizzo & Partners LLC			
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?		Amount of Contribution	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Is this contribution associated with an event reported in Section L1?		Is contributor a principal of a state contractor or prospective state contractor?		\$250.00	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>If yes, list Event #</i>		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>If yes, indicate which branch or branches of government the contract is with:</i> <input type="checkbox"/> Executive <input type="checkbox"/> Legislative			
Method of contribution:		Date Received		Aggregate contributions	
<input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		06/26/2021		\$250.00	
Last Name		First		M.I.	
bernhart		nicole			
Residential Street Address		City		State	Zip Code
1011 Washington Blvd		Stamford		CT	06901-2214
Principal Occupation		Name of Employer			
Banker		BankUnited			
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?		Amount of Contribution	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Is this contribution associated with an event reported in Section L1?		Is contributor a principal of a state contractor or prospective state contractor?		\$30.00	
<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <i>If yes, list Event # 062621a</i>		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>If yes, indicate which branch or branches of government the contract is with:</i> <input type="checkbox"/> Executive <input type="checkbox"/> Legislative			
Method of contribution:		Date Received		Aggregate contributions	
<input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		06/26/2021		\$30.00	

SUBTOTAL Section B - This Page	\$1,280.00
TOTAL of Section B Pages	\$302,834.20
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B) <i>(Enter total on Line 13, Column A of Summary Page)</i>	\$303,219.21

I. MONETARY RECEIPTS (Sections A-K)

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)				TYPE OF REPORT	
Bobby Valentine for Stamford				July 10 filing	
A. Total Contributions from Small Contributors - Received this Period ONLY (See instructions for definition of Small Contributor)				Subtotal Section A \$385.01	
B. Itemized Contributions from Individuals					
Last Name		First		M.I.	
Pensiero		Michael			
Residential Street Address		City		State	Zip Code
150 Columbus Pl, # 4		Stamford		CT	06907-1444
Principal Occupation		Name of Employer			
Mechanical Engineer		KAF Manufacturing			
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?			Amount of Contribution
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Is this contribution associated with an event reported in Section L1?		Is contributor a principal of a state contractor or prospective state contractor?			\$50.00
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>If yes, list Event #</i>		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>If yes, indicate which branch or branches of government the contract is with:</i> <input type="checkbox"/> Executive <input type="checkbox"/> Legislative			
Method of contribution:		Date Received		Aggregate contributions	
<input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		06/26/2021		\$50.00	
Last Name		First		M.I.	
Frattaroli		Dave			
Residential Street Address		City		State	Zip Code
5 Brinckerhoff Ave		Stamford		CT	06905-3202
Principal Occupation		Name of Employer			
Consultant		High Roller Sand			
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?			Amount of Contribution
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Is this contribution associated with an event reported in Section L1?		Is contributor a principal of a state contractor or prospective state contractor?			\$50.00
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>If yes, list Event #</i>		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>If yes, indicate which branch or branches of government the contract is with:</i> <input type="checkbox"/> Executive <input type="checkbox"/> Legislative			
Method of contribution:		Date Received		Aggregate contributions	
<input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		06/26/2021		\$50.00	
Last Name		First		M.I.	
Zarnik		Wayne			
Residential Street Address		City		State	Zip Code
164 Knox Rd		Stamford		CT	06907-1511
Principal Occupation		Name of Employer			
Credit analyst		Wells Fargo			
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?			Amount of Contribution
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Is this contribution associated with an event reported in Section L1?		Is contributor a principal of a state contractor or prospective state contractor?			\$10.00
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>If yes, list Event #</i>		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>If yes, indicate which branch or branches of government the contract is with:</i> <input type="checkbox"/> Executive <input type="checkbox"/> Legislative			
Method of contribution:		Date Received		Aggregate contributions	
<input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		06/26/2021		\$20.00	

SUBTOTAL Section B - This Page	\$110.00
TOTAL of Section B Pages	\$302,834.20
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B) <i>(Enter total on Line 13, Column A of Summary Page)</i>	\$303,219.21

I. MONETARY RECEIPTS (Sections A-K)

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)				TYPE OF REPORT	
Bobby Valentine for Stamford				July 10 filing	
A. Total Contributions from Small Contributors - Received this Period ONLY (See instructions for definition of Small Contributor)				Subtotal Section A \$385.01	
B. Itemized Contributions from Individuals					
Last Name		First		M.I.	
Zarnik		Wayne			
Residential Street Address		City		State	Zip Code
164 Knox Rd		Stamford		CT	06907-1511
Principal Occupation		Name of Employer			
Credit analyst		Wells Fargo			
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?		Amount of Contribution	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Is this contribution associated with an event reported in Section L1?		Is contributor a principal of a state contractor or prospective state contractor?		\$10.00	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>If yes, list Event #</i>		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>If yes, indicate which branch or branches of government the contract is with:</i> <input type="checkbox"/> Executive <input type="checkbox"/> Legislative			
Method of contribution:		Date Received		Aggregate contributions	
<input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		06/30/2021		\$20.00	
Last Name		First		M.I.	
Mock		Brian			
Residential Street Address		City		State	Zip Code
1821 Bayadere Ter		Corona Del Mar		CA	92625-1808
Principal Occupation		Name of Employer			
Retired		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?		Amount of Contribution	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Is this contribution associated with an event reported in Section L1?		Is contributor a principal of a state contractor or prospective state contractor?		\$100.00	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>If yes, list Event #</i>		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>If yes, indicate which branch or branches of government the contract is with:</i> <input type="checkbox"/> Executive <input type="checkbox"/> Legislative			
Method of contribution:		Date Received		Aggregate contributions	
<input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		06/26/2021		\$100.00	
Last Name		First		M.I.	
Kean		Art			
Residential Street Address		City		State	Zip Code
4 1/2 Roxbury Rd		Norwalk		CT	06855-1434
Principal Occupation		Name of Employer			
Self		Keans kornor mobil			
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?		Amount of Contribution	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Is this contribution associated with an event reported in Section L1?		Is contributor a principal of a state contractor or prospective state contractor?		\$1,000.00	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>If yes, list Event #</i>		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>If yes, indicate which branch or branches of government the contract is with:</i> <input type="checkbox"/> Executive <input type="checkbox"/> Legislative			
Method of contribution:		Date Received		Aggregate contributions	
<input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		06/26/2021		\$1,000.00	

SUBTOTAL Section B - This Page	\$1,110.00
TOTAL of Section B Pages	\$302,834.20
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B) <i>(Enter total on Line 13, Column A of Summary Page)</i>	\$303,219.21

I. MONETARY RECEIPTS (Sections A-K)

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)				TYPE OF REPORT	
Bobby Valentine for Stamford				July 10 filing	
A. Total Contributions from Small Contributors - Received this Period ONLY (See instructions for definition of Small Contributor)				Subtotal Section A	
				\$385.01	
B. Itemized Contributions from Individuals					
Last Name		First		M.I.	
Olivier		Michael			
Residential Street Address		City		State	Zip Code
167 N Whittlesey Ave		Wallingford		CT	06492-3621
Principal Occupation		Name of Employer			
Employee		N/A			
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?		Amount of Contribution	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Is this contribution associated with an event reported in Section L1?		Is contributor a principal of a state contractor or prospective state contractor?		\$30.00	
<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <i>If yes, list Event # 062621a</i>		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>If yes, indicate which branch or branches of government the contract is with:</i> <input type="checkbox"/> Executive <input type="checkbox"/> Legislative			
Method of contribution:		Date Received	Aggregate contributions		
<input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		06/26/2021	\$30.00		
Last Name		First		M.I.	
mossa		mariagabriela			
Residential Street Address		City		State	Zip Code
172 Sanford Ln		Stamford		CT	06905-2821
Principal Occupation		Name of Employer			
Self		Boshka Interiors			
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?		Amount of Contribution	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Is this contribution associated with an event reported in Section L1?		Is contributor a principal of a state contractor or prospective state contractor?		\$60.00	
<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <i>If yes, list Event # 062621a</i>		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>If yes, indicate which branch or branches of government the contract is with:</i> <input type="checkbox"/> Executive <input type="checkbox"/> Legislative			
Method of contribution:		Date Received	Aggregate contributions		
<input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		06/26/2021	\$60.00		
Last Name		First		M.I.	
Tripodi		Christine			
Residential Street Address		City		State	Zip Code
424 Elm St		Port Chester		NY	10573-3107
Principal Occupation		Name of Employer			
teacher		greenwich			
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?		Amount of Contribution	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Is this contribution associated with an event reported in Section L1?		Is contributor a principal of a state contractor or prospective state contractor?		\$30.00	
<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <i>If yes, list Event # 062621a</i>		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>If yes, indicate which branch or branches of government the contract is with:</i> <input type="checkbox"/> Executive <input type="checkbox"/> Legislative			
Method of contribution:		Date Received	Aggregate contributions		
<input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		06/26/2021	\$30.00		

SUBTOTAL Section B - This Page	\$120.00
TOTAL of Section B Pages	\$302,834.20
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B) <i>(Enter total on Line 13, Column A of Summary Page)</i>	\$303,219.21

I. MONETARY RECEIPTS (Sections A-K)

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)				TYPE OF REPORT	
Bobby Valentine for Stamford				July 10 filing	
A. Total Contributions from Small Contributors - Received this Period ONLY (See instructions for definition of Small Contributor)				Subtotal Section A \$385.01	
B. Itemized Contributions from Individuals					
Last Name		First		M.I.	
Mignone		Paul			
Residential Street Address		City		State	Zip Code
120 Towne St, Unit 413		Stamford		CT	06902-6162
Principal Occupation		Name of Employer			
Manager		Pepsico			
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?		Amount of Contribution	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Is this contribution associated with an event reported in Section L1?		Is contributor a principal of a state contractor or prospective state contractor?		\$30.00	
<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <i>If yes, list Event # 062621a</i>		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>If yes, indicate which branch or branches of government the contract is with:</i> <input type="checkbox"/> Executive <input type="checkbox"/> Legislative			
Method of contribution:		Date Received		Aggregate contributions	
<input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		06/26/2021		\$30.00	
Last Name		First		M.I.	
Peterson		Douglas			
Residential Street Address		City		State	Zip Code
75 Wall St, Apt 36G		New York		NY	10005-3170
Principal Occupation		Name of Employer			
Headhunter		Leathwaite			
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?		Amount of Contribution	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Is this contribution associated with an event reported in Section L1?		Is contributor a principal of a state contractor or prospective state contractor?		\$50.00	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>If yes, list Event #</i>		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>If yes, indicate which branch or branches of government the contract is with:</i> <input type="checkbox"/> Executive <input type="checkbox"/> Legislative			
Method of contribution:		Date Received		Aggregate contributions	
<input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		06/26/2021		\$50.00	
Last Name		First		M.I.	
McKeown-O'Brien		Terry			
Residential Street Address		City		State	Zip Code
31 Oakland Beach Ave		Rye		NY	10580-2611
Principal Occupation		Name of Employer			
Teacher		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?		Amount of Contribution	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Is this contribution associated with an event reported in Section L1?		Is contributor a principal of a state contractor or prospective state contractor?		\$10.00	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>If yes, list Event #</i>		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>If yes, indicate which branch or branches of government the contract is with:</i> <input type="checkbox"/> Executive <input type="checkbox"/> Legislative			
Method of contribution:		Date Received		Aggregate contributions	
<input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		06/26/2021		\$10.00	

SUBTOTAL Section B - This Page	\$90.00
TOTAL of Section B Pages	\$302,834.20
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B) <i>(Enter total on Line 13, Column A of Summary Page)</i>	\$303,219.21

I. MONETARY RECEIPTS (Sections A-K)

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)				TYPE OF REPORT	
Bobby Valentine for Stamford				July 10 filing	
A. Total Contributions from Small Contributors - Received this Period ONLY (See instructions for definition of Small Contributor)				Subtotal Section A \$385.01	
B. Itemized Contributions from Individuals					
Last Name		First		M.I.	
Kikta		Kenneth			
Residential Street Address		City		State	Zip Code
4 Kingsbury Rd		Norwalk		CT	06851-5607
Principal Occupation		Name of Employer			
Sales		Carbtrol Corp			
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?		Amount of Contribution \$50.00	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Is this contribution associated with an event reported in Section L1? <i>If yes, list Event #</i>		Is contributor a principal of a state contractor or prospective state contractor? <i>If yes, indicate which branch or branches of government the contract is with:</i>			
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Executive <input type="checkbox"/> Legislative			
Method of contribution:		Date Received		Aggregate contributions	
<input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		06/26/2021		\$50.00	
Last Name		First		M.I.	
Melnicki		Benjamin			
Residential Street Address		City		State	Zip Code
29 Garvey Pl		Glen Rock		NJ	07452-3620
Principal Occupation		Name of Employer			
Attorney		Grayscale Investments			
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?		Amount of Contribution \$10.00	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
Is this contribution associated with an event reported in Section L1? <i>If yes, list Event #</i>		Is contributor a principal of a state contractor or prospective state contractor? <i>If yes, indicate which branch or branches of government the contract is with:</i>			
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Executive <input type="checkbox"/> Legislative			
Method of contribution:		Date Received		Aggregate contributions	
<input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		06/26/2021		\$10.00	
Last Name		First		M.I.	
Porco		Luke			
Residential Street Address		City		State	Zip Code
18 Newtown Ter		Norwalk		CT	06851-3021
Principal Occupation		Name of Employer			
Not Employed		Not 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?		Amount of Contribution \$10.00	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Is this contribution associated with an event reported in Section L1? <i>If yes, list Event #</i>		Is contributor a principal of a state contractor or prospective state contractor? <i>If yes, indicate which branch or branches of government the contract is with:</i>			
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Executive <input type="checkbox"/> Legislative			
Method of contribution:		Date Received		Aggregate contributions	
<input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		06/26/2021		\$10.00	

SUBTOTAL Section B - This Page	\$70.00
TOTAL of Section B Pages	\$302,834.20
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B) <i>(Enter total on Line 13, Column A of Summary Page)</i>	\$303,219.21

I. MONETARY RECEIPTS (Sections A-K)

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)				TYPE OF REPORT	
Bobby Valentine for Stamford				July 10 filing	
A. Total Contributions from Small Contributors - Received this Period ONLY (See instructions for definition of Small Contributor)				Subtotal Section A \$385.01	
B. Itemized Contributions from Individuals					
Last Name		First		M.I.	
Grant		John			
Residential Street Address		City		State	Zip Code
27156 N 103rd Way		Scottsdale		AZ	85262-8363
Principal Occupation		Name of Employer			
Retired		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?		Amount of Contribution \$500.00	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Is this contribution associated with an event reported in Section L1? <i>If yes, list Event #</i>		Is contributor a principal of a state contractor or prospective state contractor? <i>If yes, indicate which branch or branches of government the contract is with:</i>			
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Executive <input type="checkbox"/> Legislative			
Method of contribution:		Date Received		Aggregate contributions	
<input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		06/26/2021		\$500.00	
Last Name		First		M.I.	
Lombana		Kenny			
Residential Street Address		City		State	Zip Code
35 Fairfield Ave		Norwalk		CT	06854-2117
Principal Occupation		Name of Employer			
Home maker		n/a			
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?		Amount of Contribution \$1,000.00	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Is this contribution associated with an event reported in Section L1? <i>If yes, list Event #</i>		Is contributor a principal of a state contractor or prospective state contractor? <i>If yes, indicate which branch or branches of government the contract is with:</i>			
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Executive <input type="checkbox"/> Legislative			
Method of contribution:		Date Received		Aggregate contributions	
<input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		06/25/2021		\$1,000.00	
Last Name		First		M.I.	
Di Nino		Ennio			
Residential Street Address		City		State	Zip Code
170 Saint Charles Ave		Stamford		CT	06907-2405
Principal Occupation		Name of Employer			
President		All Services LLC			
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?		Amount of Contribution \$1,000.00	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Is this contribution associated with an event reported in Section L1? <i>If yes, list Event #</i>		Is contributor a principal of a state contractor or prospective state contractor? <i>If yes, indicate which branch or branches of government the contract is with:</i>			
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Executive <input type="checkbox"/> Legislative			
Method of contribution:		Date Received		Aggregate contributions	
<input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		06/25/2021		\$1,000.00	

SUBTOTAL Section B - This Page	\$2,500.00
TOTAL of Section B Pages	\$302,834.20
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B) <i>(Enter total on Line 13, Column A of Summary Page)</i>	\$303,219.21

I. MONETARY RECEIPTS (Sections A-K)

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)				TYPE OF REPORT	
Bobby Valentine for Stamford				July 10 filing	
A. Total Contributions from Small Contributors - Received this Period ONLY (See instructions for definition of Small Contributor)				Subtotal Section A \$385.01	
B. Itemized Contributions from Individuals					
Last Name		First		M.I.	
Lyons		Jane			
Residential Street Address		City		State	Zip Code
13 Ralsey Rd S		Stamford		CT	06902-7811
Principal Occupation		Name of Employer			
Consultant		Rhodes Associates			
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?		Amount of Contribution	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Is this contribution associated with an event reported in Section L1?		Is contributor a principal of a state contractor or prospective state contractor?		\$1,000.00	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>If yes, list Event #</i>		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>If yes, indicate which branch or branches of government the contract is with:</i> <input type="checkbox"/> Executive <input type="checkbox"/> Legislative			
Method of contribution:		Date Received		Aggregate contributions	
<input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		06/25/2021		\$1,000.00	
Last Name		First		M.I.	
Cingari		Dominick		M	
Residential Street Address		City		State	Zip Code
22 Auldwood Rd		Stamford		CT	06902-7816
Principal Occupation		Name of Employer			
Entrepreneur		n/a			
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?		Amount of Contribution	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Is this contribution associated with an event reported in Section L1?		Is contributor a principal of a state contractor or prospective state contractor?		\$1,000.00	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>If yes, list Event #</i>		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>If yes, indicate which branch or branches of government the contract is with:</i> <input type="checkbox"/> Executive <input type="checkbox"/> Legislative			
Method of contribution:		Date Received		Aggregate contributions	
<input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		06/25/2021		\$1,000.00	
Last Name		First		M.I.	
Cingari		Nancy		J	
Residential Street Address		City		State	Zip Code
27 Hoyclo Rd		Stamford		CT	06903-2931
Principal Occupation		Name of Employer			
Owner/manager		Grade A ShopRite			
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?		Amount of Contribution	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Is this contribution associated with an event reported in Section L1?		Is contributor a principal of a state contractor or prospective state contractor?		\$1,000.00	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>If yes, list Event #</i>		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>If yes, indicate which branch or branches of government the contract is with:</i> <input type="checkbox"/> Executive <input type="checkbox"/> Legislative			
Method of contribution:		Date Received		Aggregate contributions	
<input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		06/25/2021		\$1,000.00	

SUBTOTAL Section B - This Page	\$3,000.00
TOTAL of Section B Pages	\$302,834.20
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B) <i>(Enter total on Line 13, Column A of Summary Page)</i>	\$303,219.21

I. MONETARY RECEIPTS (Sections A-K)

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)				TYPE OF REPORT	
Bobby Valentine for Stamford				July 10 filing	
A. Total Contributions from Small Contributors - Received this Period ONLY (See instructions for definition of Small Contributor)				Subtotal Section A \$385.01	
B. Itemized Contributions from Individuals					
Last Name		First		M.I.	
Cingari		Nancy		J	
Residential Street Address		City		State	Zip Code
27 Hoyclo Rd		Stamford		CT	06903-2931
Principal Occupation		Name of Employer			
Owner/manager		Grade A ShopRite			
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?		Amount of Contribution	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Is this contribution associated with an event reported in Section L1?		Is contributor a principal of a state contractor or prospective state contractor?		\$50.00	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>If yes, list Event #</i>		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>If yes, indicate which branch or branches of government the contract is with:</i> <input type="checkbox"/> Executive <input type="checkbox"/> Legislative			
Method of contribution:		Date Received	Aggregate contributions		
<input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		06/29/2021	\$1,000.00		
Last Name		First		M.I.	
Miller		Maurice			
Residential Street Address		City		State	Zip Code
1931 Shippan Ave		Stamford		CT	06902-8103
Principal Occupation		Name of Employer			
Retired		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?		Amount of Contribution	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Is this contribution associated with an event reported in Section L1?		Is contributor a principal of a state contractor or prospective state contractor?		\$250.00	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>If yes, list Event #</i>		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>If yes, indicate which branch or branches of government the contract is with:</i> <input type="checkbox"/> Executive <input type="checkbox"/> Legislative			
Method of contribution:		Date Received	Aggregate contributions		
<input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		06/26/2021	\$250.00		
Last Name		First		M.I.	
Cingari		Salvatore		J	
Residential Street Address		City		State	Zip Code
27 Hoyclo Rd		Stamford		CT	06903-2931
Principal Occupation		Name of Employer			
Manager		Grade A			
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?		Amount of Contribution	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Is this contribution associated with an event reported in Section L1?		Is contributor a principal of a state contractor or prospective state contractor?		\$1,000.00	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>If yes, list Event #</i>		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>If yes, indicate which branch or branches of government the contract is with:</i> <input type="checkbox"/> Executive <input type="checkbox"/> Legislative			
Method of contribution:		Date Received	Aggregate contributions		
<input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		06/25/2021	\$1,000.00		

SUBTOTAL Section B - This Page	\$1,300.00
TOTAL of Section B Pages	\$302,834.20
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B) <i>(Enter total on Line 13, Column A of Summary Page)</i>	\$303,219.21

I. MONETARY RECEIPTS (Sections A-K)

NAME OF COMMITTEE <i>(Provide Complete Name as Registered with Filing Repository)</i>				TYPE OF REPORT	
Bobby Valentine for Stamford				July 10 filing	
A. Total Contributions from Small Contributors - Received this Period ONLY <i>(See instructions for definition of Small Contributor)</i>				Subtotal Section A \$385.01	
B. Itemized Contributions from Individuals					
Last Name		First		M.I.	
Cingari		Jenna			
Residential Street Address		City		State	Zip Code
55 Stamford Ave		Stamford		CT	06902-8011
Principal Occupation		Name of Employer			
n/a		n/a			
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?		Amount of Contribution	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		\$1,000.00	
Is this contribution associated with an event reported in Section L1?		Is contributor a principal of a state contractor or prospective state contractor?			
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>If yes, list Event #</i>		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>If yes, indicate which branch or branches of government the contract is with:</i> <input type="checkbox"/> Executive <input type="checkbox"/> Legislative			
Method of contribution:		Date Received		Aggregate contributions	
<input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		06/25/2021		\$1,000.00	
Last Name		First		M.I.	
Cingari		Thomas			
Residential Street Address		City		State	Zip Code
55 Stamford Ave		Stamford		CT	06902-8011
Principal Occupation		Name of Employer			
VP		Grade A			
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?		Amount of Contribution	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		\$1,000.00	
Is this contribution associated with an event reported in Section L1?		Is contributor a principal of a state contractor or prospective state contractor?			
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>If yes, list Event #</i>		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>If yes, indicate which branch or branches of government the contract is with:</i> <input type="checkbox"/> Executive <input type="checkbox"/> Legislative			
Method of contribution:		Date Received		Aggregate contributions	
<input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		06/25/2021		\$1,000.00	
Last Name		First		M.I.	
Cingari		Suzanne		M	
Residential Street Address		City		State	Zip Code
197 Stamford Ave		Stamford		CT	06902-8013
Principal Occupation		Name of Employer			
Real Estate Agent		William Pitt Sotheby			
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?		Amount of Contribution	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		\$1,000.00	
Is this contribution associated with an event reported in Section L1?		Is contributor a principal of a state contractor or prospective state contractor?			
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>If yes, list Event #</i>		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>If yes, indicate which branch or branches of government the contract is with:</i> <input type="checkbox"/> Executive <input type="checkbox"/> Legislative			
Method of contribution:		Date Received		Aggregate contributions	
<input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		06/25/2021		\$1,000.00	

SUBTOTAL Section B - This Page	\$3,000.00
TOTAL of Section B Pages	\$302,834.20
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B) <i>(Enter total on Line 13, Column A of Summary Page)</i>	\$303,219.21

I. MONETARY RECEIPTS (Sections A-K)

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)				TYPE OF REPORT	
Bobby Valentine for Stamford				July 10 filing	
A. Total Contributions from Small Contributors - Received this Period ONLY (See instructions for definition of Small Contributor)				Subtotal Section A \$385.01	
B. Itemized Contributions from Individuals					
Last Name		First		M.I.	
Cingari		Thomas		F	
Residential Street Address		City		State	Zip Code
197 Stamford Ave		Stamford		CT	06902-8013
Principal Occupation		Name of Employer			
Owner / Operator		Grade A Market			
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?		Amount of Contribution \$1,000.00	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Is this contribution associated with an event reported in Section L1? <i>If yes, list Event #</i>		Is contributor a principal of a state contractor or prospective state contractor? <i>If yes, indicate which branch or branches of government the contract is with:</i>			
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Executive <input type="checkbox"/> Legislative			
Method of contribution:		Date Received		Aggregate contributions	
<input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		06/25/2021		\$1,000.00	
Last Name		First		M.I.	
Shimmins		Kymberley			
Residential Street Address		City		State	Zip Code
2007 16th Ave		Rockford		IL	61104-5514
Principal Occupation		Name of Employer			
Teacher		RPS 205			
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?		Amount of Contribution \$10.00	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Is this contribution associated with an event reported in Section L1? <i>If yes, list Event #</i>		Is contributor a principal of a state contractor or prospective state contractor? <i>If yes, indicate which branch or branches of government the contract is with:</i>			
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Executive <input type="checkbox"/> Legislative			
Method of contribution:		Date Received		Aggregate contributions	
<input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		06/26/2021		\$10.00	
Last Name		First		M.I.	
Stabe		Kevin			
Residential Street Address		City		State	Zip Code
160 Morgan St		Jersey City		NJ	07302-6237
Principal Occupation		Name of Employer			
Manager		Arch insurance			
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?		Amount of Contribution \$10.00	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Is this contribution associated with an event reported in Section L1? <i>If yes, list Event #</i>		Is contributor a principal of a state contractor or prospective state contractor? <i>If yes, indicate which branch or branches of government the contract is with:</i>			
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Executive <input type="checkbox"/> Legislative			
Method of contribution:		Date Received		Aggregate contributions	
<input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		06/26/2021		\$10.00	

SUBTOTAL Section B - This Page	\$1,020.00
TOTAL of Section B Pages	\$302,834.20
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B) <i>(Enter total on Line 13, Column A of Summary Page)</i>	\$303,219.21

I. MONETARY RECEIPTS (Sections A-K)

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)				TYPE OF REPORT	
Bobby Valentine for Stamford				July 10 filing	
A. Total Contributions from Small Contributors - Received this Period ONLY (See instructions for definition of Small Contributor)				Subtotal Section A \$385.01	
B. Itemized Contributions from Individuals					
Last Name		First		M.I.	
Burke Piotrkowski		Anne			
Residential Street Address		City		State	Zip Code
166 Fishing Trl		Stamford		CT	06903-2416
Principal Occupation		Name of Employer			
Sales Consultant		Hesstia Group			
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?		Amount of Contribution \$20.00	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Is this contribution associated with an event reported in Section L1? <i>If yes, list Event #</i>		Is contributor a principal of a state contractor or prospective state contractor? <i>If yes, indicate which branch or branches of government the contract is with:</i>			
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Executive <input type="checkbox"/> Legislative			
Method of contribution:		Date Received		Aggregate contributions	
<input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		06/26/2021		\$20.00	
Last Name		First		M.I.	
WHITMER		TED			
Residential Street Address		City		State	Zip Code
725 Yale St		Harrisburg		PA	17111-3692
Principal Occupation		Name of Employer			
Consultant		JAG Consultancy			
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?		Amount of Contribution \$10.00	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Is this contribution associated with an event reported in Section L1? <i>If yes, list Event #</i>		Is contributor a principal of a state contractor or prospective state contractor? <i>If yes, indicate which branch or branches of government the contract is with:</i>			
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Executive <input type="checkbox"/> Legislative			
Method of contribution:		Date Received		Aggregate contributions	
<input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		06/26/2021		\$10.00	
Last Name		First		M.I.	
Stankard		Patrick			
Residential Street Address		City		State	Zip Code
486 Amsterdam Ave		New York		NY	10024-4634
Principal Occupation		Name of Employer			
Software Engineer		Etsy			
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?		Amount of Contribution \$10.00	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Is this contribution associated with an event reported in Section L1? <i>If yes, list Event #</i>		Is contributor a principal of a state contractor or prospective state contractor? <i>If yes, indicate which branch or branches of government the contract is with:</i>			
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Executive <input type="checkbox"/> Legislative			
Method of contribution:		Date Received		Aggregate contributions	
<input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		06/26/2021		\$10.00	

SUBTOTAL Section B - This Page	\$40.00
TOTAL of Section B Pages	\$302,834.20
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B) <i>(Enter total on Line 13, Column A of Summary Page)</i>	\$303,219.21

I. MONETARY RECEIPTS (Sections A-K)

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)				TYPE OF REPORT	
Bobby Valentine for Stamford				July 10 filing	
A. Total Contributions from Small Contributors - Received this Period ONLY (See instructions for definition of Small Contributor)				Subtotal Section A \$385.01	
B. Itemized Contributions from Individuals					
Last Name		First		M.I.	
Shehaj		Gentjan			
Residential Street Address		City		State	Zip Code
26 Arnold Dr		Stamford		CT	06905-1301
Principal Occupation		Name of Employer			
Self Employed		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?		Amount of Contribution	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Is this contribution associated with an event reported in Section L1?		Is contributor a principal of a state contractor or prospective state contractor?		\$500.00	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>If yes, list Event #</i>		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>If yes, indicate which branch or branches of government the contract is with:</i> <input type="checkbox"/> Executive <input type="checkbox"/> Legislative			
Method of contribution:		Date Received		Aggregate contributions	
<input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		06/26/2021		\$500.00	
Last Name		First		M.I.	
Salvatore		Claire			
Residential Street Address		City		State	Zip Code
1135 Ponus Rdg		New Canaan		CT	06840-3424
Principal Occupation		Name of Employer			
Homemaker		Homemaker			
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?		Amount of Contribution	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Is this contribution associated with an event reported in Section L1?		Is contributor a principal of a state contractor or prospective state contractor?		\$1,000.00	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>If yes, list Event #</i>		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>If yes, indicate which branch or branches of government the contract is with:</i> <input type="checkbox"/> Executive <input type="checkbox"/> Legislative			
Method of contribution:		Date Received		Aggregate contributions	
<input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		06/27/2021		\$1,000.00	
Last Name		First		M.I.	
Leffand		Maureen			
Residential Street Address		City		State	Zip Code
108 Sylvan Knoll Rd		Stamford		CT	06902-5314
Principal Occupation		Name of Employer			
Legal Associate Manager		PepsiCo, Inc.			
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?		Amount of Contribution	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Is this contribution associated with an event reported in Section L1?		Is contributor a principal of a state contractor or prospective state contractor?		\$20.00	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>If yes, list Event #</i>		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>If yes, indicate which branch or branches of government the contract is with:</i> <input type="checkbox"/> Executive <input type="checkbox"/> Legislative			
Method of contribution:		Date Received		Aggregate contributions	
<input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		06/27/2021		\$20.00	

SUBTOTAL Section B - This Page	\$1,520.00
TOTAL of Section B Pages	\$302,834.20
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B) <i>(Enter total on Line 13, Column A of Summary Page)</i>	\$303,219.21

I. MONETARY RECEIPTS (Sections A-K)

NAME OF COMMITTEE <i>(Provide Complete Name as Registered with Filing Repository)</i>				TYPE OF REPORT	
Bobby Valentine for Stamford				July 10 filing	
A. Total Contributions from Small Contributors - Received this Period ONLY <i>(See instructions for definition of Small Contributor)</i>				Subtotal Section A \$385.01	
B. Itemized Contributions from Individuals					
Last Name		First		M.I.	
Salamone		Christine			
Residential Street Address		City		State	Zip Code
27 Mohawk Dr		Norwalk		CT	06851-1826
Principal Occupation		Name of Employer			
Teacher		Diocese of Bridgeport			
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?		Amount of Contribution	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		\$20.00	
Is this contribution associated with an event reported in Section L1? <i>If yes, list Event #</i>		Is contributor a principal of a state contractor or prospective state contractor? <i>If yes, indicate which branch or branches of government the contract is with:</i>			
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Executive <input type="checkbox"/> Legislative			
Method of contribution:		Date Received		Aggregate contributions	
<input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		06/27/2021		\$20.00	
Last Name		First		M.I.	
Hurley		Gregory			
Residential Street Address		City		State	Zip Code
22634 Lewis St		Watertown		NY	13601-1129
Principal Occupation		Name of Employer			
Retired		Air Force			
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?		Amount of Contribution	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		\$10.00	
Is this contribution associated with an event reported in Section L1? <i>If yes, list Event #</i>		Is contributor a principal of a state contractor or prospective state contractor? <i>If yes, indicate which branch or branches of government the contract is with:</i>			
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Executive <input type="checkbox"/> Legislative			
Method of contribution:		Date Received		Aggregate contributions	
<input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		06/27/2021		\$10.00	
Last Name		First		M.I.	
Connell		Kevin			
Residential Street Address		City		State	Zip Code
16 Barholm Ave		Stamford		CT	06907-1301
Principal Occupation		Name of Employer			
Firefighter		City of Stamford			
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?		Amount of Contribution	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		\$10.00	
Is this contribution associated with an event reported in Section L1? <i>If yes, list Event #</i>		Is contributor a principal of a state contractor or prospective state contractor? <i>If yes, indicate which branch or branches of government the contract is with:</i>			
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Executive <input type="checkbox"/> Legislative			
Method of contribution:		Date Received		Aggregate contributions	
<input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		06/27/2021		\$10.00	

SUBTOTAL Section B - This Page	\$40.00
TOTAL of Section B Pages	\$302,834.20
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B) <i>(Enter total on Line 13, Column A of Summary Page)</i>	\$303,219.21

I. MONETARY RECEIPTS (Sections A-K)

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)				TYPE OF REPORT	
Bobby Valentine for Stamford				July 10 filing	
A. Total Contributions from Small Contributors - Received this Period ONLY (See instructions for definition of Small Contributor)				Subtotal Section A \$385.01	
B. Itemized Contributions from Individuals					
Last Name		First		M.I.	
Panapada		Donny			
Residential Street Address		City		State	Zip Code
87 High Clear Dr		Stamford		CT	06905-3103
Principal Occupation		Name of Employer			
Project manager		VAS construction			
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?		Amount of Contribution	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Is this contribution associated with an event reported in Section L1?		Is contributor a principal of a state contractor or prospective state contractor?		\$200.00	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>If yes, list Event #</i>		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>If yes, indicate which branch or branches of government the contract is with:</i> <input type="checkbox"/> Executive <input type="checkbox"/> Legislative			
Method of contribution:		Date Received		Aggregate contributions	
<input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		06/27/2021		\$200.00	
Last Name		First		M.I.	
Grabar		John			
Residential Street Address		City		State	Zip Code
451 Robin Ct		Cheshire		CT	06410-2427
Principal Occupation		Name of Employer			
Bookseller		Barnes & Noble Waterbury			
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?		Amount of Contribution	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Is this contribution associated with an event reported in Section L1?		Is contributor a principal of a state contractor or prospective state contractor?		\$10.00	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>If yes, list Event #</i>		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>If yes, indicate which branch or branches of government the contract is with:</i> <input type="checkbox"/> Executive <input type="checkbox"/> Legislative			
Method of contribution:		Date Received		Aggregate contributions	
<input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		06/27/2021		\$10.00	
Last Name		First		M.I.	
Lyons		Kenneth		J	
Residential Street Address		City		State	Zip Code
201 N Taylor Ave		Norwalk		CT	06854-1123
Principal Occupation		Name of Employer			
Operating Engineer		CAC Industries			
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?		Amount of Contribution	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Is this contribution associated with an event reported in Section L1?		Is contributor a principal of a state contractor or prospective state contractor?		\$50.00	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>If yes, list Event #</i>		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>If yes, indicate which branch or branches of government the contract is with:</i> <input type="checkbox"/> Executive <input type="checkbox"/> Legislative			
Method of contribution:		Date Received		Aggregate contributions	
<input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		06/27/2021		\$50.00	

SUBTOTAL Section B - This Page	\$260.00
TOTAL of Section B Pages	\$302,834.20
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B) <i>(Enter total on Line 13, Column A of Summary Page)</i>	\$303,219.21

I. MONETARY RECEIPTS (Sections A-K)

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)				TYPE OF REPORT	
Bobby Valentine for Stamford				July 10 filing	
A. Total Contributions from Small Contributors - Received this Period ONLY (See instructions for definition of Small Contributor)				Subtotal Section A \$385.01	
B. Itemized Contributions from Individuals					
Last Name		First		M.I.	
Whitehead		Cliff			
Residential Street Address		City		State	Zip Code
17 Devonshire Dr		Darien		CT	06820-5006
Principal Occupation		Name of Employer			
truck driver		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?		Amount of Contribution	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Is this contribution associated with an event reported in Section L1?		Is contributor a principal of a state contractor or prospective state contractor?		\$10.00	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>If yes, list Event #</i>		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>If yes, indicate which branch or branches of government the contract is with:</i> <input type="checkbox"/> Executive <input type="checkbox"/> Legislative			
Method of contribution:		Date Received		Aggregate contributions	
<input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		06/27/2021		\$10.00	
Last Name		First		M.I.	
Stamatelos		Constantino			
Residential Street Address		City		State	Zip Code
101 Barrett Ave		Stamford		CT	06905-3212
Principal Occupation		Name of Employer			
n/a		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?		Amount of Contribution	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Is this contribution associated with an event reported in Section L1?		Is contributor a principal of a state contractor or prospective state contractor?		\$10.00	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>If yes, list Event #</i>		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>If yes, indicate which branch or branches of government the contract is with:</i> <input type="checkbox"/> Executive <input type="checkbox"/> Legislative			
Method of contribution:		Date Received		Aggregate contributions	
<input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		06/27/2021		\$10.00	
Last Name		First		M.I.	
Terenzio		Victor			
Residential Street Address		City		State	Zip Code
233 Wire Mill Rd		Stamford		CT	06903-4720
Principal Occupation		Name of Employer			
n/a		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?		Amount of Contribution	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Is this contribution associated with an event reported in Section L1?		Is contributor a principal of a state contractor or prospective state contractor?		\$20.00	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>If yes, list Event #</i>		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>If yes, indicate which branch or branches of government the contract is with:</i> <input type="checkbox"/> Executive <input type="checkbox"/> Legislative			
Method of contribution:		Date Received		Aggregate contributions	
<input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		06/27/2021		\$20.00	

SUBTOTAL Section B - This Page	\$40.00
TOTAL of Section B Pages	\$302,834.20
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B) <i>(Enter total on Line 13, Column A of Summary Page)</i>	\$303,219.21

I. MONETARY RECEIPTS (Sections A-K)

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)				TYPE OF REPORT	
Bobby Valentine for Stamford				July 10 filing	
A. Total Contributions from Small Contributors - Received this Period ONLY (See instructions for definition of Small Contributor)				Subtotal Section A \$385.01	
B. Itemized Contributions from Individuals					
Last Name		First		M.I.	
Cardillo		Vincenzo			
Residential Street Address		City		State	Zip Code
2802 Summer St		Stamford		CT	06905-4326
Principal Occupation		Name of Employer			
bus owner		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?		Amount of Contribution	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Is this contribution associated with an event reported in Section L1?		Is contributor a principal of a state contractor or prospective state contractor?		\$20.00	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>If yes, list Event #</i>		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>If yes, indicate which branch or branches of government the contract is with:</i> <input type="checkbox"/> Executive <input type="checkbox"/> Legislative			
Method of contribution:		Date Received		Aggregate contributions	
<input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		06/27/2021		\$20.00	
Last Name		First		M.I.	
Pirro		Patrick		J	
Residential Street Address		City		State	Zip Code
74 Courtland Hill St		Stamford		CT	06906-2305
Principal Occupation		Name of Employer			
retired		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?		Amount of Contribution	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Is this contribution associated with an event reported in Section L1?		Is contributor a principal of a state contractor or prospective state contractor?		\$5.00	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>If yes, list Event #</i>		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>If yes, indicate which branch or branches of government the contract is with:</i> <input type="checkbox"/> Executive <input type="checkbox"/> Legislative			
Method of contribution:		Date Received		Aggregate contributions	
<input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		06/27/2021		\$5.00	
Last Name		First		M.I.	
Rosa		Dominick			
Residential Street Address		City		State	Zip Code
351 Hope St		Stamford		CT	06906-1322
Principal Occupation		Name of Employer			
n/a		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?		Amount of Contribution	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Is this contribution associated with an event reported in Section L1?		Is contributor a principal of a state contractor or prospective state contractor?		\$20.00	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>If yes, list Event #</i>		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>If yes, indicate which branch or branches of government the contract is with:</i> <input type="checkbox"/> Executive <input type="checkbox"/> Legislative			
Method of contribution:		Date Received		Aggregate contributions	
<input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		06/27/2021		\$20.00	

SUBTOTAL Section B - This Page	\$45.00
TOTAL of Section B Pages	\$302,834.20
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B) <i>(Enter total on Line 13, Column A of Summary Page)</i>	\$303,219.21

I. MONETARY RECEIPTS (Sections A-K)

NAME OF COMMITTEE <i>(Provide Complete Name as Registered with Filing Repository)</i>				TYPE OF REPORT	
Bobby Valentine for Stamford				July 10 filing	
A. Total Contributions from Small Contributors - Received this Period ONLY <i>(See instructions for definition of Small Contributor)</i>				Subtotal Section A \$385.01	
B. Itemized Contributions from Individuals					
Last Name		First		M.I.	
Wong		Steve			
Residential Street Address		City		State	Zip Code
94 Noble St		Stamford		CT	06902-7602
Principal Occupation		Name of Employer			
Maintenance		Leo P Gallagher & Son			
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?		Amount of Contribution	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		\$10.00	
Is this contribution associated with an event reported in Section L1? <i>If yes, list Event #</i>		Is contributor a principal of a state contractor or prospective state contractor? <i>If yes, indicate which branch or branches of government the contract is with:</i>			
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Executive <input type="checkbox"/> Legislative			
Method of contribution:		Date Received		Aggregate contributions	
<input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		06/27/2021		\$10.00	
Last Name		First		M.I.	
Lombardi		Luigi			
Residential Street Address		City		State	Zip Code
226 Belltown Rd		Stamford		CT	06905-3315
Principal Occupation		Name of Employer			
n/a		n/a			
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?		Amount of Contribution	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		\$20.00	
Is this contribution associated with an event reported in Section L1? <i>If yes, list Event #</i>		Is contributor a principal of a state contractor or prospective state contractor? <i>If yes, indicate which branch or branches of government the contract is with:</i>			
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Executive <input type="checkbox"/> Legislative			
Method of contribution:		Date Received		Aggregate contributions	
<input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		06/27/2021		\$20.00	
Last Name		First		M.I.	
Socci		Mario			
Residential Street Address		City		State	Zip Code
295 Oaklawn Ave		Stamford		CT	06905-3520
Principal Occupation		Name of Employer			
Dry Cleaner		Ridgeway Cleaners			
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?		Amount of Contribution	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		\$20.00	
Is this contribution associated with an event reported in Section L1? <i>If yes, list Event #</i>		Is contributor a principal of a state contractor or prospective state contractor? <i>If yes, indicate which branch or branches of government the contract is with:</i>			
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Executive <input type="checkbox"/> Legislative			
Method of contribution:		Date Received		Aggregate contributions	
<input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		06/27/2021		\$20.00	

SUBTOTAL Section B - This Page	\$50.00
TOTAL of Section B Pages	\$302,834.20
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B) <i>(Enter total on Line 13, Column A of Summary Page)</i>	\$303,219.21

I. MONETARY RECEIPTS (Sections A-K)

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)				TYPE OF REPORT	
Bobby Valentine for Stamford				July 10 filing	
A. Total Contributions from Small Contributors - Received this Period ONLY (See instructions for definition of Small Contributor)				Subtotal Section A \$385.01	
B. Itemized Contributions from Individuals					
Last Name		First		M.I.	
Levine		Lewis			
Residential Street Address		City		State	Zip Code
45 Hudson View Way		Tarrytown		NY	10591-7521
Principal Occupation		Name of Employer			
Retired		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?		Amount of Contribution	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Is this contribution associated with an event reported in Section L1?		Is contributor a principal of a state contractor or prospective state contractor?		\$1,000.00	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>If yes, list Event #</i>		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>If yes, indicate which branch or branches of government the contract is with:</i> <input type="checkbox"/> Executive <input type="checkbox"/> Legislative			
Method of contribution:		Date Received		Aggregate contributions	
<input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		06/27/2021		\$1,000.00	
Last Name		First		M.I.	
Vozzella		Thomas			
Residential Street Address		City		State	Zip Code
743 Stillwater Rd		Stamford		CT	06902-1726
Principal Occupation		Name of Employer			
Painting contractor		Painting contractor			
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?		Amount of Contribution	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Is this contribution associated with an event reported in Section L1?		Is contributor a principal of a state contractor or prospective state contractor?		\$50.00	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>If yes, list Event #</i>		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>If yes, indicate which branch or branches of government the contract is with:</i> <input type="checkbox"/> Executive <input type="checkbox"/> Legislative			
Method of contribution:		Date Received		Aggregate contributions	
<input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		06/28/2021		\$50.00	
Last Name		First		M.I.	
Cribbin		Caitlin			
Residential Street Address		City		State	Zip Code
39 Maple Tree Ave, Unit 60		Stamford		CT	06906-2274
Principal Occupation		Name of Employer			
Recruiting Coordinator		Point72			
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?		Amount of Contribution	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Is this contribution associated with an event reported in Section L1?		Is contributor a principal of a state contractor or prospective state contractor?		\$50.00	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>If yes, list Event #</i>		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>If yes, indicate which branch or branches of government the contract is with:</i> <input type="checkbox"/> Executive <input type="checkbox"/> Legislative			
Method of contribution:		Date Received		Aggregate contributions	
<input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		06/28/2021		\$50.00	

SUBTOTAL Section B - This Page	\$1,100.00
TOTAL of Section B Pages	\$302,834.20
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B) <i>(Enter total on Line 13, Column A of Summary Page)</i>	\$303,219.21

I. MONETARY RECEIPTS (Sections A-K)

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)				TYPE OF REPORT	
Bobby Valentine for Stamford				July 10 filing	
A. Total Contributions from Small Contributors - Received this Period ONLY (See instructions for definition of Small Contributor)				Subtotal Section A \$385.01	
B. Itemized Contributions from Individuals					
Last Name		First		M.I.	
hersh		thomas			
Residential Street Address		City		State	Zip Code
21 S End Ave		New York		NY	10280-1044
Principal Occupation		Name of Employer			
Banker		tradition			
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?		Amount of Contribution	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Is this contribution associated with an event reported in Section L1?		Is contributor a principal of a state contractor or prospective state contractor?		\$100.00	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>If yes, list Event #</i>		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>If yes, indicate which branch or branches of government the contract is with:</i> <input type="checkbox"/> Executive <input type="checkbox"/> Legislative			
Method of contribution:		Date Received		Aggregate contributions	
<input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		06/28/2021		\$100.00	
Last Name		First		M.I.	
Anderson		Randy			
Residential Street Address		City		State	Zip Code
40 Old Mill Ln		Stamford		CT	06902-1026
Principal Occupation		Name of Employer			
Retired		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?		Amount of Contribution	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Is this contribution associated with an event reported in Section L1?		Is contributor a principal of a state contractor or prospective state contractor?		\$250.00	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>If yes, list Event #</i>		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>If yes, indicate which branch or branches of government the contract is with:</i> <input type="checkbox"/> Executive <input type="checkbox"/> Legislative			
Method of contribution:		Date Received		Aggregate contributions	
<input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		06/28/2021		\$250.00	
Last Name		First		M.I.	
ODea		Thomas			
Residential Street Address		City		State	Zip Code
37 Holly Rd		New Canaan		CT	06840-6406
Principal Occupation		Name of Employer			
Attorney		Diserio Martin			
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?		Amount of Contribution	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Is this contribution associated with an event reported in Section L1?		Is contributor a principal of a state contractor or prospective state contractor?		\$1,150.00	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>If yes, list Event #</i>		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>If yes, indicate which branch or branches of government the contract is with:</i> <input type="checkbox"/> Executive <input type="checkbox"/> Legislative			
Method of contribution:		Date Received		Aggregate contributions	
<input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		06/28/2021		\$1,000.00	

SUBTOTAL Section B - This Page	\$1,500.00
TOTAL of Section B Pages	\$302,834.20
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B) <i>(Enter total on Line 13, Column A of Summary Page)</i>	\$303,219.21

I. MONETARY RECEIPTS (Sections A-K)

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)				TYPE OF REPORT	
Bobby Valentine for Stamford				July 10 filing	
A. Total Contributions from Small Contributors - Received this Period ONLY (See instructions for definition of Small Contributor)				Subtotal Section A \$385.01	
B. Itemized Contributions from Individuals					
Last Name		First		M.I.	
Weingarten		Maria			
Residential Street Address		City		State	Zip Code
115 Lone Tree Farm Rd		New Canaan		CT	06840-4229
Principal Occupation		Name of Employer			
Realtor		Self Employed, William Raveis Real Estate			
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?		Amount of Contribution	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		\$25.00	
Is this contribution associated with an event reported in Section L1?		Is contributor a principal of a state contractor or prospective state contractor?			
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>If yes, list Event #</i>		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>If yes, indicate which branch or branches of government the contract is with:</i>			
		<input type="checkbox"/> Executive <input type="checkbox"/> Legislative			
Method of contribution:		Date Received	Aggregate contributions		
<input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		06/28/2021	\$25.00		
Last Name		First		M.I.	
Montanaro		Joseph			
Residential Street Address		City		State	Zip Code
93 Stiles Rd		Southbury		CT	06488-3211
Principal Occupation		Name of Employer			
Sales		None			
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?		Amount of Contribution	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		\$10.00	
Is this contribution associated with an event reported in Section L1?		Is contributor a principal of a state contractor or prospective state contractor?			
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>If yes, list Event #</i>		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>If yes, indicate which branch or branches of government the contract is with:</i>			
		<input type="checkbox"/> Executive <input type="checkbox"/> Legislative			
Method of contribution:		Date Received	Aggregate contributions		
<input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		06/28/2021	\$10.00		
Last Name		First		M.I.	
Carella		Angela			
Residential Street Address		City		State	Zip Code
26 Buena Vista St		Stamford		CT	06907-2401
Principal Occupation		Name of Employer			
Consultant		Bobby Valentine for Stamford 2021			
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?		Amount of Contribution	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		\$50.00	
Is this contribution associated with an event reported in Section L1?		Is contributor a principal of a state contractor or prospective state contractor?			
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>If yes, list Event #</i>		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>If yes, indicate which branch or branches of government the contract is with:</i>			
		<input type="checkbox"/> Executive <input type="checkbox"/> Legislative			
Method of contribution:		Date Received	Aggregate contributions		
<input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		06/28/2021	\$50.00		

SUBTOTAL Section B - This Page	\$85.00
TOTAL of Section B Pages	\$302,834.20
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B) <i>(Enter total on Line 13, Column A of Summary Page)</i>	\$303,219.21

I. MONETARY RECEIPTS (Sections A-K)

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)				TYPE OF REPORT	
Bobby Valentine for Stamford				July 10 filing	
A. Total Contributions from Small Contributors - Received this Period ONLY (See instructions for definition of Small Contributor)				Subtotal Section A \$385.01	
B. Itemized Contributions from Individuals					
Last Name		First		M.I.	
Nichani		Geeta			
Residential Street Address		City		State	Zip Code
26 Mill River St		Stamford		CT	06902-3726
Principal Occupation		Name of Employer			
Owner		King St Beverages			
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?		Amount of Contribution \$1,000.00	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Is this contribution associated with an event reported in Section L1?		Is contributor a principal of a state contractor or prospective state contractor?		Amount of Contribution \$1,000.00	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>If yes, list Event #</i>		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>If yes, indicate which branch or branches of government the contract is with:</i> <input type="checkbox"/> Executive <input type="checkbox"/> Legislative			
Method of contribution:		Date Received		Aggregate contributions	
<input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		06/28/2021		\$1,000.00	
Last Name		First		M.I.	
Silverman		Bonnie			
Residential Street Address		City		State	Zip Code
22 Miller Ter		White Plains		NY	10607-1508
Principal Occupation		Name of Employer			
Realtor		Silverman Realty Group Inc			
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?		Amount of Contribution \$1,000.00	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Is this contribution associated with an event reported in Section L1?		Is contributor a principal of a state contractor or prospective state contractor?		Amount of Contribution \$1,000.00	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>If yes, list Event #</i>		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>If yes, indicate which branch or branches of government the contract is with:</i> <input type="checkbox"/> Executive <input type="checkbox"/> Legislative			
Method of contribution:		Date Received		Aggregate contributions	
<input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		06/28/2021		\$1,000.00	
Last Name		First		M.I.	
Moore		Cheryl			
Residential Street Address		City		State	Zip Code
89 West Trl		Stamford		CT	06903-2411
Principal Occupation		Name of Employer			
Executive		Eastern Land Management			
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?		Amount of Contribution \$500.00	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
Is this contribution associated with an event reported in Section L1?		Is contributor a principal of a state contractor or prospective state contractor?		Amount of Contribution \$500.00	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>If yes, list Event #</i>		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>If yes, indicate which branch or branches of government the contract is with:</i> <input type="checkbox"/> Executive <input type="checkbox"/> Legislative			
Method of contribution:		Date Received		Aggregate contributions	
<input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		06/28/2021		\$500.00	

SUBTOTAL Section B - This Page	\$2,500.00
TOTAL of Section B Pages	\$302,834.20
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B) <i>(Enter total on Line 13, Column A of Summary Page)</i>	\$303,219.21

I. MONETARY RECEIPTS (Sections A-K)

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)				TYPE OF REPORT	
Bobby Valentine for Stamford				July 10 filing	
A. Total Contributions from Small Contributors - Received this Period ONLY (See instructions for definition of Small Contributor)				Subtotal Section A \$385.01	
B. Itemized Contributions from Individuals					
Last Name		First		M.I.	
Scaramucci		Deidre			
Residential Street Address		City		State	Zip Code
45 Plymouth Rd		Manhasset		NY	11030-1551
Principal Occupation		Name of Employer			
Not Employed		Not 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?		Amount of Contribution \$1,000.00	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Is this contribution associated with an event reported in Section L1? <i>If yes, list Event #</i>		Is contributor a principal of a state contractor or prospective state contractor? <i>If yes, indicate which branch or branches of government the contract is with:</i>			
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Executive <input type="checkbox"/> Legislative			
Method of contribution:		Date Received		Aggregate contributions	
<input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		06/28/2021		\$1,000.00	
Last Name		First		M.I.	
Groff		Ike			
Residential Street Address		City		State	Zip Code
159 Oenoke Rdg		New Canaan		CT	06840-4107
Principal Occupation		Name of Employer			
Investor		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?		Amount of Contribution \$150.00	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Is this contribution associated with an event reported in Section L1? <i>If yes, list Event #</i>		Is contributor a principal of a state contractor or prospective state contractor? <i>If yes, indicate which branch or branches of government the contract is with:</i>			
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Executive <input type="checkbox"/> Legislative			
Method of contribution:		Date Received		Aggregate contributions	
<input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		06/28/2021		\$150.00	
Last Name		First		M.I.	
Barksdale		Russell			
Residential Street Address		City		State	Zip Code
249 Old Stamford Rd		New Canaan		CT	06840-6605
Principal Occupation		Name of Employer			
President		Waveny LifeCare Network			
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?		Amount of Contribution \$50.00	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Is this contribution associated with an event reported in Section L1? <i>If yes, list Event #</i>		Is contributor a principal of a state contractor or prospective state contractor? <i>If yes, indicate which branch or branches of government the contract is with:</i>			
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Executive <input type="checkbox"/> Legislative			
Method of contribution:		Date Received		Aggregate contributions	
<input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		06/28/2021		\$50.00	

SUBTOTAL Section B - This Page	\$1,200.00
TOTAL of Section B Pages	\$302,834.20
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B) <i>(Enter total on Line 13, Column A of Summary Page)</i>	\$303,219.21

I. MONETARY RECEIPTS (Sections A-K)

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)				TYPE OF REPORT	
Bobby Valentine for Stamford				July 10 filing	
A. Total Contributions from Small Contributors - Received this Period ONLY (See instructions for definition of Small Contributor)				Subtotal Section A \$385.01	
B. Itemized Contributions from Individuals					
Last Name		First		M.I.	
Esposito		Andrew			
Residential Street Address		City		State	Zip Code
15 Coventry Rd		Stamford		CT	06903-1321
Principal Occupation		Name of Employer			
Contractor		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?		Amount of Contribution \$500.00	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Is this contribution associated with an event reported in Section L1?		Is contributor a principal of a state contractor or prospective state contractor?		Amount of Contribution \$10.00	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>If yes, list Event #</i>		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>If yes, indicate which branch or branches of government the contract is with:</i> <input type="checkbox"/> Executive <input type="checkbox"/> Legislative			
Method of contribution:		Date Received		Aggregate contributions	
<input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		06/28/2021		\$500.00	
Last Name		First		M.I.	
Pensiero		Brooke			
Residential Street Address		City		State	Zip Code
59 Barmore Dr W		Stamford		CT	06905-2008
Principal Occupation		Name of Employer			
Barista		Starbucks			
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?		Amount of Contribution \$10.00	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Is this contribution associated with an event reported in Section L1?		Is contributor a principal of a state contractor or prospective state contractor?		Amount of Contribution \$10.00	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>If yes, list Event #</i>		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>If yes, indicate which branch or branches of government the contract is with:</i> <input type="checkbox"/> Executive <input type="checkbox"/> Legislative			
Method of contribution:		Date Received		Aggregate contributions	
<input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		06/28/2021		\$10.00	
Last Name		First		M.I.	
Pensiero		Maria			
Residential Street Address		City		State	Zip Code
59 Barmore Dr W		Stamford		CT	06905-2008
Principal Occupation		Name of Employer			
Social Worker		Revive			
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?		Amount of Contribution \$10.00	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Is this contribution associated with an event reported in Section L1?		Is contributor a principal of a state contractor or prospective state contractor?		Amount of Contribution \$10.00	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>If yes, list Event #</i>		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>If yes, indicate which branch or branches of government the contract is with:</i> <input type="checkbox"/> Executive <input type="checkbox"/> Legislative			
Method of contribution:		Date Received		Aggregate contributions	
<input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		06/28/2021		\$10.00	

SUBTOTAL Section B - This Page	\$520.00
TOTAL of Section B Pages	\$302,834.20
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B) <i>(Enter total on Line 13, Column A of Summary Page)</i>	\$303,219.21

I. MONETARY RECEIPTS (Sections A-K)

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)				TYPE OF REPORT	
Bobby Valentine for Stamford				July 10 filing	
A. Total Contributions from Small Contributors - Received this Period ONLY (See instructions for definition of Small Contributor)				Subtotal Section A \$385.01	
B. Itemized Contributions from Individuals					
Last Name		First		M.I.	
Medina		Rafael			
Residential Street Address		City		State	Zip Code
31 Prince Pl		Stamford		CT	06905-4824
Principal Occupation		Name of Employer			
Cook		Steel Sharpens Steel			
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?		Amount of Contribution \$5.00	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Is this contribution associated with an event reported in Section L1? <i>If yes, list Event #</i>		Is contributor a principal of a state contractor or prospective state contractor? <i>If yes, indicate which branch or branches of government the contract is with:</i>			
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Executive <input type="checkbox"/> Legislative			
Method of contribution:		Date Received		Aggregate contributions	
<input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		06/28/2021		\$5.00	
Last Name		First		M.I.	
Bailey		Troy			
Residential Street Address		City		State	Zip Code
186 Old Stamford Rd		New Canaan		CT	06840-6249
Principal Occupation		Name of Employer			
Attorney		Voorhees & Bailey LLP			
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?		Amount of Contribution \$150.00	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Is this contribution associated with an event reported in Section L1? <i>If yes, list Event #</i>		Is contributor a principal of a state contractor or prospective state contractor? <i>If yes, indicate which branch or branches of government the contract is with:</i>			
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Executive <input type="checkbox"/> Legislative			
Method of contribution:		Date Received		Aggregate contributions	
<input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		06/28/2021		\$150.00	
Last Name		First		M.I.	
salvatore		Chris			
Residential Street Address		City		State	Zip Code
20 Parish Rd N		New Canaan		CT	06840-4429
Principal Occupation		Name of Employer			
Self Employed		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?		Amount of Contribution \$50.00	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Is this contribution associated with an event reported in Section L1? <i>If yes, list Event #</i>		Is contributor a principal of a state contractor or prospective state contractor? <i>If yes, indicate which branch or branches of government the contract is with:</i>			
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Executive <input type="checkbox"/> Legislative			
Method of contribution:		Date Received		Aggregate contributions	
<input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		06/28/2021		\$50.00	

SUBTOTAL Section B - This Page	\$205.00
TOTAL of Section B Pages	\$302,834.20
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B) <i>(Enter total on Line 13, Column A of Summary Page)</i>	\$303,219.21

I. MONETARY RECEIPTS (Sections A-K)

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)				TYPE OF REPORT	
Bobby Valentine for Stamford				July 10 filing	
A. Total Contributions from Small Contributors - Received this Period ONLY (See instructions for definition of Small Contributor)				Subtotal Section A \$385.01	
B. Itemized Contributions from Individuals					
Last Name salvatore		First kelley		M.I.	
Residential Street Address 20 Parish Rd N		City New Canaan		State CT	Zip Code 06840-4429
Principal Occupation Self Employed		Name of Employer Self Employed			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		If contribution is in excess of \$400 to a candidate 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? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution \$50.00	
Is this contribution associated with an event reported in Section L1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>If yes, list Event #</i>		Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>If yes, indicate which branch or branches of government the contract is with:</i> <input type="checkbox"/> Executive <input type="checkbox"/> Legislative			
Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		Date Received 06/28/2021	Aggregate contributions \$50.00		
Last Name Principato		First Charles		M.I.	
Residential Street Address 150 Southfield Ave, Apt 1448		City Stamford		State CT	Zip Code 06902-7763
Principal Occupation Student		Name of Employer Student			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		If contribution is in excess of \$400 to a candidate 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? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution \$5.00	
Is this contribution associated with an event reported in Section L1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>If yes, list Event #</i>		Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>If yes, indicate which branch or branches of government the contract is with:</i> <input type="checkbox"/> Executive <input type="checkbox"/> Legislative			
Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		Date Received 06/28/2021	Aggregate contributions \$5.00		
Last Name Carroll		First Brian		M.I.	
Residential Street Address 276 Otter Rock Dr		City Greenwich		State CT	Zip Code 06830-7045
Principal Occupation Investor		Name of Employer Carroll Capital			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		If contribution is in excess of \$400 to a candidate 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? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution \$1,000.00	
Is this contribution associated with an event reported in Section L1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>If yes, list Event #</i>		Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>If yes, indicate which branch or branches of government the contract is with:</i> <input type="checkbox"/> Executive <input type="checkbox"/> Legislative			
Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		Date Received 06/28/2021	Aggregate contributions \$1,000.00		

SUBTOTAL Section B - This Page	\$1,055.00
TOTAL of Section B Pages	\$302,834.20
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B) <i>(Enter total on Line 13, Column A of Summary Page)</i>	\$303,219.21

I. MONETARY RECEIPTS (Sections A-K)

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)				TYPE OF REPORT	
Bobby Valentine for Stamford				July 10 filing	
A. Total Contributions from Small Contributors - Received this Period ONLY (See instructions for definition of Small Contributor)				Subtotal Section A \$385.01	
B. Itemized Contributions from Individuals					
Last Name		First		M.I.	
Caruso		Emilio			
Residential Street Address		City		State	Zip Code
238 Hamilton Ave		Stamford		CT	06902-3427
Principal Occupation		Name of Employer			
plumber		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?		Amount of Contribution \$20.00	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Is this contribution associated with an event reported in Section L1? <i>If yes, list Event #</i>		Is contributor a principal of a state contractor or prospective state contractor? <i>If yes, indicate which branch or branches of government the contract is with:</i>			
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Executive <input type="checkbox"/> Legislative			
Method of contribution:		Date Received		Aggregate contributions	
<input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		06/27/2021		\$20.00	
Last Name		First		M.I.	
Baccari		Joseph			
Residential Street Address		City		State	Zip Code
407 Long Ridge Rd		Stamford		CT	06902-1611
Principal Occupation		Name of Employer			
Post Office		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?		Amount of Contribution \$20.00	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Is this contribution associated with an event reported in Section L1? <i>If yes, list Event #</i>		Is contributor a principal of a state contractor or prospective state contractor? <i>If yes, indicate which branch or branches of government the contract is with:</i>			
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Executive <input type="checkbox"/> Legislative			
Method of contribution:		Date Received		Aggregate contributions	
<input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		06/27/2021		\$20.00	
Last Name		First		M.I.	
Margarone		Alfredo			
Residential Street Address		City		State	Zip Code
72 Wascussee Ln		Stamford		CT	06902-7028
Principal Occupation		Name of Employer			
Loan Officer		Citizens Financial			
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?		Amount of Contribution \$20.00	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Is this contribution associated with an event reported in Section L1? <i>If yes, list Event #</i>		Is contributor a principal of a state contractor or prospective state contractor? <i>If yes, indicate which branch or branches of government the contract is with:</i>			
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Executive <input type="checkbox"/> Legislative			
Method of contribution:		Date Received		Aggregate contributions	
<input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		06/27/2021		\$20.00	

SUBTOTAL Section B - This Page	\$60.00
TOTAL of Section B Pages	\$302,834.20
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B) <i>(Enter total on Line 13, Column A of Summary Page)</i>	\$303,219.21

I. MONETARY RECEIPTS (Sections A-K)

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)				TYPE OF REPORT	
Bobby Valentine for Stamford				July 10 filing	
A. Total Contributions from Small Contributors - Received this Period ONLY (See instructions for definition of Small Contributor)				Subtotal Section A \$385.01	
B. Itemized Contributions from Individuals					
Last Name		First		M.I.	
DelGiudice		David			
Residential Street Address		City		State	Zip Code
19 Colonial Rd		Stamford		CT	06906-1619
Principal Occupation		Name of Employer			
Teacher		Stamford Public Schools			
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?		Amount of Contribution	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Is this contribution associated with an event reported in Section L1?		Is contributor a principal of a state contractor or prospective state contractor?		\$5.00	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>If yes, list Event #</i>		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>If yes, indicate which branch or branches of government the contract is with:</i> <input type="checkbox"/> Executive <input type="checkbox"/> Legislative			
Method of contribution:		Date Received		Aggregate contributions	
<input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		06/27/2021		\$5.00	
Last Name		First		M.I.	
Fiorito		Carol			
Residential Street Address		City		State	Zip Code
162 Idlewood Dr		Stamford		CT	06905-2406
Principal Occupation		Name of Employer			
Housewife		Not 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?		Amount of Contribution	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Is this contribution associated with an event reported in Section L1?		Is contributor a principal of a state contractor or prospective state contractor?		\$10.00	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>If yes, list Event #</i>		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>If yes, indicate which branch or branches of government the contract is with:</i> <input type="checkbox"/> Executive <input type="checkbox"/> Legislative			
Method of contribution:		Date Received		Aggregate contributions	
<input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		06/28/2021		\$10.00	
Last Name		First		M.I.	
Johnson		Dave			
Residential Street Address		City		State	Zip Code
27 Winesap Rd		Stamford		CT	06903-1818
Principal Occupation		Name of Employer			
Contractor		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?		Amount of Contribution	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Is this contribution associated with an event reported in Section L1?		Is contributor a principal of a state contractor or prospective state contractor?		\$20.00	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>If yes, list Event #</i>		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>If yes, indicate which branch or branches of government the contract is with:</i> <input type="checkbox"/> Executive <input type="checkbox"/> Legislative			
Method of contribution:		Date Received		Aggregate contributions	
<input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		06/27/2021		\$40.00	

SUBTOTAL Section B - This Page	\$35.00
TOTAL of Section B Pages	\$302,834.20
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B) <i>(Enter total on Line 13, Column A of Summary Page)</i>	\$303,219.21

I. MONETARY RECEIPTS (Sections A-K)

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)				TYPE OF REPORT	
Bobby Valentine for Stamford				July 10 filing	
A. Total Contributions from Small Contributors - Received this Period ONLY (See instructions for definition of Small Contributor)				Subtotal Section A \$385.01	
B. Itemized Contributions from Individuals					
Last Name Johnson		First Dave		M.I.	
Residential Street Address 27 Winesap Rd		City Stamford		State CT	Zip Code 06903-1818
Principal Occupation Contractor		Name of Employer self employed			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		If contribution is in excess of \$400 to a candidate 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? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution \$20.00	
Is this contribution associated with an event reported in Section L1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>If yes, list Event #</i>		Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>If yes, indicate which branch or branches of government the contract is with:</i> <input type="checkbox"/> Executive <input type="checkbox"/> Legislative			
Method of contribution: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		Date Received 06/27/2021	Aggregate contributions \$40.00		
Last Name DeVito		First Anthony		M.I.	
Residential Street Address 46 Greenwood Ave		City Darien		State CT	Zip Code 06820-2401
Principal Occupation NA		Name of Employer NA			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		If contribution is in excess of \$400 to a candidate 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? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution \$50.00	
Is this contribution associated with an event reported in Section L1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>If yes, list Event #</i>		Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>If yes, indicate which branch or branches of government the contract is with:</i> <input type="checkbox"/> Executive <input type="checkbox"/> Legislative			
Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		Date Received 06/28/2021	Aggregate contributions \$50.00		
Last Name Sandolo		First Joseph		M.I.	
Residential Street Address 37 Center Dr		City Old Greenwich		State CT	Zip Code 06870-1446
Principal Occupation NA		Name of Employer NA			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		If contribution is in excess of \$400 to a candidate 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? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution \$500.00	
Is this contribution associated with an event reported in Section L1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>If yes, list Event #</i>		Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>If yes, indicate which branch or branches of government the contract is with:</i> <input type="checkbox"/> Executive <input type="checkbox"/> Legislative			
Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		Date Received 06/28/2021	Aggregate contributions \$500.00		

SUBTOTAL Section B - This Page	\$570.00
TOTAL of Section B Pages	\$302,834.20
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B) <i>(Enter total on Line 13, Column A of Summary Page)</i>	\$303,219.21

I. MONETARY RECEIPTS (Sections A-K)

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)				TYPE OF REPORT	
Bobby Valentine for Stamford				July 10 filing	
A. Total Contributions from Small Contributors - Received this Period ONLY (See instructions for definition of Small Contributor)				Subtotal Section A \$385.01	
B. Itemized Contributions from Individuals					
Last Name		First		M.I.	
Caggainello		Scott			
Residential Street Address		City		State	Zip Code
25 Forest St, Apt 5A		Stamford		CT	06901-1855
Principal Occupation		Name of Employer			
Real Estate		CBRE			
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?		Amount of Contribution \$10.00	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Is this contribution associated with an event reported in Section L1? <i>If yes, list Event #</i>		Is contributor a principal of a state contractor or prospective state contractor? <i>If yes, indicate which branch or branches of government the contract is with:</i>			
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Executive <input type="checkbox"/> Legislative			
Method of contribution:		Date Received		Aggregate contributions	
<input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		06/28/2021		\$10.00	
Last Name		First		M.I.	
Mazzoni		Wayne			
Residential Street Address		City		State	Zip Code
287 Courtland Ave		Bridgeport		CT	06605-3352
Principal Occupation		Name of Employer			
Coach		Sacred heart			
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?		Amount of Contribution \$20.00	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Is this contribution associated with an event reported in Section L1? <i>If yes, list Event #</i>		Is contributor a principal of a state contractor or prospective state contractor? <i>If yes, indicate which branch or branches of government the contract is with:</i>			
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Executive <input type="checkbox"/> Legislative			
Method of contribution:		Date Received		Aggregate contributions	
<input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		06/29/2021		\$20.00	
Last Name		First		M.I.	
Restaino		Nick			
Residential Street Address		City		State	Zip Code
164 Wolfpit Ave		Norwalk		CT	06851-3434
Principal Occupation		Name of Employer			
Baseball Coach		SACRED HEART UNIVERSITY			
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?		Amount of Contribution \$50.00	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Is this contribution associated with an event reported in Section L1? <i>If yes, list Event #</i>		Is contributor a principal of a state contractor or prospective state contractor? <i>If yes, indicate which branch or branches of government the contract is with:</i>			
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Executive <input type="checkbox"/> Legislative			
Method of contribution:		Date Received		Aggregate contributions	
<input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		06/29/2021		\$50.00	

SUBTOTAL Section B - This Page	\$80.00
TOTAL of Section B Pages	\$302,834.20
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B) <i>(Enter total on Line 13, Column A of Summary Page)</i>	\$303,219.21

I. MONETARY RECEIPTS (Sections A-K)

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)				TYPE OF REPORT	
Bobby Valentine for Stamford				July 10 filing	
A. Total Contributions from Small Contributors - Received this Period ONLY (See instructions for definition of Small Contributor)				Subtotal Section A \$385.01	
B. Itemized Contributions from Individuals					
Last Name		First		M.I.	
Chang		Dominic			
Residential Street Address		City		State	Zip Code
5 Micole Ct		Dix Hills		NY	11746-5851
Principal Occupation		Name of Employer			
Executive		Banyan USA			
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?		Amount of Contribution \$500.00	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Is this contribution associated with an event reported in Section L1? <i>If yes, list Event #</i>		Is contributor a principal of a state contractor or prospective state contractor? <i>If yes, indicate which branch or branches of government the contract is with:</i>			
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Executive <input type="checkbox"/> Legislative			
Method of contribution:		Date Received		Aggregate contributions	
<input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		06/29/2021		\$500.00	
Last Name		First		M.I.	
Clark		John			
Residential Street Address		City		State	Zip Code
73 Whitmarsh St		Providence		RI	02907-1503
Principal Occupation		Name of Employer			
Head Wrestling Coach		Sacred Heart University			
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?		Amount of Contribution \$50.00	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Is this contribution associated with an event reported in Section L1? <i>If yes, list Event #</i>		Is contributor a principal of a state contractor or prospective state contractor? <i>If yes, indicate which branch or branches of government the contract is with:</i>			
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Executive <input type="checkbox"/> Legislative			
Method of contribution:		Date Received		Aggregate contributions	
<input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		06/29/2021		\$50.00	
Last Name		First		M.I.	
nofri		mark			
Residential Street Address		City		State	Zip Code
43 Fawn Meadow Dr		Naugatuck		CT	06770-3577
Principal Occupation		Name of Employer			
Head FB Coach		SHU			
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?		Amount of Contribution \$20.00	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Is this contribution associated with an event reported in Section L1? <i>If yes, list Event #</i>		Is contributor a principal of a state contractor or prospective state contractor? <i>If yes, indicate which branch or branches of government the contract is with:</i>			
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Executive <input type="checkbox"/> Legislative			
Method of contribution:		Date Received		Aggregate contributions	
<input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		06/29/2021		\$20.00	

SUBTOTAL Section B - This Page	\$570.00
TOTAL of Section B Pages	\$302,834.20
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B) <i>(Enter total on Line 13, Column A of Summary Page)</i>	\$303,219.21

I. MONETARY RECEIPTS (Sections A-K)

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)				TYPE OF REPORT	
Bobby Valentine for Stamford				July 10 filing	
A. Total Contributions from Small Contributors - Received this Period ONLY (See instructions for definition of Small Contributor)				Subtotal Section A \$385.01	
B. Itemized Contributions from Individuals					
Last Name		First		M.I.	
Liebertz		James J			
Residential Street Address		City		State	Zip Code
388 Courtland Ave, Apt 1A		Stamford		CT	06906-1847
Principal Occupation		Name of Employer			
Finance		buildOn, Inc.			
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?			Amount of Contribution \$200.00
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Is this contribution associated with an event reported in Section L1? <i>If yes, list Event #</i>		Is contributor a principal of a state contractor or prospective state contractor? <i>If yes, indicate which branch or branches of government the contract is with:</i>			
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Executive <input type="checkbox"/> Legislative			
Method of contribution:		Date Received		Aggregate contributions	
<input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		06/29/2021		\$200.00	
Last Name		First		M.I.	
Recker		Richard H			
Residential Street Address		City		State	Zip Code
128 Ocean Dr W		Stamford		CT	06902-8028
Principal Occupation		Name of Employer			
Retired		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?			Amount of Contribution \$500.00
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Is this contribution associated with an event reported in Section L1? <i>If yes, list Event #</i>		Is contributor a principal of a state contractor or prospective state contractor? <i>If yes, indicate which branch or branches of government the contract is with:</i>			
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Executive <input type="checkbox"/> Legislative			
Method of contribution:		Date Received		Aggregate contributions	
<input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		06/29/2021		\$500.00	
Last Name		First		M.I.	
Volpe		Christina			
Residential Street Address		City		State	Zip Code
113 Grove St, Apt 1		Stamford		CT	06901-1805
Principal Occupation		Name of Employer			
Attorney		Diserio Martin O'Connor & Castiglioni LLP			
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?			Amount of Contribution \$50.00
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Is this contribution associated with an event reported in Section L1? <i>If yes, list Event #</i>		Is contributor a principal of a state contractor or prospective state contractor? <i>If yes, indicate which branch or branches of government the contract is with:</i>			
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Executive <input type="checkbox"/> Legislative			
Method of contribution:		Date Received		Aggregate contributions	
<input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		06/29/2021		\$50.00	

SUBTOTAL Section B - This Page	\$750.00
TOTAL of Section B Pages	\$302,834.20
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B) <i>(Enter total on Line 13, Column A of Summary Page)</i>	\$303,219.21

I. MONETARY RECEIPTS (Sections A-K)

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)				TYPE OF REPORT	
Bobby Valentine for Stamford				July 10 filing	
A. Total Contributions from Small Contributors - Received this Period ONLY (See instructions for definition of Small Contributor)				Subtotal Section A \$385.01	
B. Itemized Contributions from Individuals					
Last Name		First		M.I.	
Fortt		Khairi			
Residential Street Address		City		State	Zip Code
6 Nyselius Pl		Stamford		CT	06905-2523
Principal Occupation		Name of Employer			
Not Employed		Self			
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?		Amount of Contribution \$5.00	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
Is this contribution associated with an event reported in Section L1? <i>If yes, list Event #</i>		Is contributor a principal of a state contractor or prospective state contractor? <i>If yes, indicate which branch or branches of government the contract is with:</i>			
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Executive <input type="checkbox"/> Legislative			
Method of contribution:		Date Received		Aggregate contributions	
<input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		06/29/2021		\$5.00	
Last Name		First		M.I.	
Fortt		Omar			
Residential Street Address		City		State	Zip Code
6 Nyselius Pl		Stamford		CT	06905-2523
Principal Occupation		Name of Employer			
Stident		Student			
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?		Amount of Contribution \$5.00	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Is this contribution associated with an event reported in Section L1? <i>If yes, list Event #</i>		Is contributor a principal of a state contractor or prospective state contractor? <i>If yes, indicate which branch or branches of government the contract is with:</i>			
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Executive <input type="checkbox"/> Legislative			
Method of contribution:		Date Received		Aggregate contributions	
<input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		06/29/2021		\$5.00	
Last Name		First		M.I.	
Fortt		Anisa			
Residential Street Address		City		State	Zip Code
6 Nyselius Pl		Stamford		CT	06905-2523
Principal Occupation		Name of Employer			
Physician assistant		Tabitha B Fortt			
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?		Amount of Contribution \$5.00	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Is this contribution associated with an event reported in Section L1? <i>If yes, list Event #</i>		Is contributor a principal of a state contractor or prospective state contractor? <i>If yes, indicate which branch or branches of government the contract is with:</i>			
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Executive <input type="checkbox"/> Legislative			
Method of contribution:		Date Received		Aggregate contributions	
<input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		06/29/2021		\$5.00	

SUBTOTAL Section B - This Page	\$15.00
TOTAL of Section B Pages	\$302,834.20
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B) <i>(Enter total on Line 13, Column A of Summary Page)</i>	\$303,219.21

I. MONETARY RECEIPTS (Sections A-K)

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)				TYPE OF REPORT	
Bobby Valentine for Stamford				July 10 filing	
A. Total Contributions from Small Contributors - Received this Period ONLY (See instructions for definition of Small Contributor)				Subtotal Section A \$385.01	
B. Itemized Contributions from Individuals					
Last Name		First		M.I.	
Fortt		Tabitha			
Residential Street Address		City		State	Zip Code
6 Nyselius Pl		Stamford		CT	06905-2523
Principal Occupation		Name of Employer			
Self Employed		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?		Amount of Contribution \$5.00	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
Is this contribution associated with an event reported in Section L1? <i>If yes, list Event #</i>		Is contributor a principal of a state contractor or prospective state contractor? <i>If yes, indicate which branch or branches of government the contract is with:</i>			
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Executive <input type="checkbox"/> Legislative			
Method of contribution:		Date Received		Aggregate contributions	
<input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		06/29/2021		\$5.00	
Last Name		First		M.I.	
Robustelli		Chris			
Residential Street Address		City		State	Zip Code
453 South Ave		New Canaan		CT	06840-6320
Principal Occupation		Name of Employer			
Self Employed		Self Employed - Robustelli Resources			
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?		Amount of Contribution \$150.00	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Is this contribution associated with an event reported in Section L1? <i>If yes, list Event #</i>		Is contributor a principal of a state contractor or prospective state contractor? <i>If yes, indicate which branch or branches of government the contract is with:</i>			
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Executive <input type="checkbox"/> Legislative			
Method of contribution:		Date Received		Aggregate contributions	
<input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		06/29/2021		\$150.00	
Last Name		First		M.I.	
Parker		Valentina			
Residential Street Address		City		State	Zip Code
101 Summer St		Stamford		CT	06901-2322
Principal Occupation		Name of Employer			
Restaurant Manager		Tutti Pazzi			
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?		Amount of Contribution \$50.00	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Is this contribution associated with an event reported in Section L1? <i>If yes, list Event #</i>		Is contributor a principal of a state contractor or prospective state contractor? <i>If yes, indicate which branch or branches of government the contract is with:</i>			
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Executive <input type="checkbox"/> Legislative			
Method of contribution:		Date Received		Aggregate contributions	
<input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		06/29/2021		\$50.00	

SUBTOTAL Section B - This Page	\$205.00
TOTAL of Section B Pages	\$302,834.20
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B) <i>(Enter total on Line 13, Column A of Summary Page)</i>	\$303,219.21

I. MONETARY RECEIPTS (Sections A-K)

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)				TYPE OF REPORT	
Bobby Valentine for Stamford				July 10 filing	
A. Total Contributions from Small Contributors - Received this Period ONLY (See instructions for definition of Small Contributor)				Subtotal Section A \$385.01	
B. Itemized Contributions from Individuals					
Last Name		First		M.I.	
Boccuzzi		Sal			
Residential Street Address		City		State	Zip Code
63 Den Rd		Stamford		CT	06902-1114
Principal Occupation		Name of Employer			
Executive		Employed			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		If contribution is in excess of \$400 to a candidate 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? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution \$5.00	
Is this contribution associated with an event reported in Section L1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>If yes, list Event #</i>		Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>If yes, indicate which branch or branches of government the contract is with:</i> <input type="checkbox"/> Executive <input type="checkbox"/> Legislative			
Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		Date Received 06/29/2021	Aggregate contributions \$5.00		
Last Name		First		M.I.	
Milbrun		Widnyka			
Residential Street Address		City		State	Zip Code
111 Towne St		Stamford		CT	06902-5967
Principal Occupation		Name of Employer			
Consultant		Self Employed			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		If contribution is in excess of \$400 to a candidate 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? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution \$20.00	
Is this contribution associated with an event reported in Section L1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>If yes, list Event #</i>		Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>If yes, indicate which branch or branches of government the contract is with:</i> <input type="checkbox"/> Executive <input type="checkbox"/> Legislative			
Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		Date Received 06/29/2021	Aggregate contributions \$20.00		
Last Name		First		M.I.	
Alba		Adriana			
Residential Street Address		City		State	Zip Code
99 James St		Greenwich		CT	06830-6904
Principal Occupation		Name of Employer			
House wife		House wife			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		If contribution is in excess of \$400 to a candidate 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? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution \$5.00	
Is this contribution associated with an event reported in Section L1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>If yes, list Event #</i>		Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>If yes, indicate which branch or branches of government the contract is with:</i> <input type="checkbox"/> Executive <input type="checkbox"/> Legislative			
Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		Date Received 06/29/2021	Aggregate contributions \$5.00		

SUBTOTAL Section B - This Page	\$30.00
TOTAL of Section B Pages	\$302,834.20
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B) <i>(Enter total on Line 13, Column A of Summary Page)</i>	\$303,219.21

I. MONETARY RECEIPTS (Sections A-K)

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)				TYPE OF REPORT	
Bobby Valentine for Stamford				July 10 filing	
A. Total Contributions from Small Contributors - Received this Period ONLY (See instructions for definition of Small Contributor)				Subtotal Section A \$385.01	
B. Itemized Contributions from Individuals					
Last Name		First		M.I.	
Lazo		Alexandra			
Residential Street Address		City		State	Zip Code
144 Wire Mill Rd		Stamford		CT	06903-4411
Principal Occupation		Name of Employer			
N/a		N/a			
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?		Amount of Contribution \$5.00	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Is this contribution associated with an event reported in Section L1? <i>If yes, list Event #</i>		Is contributor a principal of a state contractor or prospective state contractor? <i>If yes, indicate which branch or branches of government the contract is with:</i>			
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Executive <input type="checkbox"/> Legislative			
Method of contribution:		Date Received		Aggregate contributions	
<input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		06/29/2021		\$5.00	
Last Name		First		M.I.	
Lutt		Natan			
Residential Street Address		City		State	Zip Code
8 Lower Rocks Ln		Norwalk		CT	06851-2002
Principal Occupation		Name of Employer			
Analyst		Bloomberg lp			
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?		Amount of Contribution \$5.00	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Is this contribution associated with an event reported in Section L1? <i>If yes, list Event #</i>		Is contributor a principal of a state contractor or prospective state contractor? <i>If yes, indicate which branch or branches of government the contract is with:</i>			
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Executive <input type="checkbox"/> Legislative			
Method of contribution:		Date Received		Aggregate contributions	
<input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		06/29/2021		\$5.00	
Last Name		First		M.I.	
Arnone		Greg			
Residential Street Address		City		State	Zip Code
57 N Meadows Ln		Stamford		CT	06903-5152
Principal Occupation		Name of Employer			
Trader		Point72 Asset Management			
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?		Amount of Contribution \$250.00	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Is this contribution associated with an event reported in Section L1? <i>If yes, list Event #</i>		Is contributor a principal of a state contractor or prospective state contractor? <i>If yes, indicate which branch or branches of government the contract is with:</i>			
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Executive <input type="checkbox"/> Legislative			
Method of contribution:		Date Received		Aggregate contributions	
<input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		06/29/2021		\$250.00	

SUBTOTAL Section B - This Page	\$260.00
TOTAL of Section B Pages	\$302,834.20
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B) <i>(Enter total on Line 13, Column A of Summary Page)</i>	\$303,219.21

I. MONETARY RECEIPTS (Sections A-K)

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)				TYPE OF REPORT	
Bobby Valentine for Stamford				July 10 filing	
A. Total Contributions from Small Contributors - Received this Period ONLY (See instructions for definition of Small Contributor)				Subtotal Section A \$385.01	
B. Itemized Contributions from Individuals					
Last Name Arnone		First Courtney		M.I.	
Residential Street Address 57 N Meadows Ln		City Stamford		State CT	Zip Code 06903-5152
Principal Occupation Unemployed		Name of Employer Unemployed			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		If contribution is in excess of \$400 to a candidate 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? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution \$250.00	
Is this contribution associated with an event reported in Section L1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>If yes, list Event #</i>		Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>If yes, indicate which branch or branches of government the contract is with:</i> <input type="checkbox"/> Executive <input type="checkbox"/> Legislative			
Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		Date Received 06/29/2021	Aggregate contributions \$260.00		
Last Name Arnone		First Courtney		M.I.	
Residential Street Address 57 N Meadows Ln		City Stamford		State CT	Zip Code 06903-5152
Principal Occupation Unemployed		Name of Employer Unemployed			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		If contribution is in excess of \$400 to a candidate 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? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution \$10.00	
Is this contribution associated with an event reported in Section L1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>If yes, list Event #</i>		Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>If yes, indicate which branch or branches of government the contract is with:</i> <input type="checkbox"/> Executive <input type="checkbox"/> Legislative			
Method of contribution: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		Date Received 06/26/2021	Aggregate contributions \$260.00		
Last Name Rittereiser		First Cathleen		M.I.	
Residential Street Address 1 Harbor Point Rd, Apt 501		City Stamford		State CT	Zip Code 06902-7354
Principal Occupation Marketing		Name of Employer Uncorrelated, LLC			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		If contribution is in excess of \$400 to a candidate 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? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution \$250.00	
Is this contribution associated with an event reported in Section L1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>If yes, list Event #</i>		Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>If yes, indicate which branch or branches of government the contract is with:</i> <input type="checkbox"/> Executive <input type="checkbox"/> Legislative			
Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		Date Received 06/29/2021	Aggregate contributions \$250.00		

SUBTOTAL Section B - This Page	\$510.00
TOTAL of Section B Pages	\$302,834.20
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B) <i>(Enter total on Line 13, Column A of Summary Page)</i>	\$303,219.21

I. MONETARY RECEIPTS (Sections A-K)

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)				TYPE OF REPORT	
Bobby Valentine for Stamford				July 10 filing	
A. Total Contributions from Small Contributors - Received this Period ONLY (See instructions for definition of Small Contributor)				Subtotal Section A \$385.01	
B. Itemized Contributions from Individuals					
Last Name Conroy		First Jill		M.I.	
Residential Street Address 89 Chester Ave		City Brooklyn		State NY	Zip Code 11218-2001
Principal Occupation Coach		Name of Employer Stevens Institute of Technology			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		If contribution is in excess of \$400 to a candidate 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? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution \$10.00	
Is this contribution associated with an event reported in Section L1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>If yes, list Event #</i>		Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>If yes, indicate which branch or branches of government the contract is with:</i> <input type="checkbox"/> Executive <input type="checkbox"/> Legislative			
Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		Date Received 06/29/2021	Aggregate contributions \$10.00		
Last Name LaGattuta		First Daniel		M.I.	
Residential Street Address 78 Brooks Rd		City New Canaan		State CT	Zip Code 06840-6250
Principal Occupation Owner		Name of Employer ERI			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		If contribution is in excess of \$400 to a candidate 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? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution \$50.00	
Is this contribution associated with an event reported in Section L1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>If yes, list Event #</i>		Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>If yes, indicate which branch or branches of government the contract is with:</i> <input type="checkbox"/> Executive <input type="checkbox"/> Legislative			
Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		Date Received 06/29/2021	Aggregate contributions \$50.00		
Last Name Towey		First Michael		M.I.	
Residential Street Address 15 Pennoyer St		City Norwalk		State CT	Zip Code 06853-1223
Principal Occupation Finance		Name of Employer Point27			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		If contribution is in excess of \$400 to a candidate 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? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution \$100.00	
Is this contribution associated with an event reported in Section L1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>If yes, list Event #</i>		Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>If yes, indicate which branch or branches of government the contract is with:</i> <input type="checkbox"/> Executive <input type="checkbox"/> Legislative			
Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		Date Received 06/29/2021	Aggregate contributions \$100.00		

SUBTOTAL Section B - This Page	\$160.00
TOTAL of Section B Pages	\$302,834.20
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B) <i>(Enter total on Line 13, Column A of Summary Page)</i>	\$303,219.21

I. MONETARY RECEIPTS (Sections A-K)

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)				TYPE OF REPORT	
Bobby Valentine for Stamford				July 10 filing	
A. Total Contributions from Small Contributors - Received this Period ONLY (See instructions for definition of Small Contributor)				Subtotal Section A \$385.01	
B. Itemized Contributions from Individuals					
Last Name		First		M.I.	
Roleder		Kimberlee			
Residential Street Address		City		State	Zip Code
7 Acadia Ln		Shelton		CT	06484-4460
Principal Occupation		Name of Employer			
Coach		Sacred Heart University			
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?		Amount of Contribution	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Is this contribution associated with an event reported in Section L1?		Is contributor a principal of a state contractor or prospective state contractor?		\$100.00	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>If yes, list Event #</i>		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>If yes, indicate which branch or branches of government the contract is with:</i> <input type="checkbox"/> Executive <input type="checkbox"/> Legislative			
Method of contribution:		Date Received		Aggregate contributions	
<input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		06/29/2021		\$100.00	
Last Name		First		M.I.	
Imbrogno		Enrico			
Residential Street Address		City		State	Zip Code
170 Selleck St		Stamford		CT	06902-6640
Principal Occupation		Name of Employer			
Manager		Rikos Pizza			
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?		Amount of Contribution	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Is this contribution associated with an event reported in Section L1?		Is contributor a principal of a state contractor or prospective state contractor?		\$1,000.00	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>If yes, list Event #</i>		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>If yes, indicate which branch or branches of government the contract is with:</i> <input type="checkbox"/> Executive <input type="checkbox"/> Legislative			
Method of contribution:		Date Received		Aggregate contributions	
<input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		06/29/2021		\$1,000.00	
Last Name		First		M.I.	
Cardillo		Luigi			
Residential Street Address		City		State	Zip Code
128 Crestwood Dr		Stamford		CT	06905-2707
Principal Occupation		Name of Employer			
Manager		Rikos Franchise Corp			
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?		Amount of Contribution	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Is this contribution associated with an event reported in Section L1?		Is contributor a principal of a state contractor or prospective state contractor?		\$50.00	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>If yes, list Event #</i>		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>If yes, indicate which branch or branches of government the contract is with:</i> <input type="checkbox"/> Executive <input type="checkbox"/> Legislative			
Method of contribution:		Date Received		Aggregate contributions	
<input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		06/29/2021		\$50.00	

SUBTOTAL Section B - This Page	\$1,150.00
TOTAL of Section B Pages	\$302,834.20
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B) <i>(Enter total on Line 13, Column A of Summary Page)</i>	\$303,219.21

I. MONETARY RECEIPTS (Sections A-K)

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)				TYPE OF REPORT	
Bobby Valentine for Stamford				July 10 filing	
A. Total Contributions from Small Contributors - Received this Period ONLY (See instructions for definition of Small Contributor)				Subtotal Section A \$385.01	
B. Itemized Contributions from Individuals					
Last Name Imbrogno		First Dawn		M.I.	
Residential Street Address 15 Locust Ln		City Stamford		State CT	Zip Code 06905-3950
Principal Occupation Manager		Name of Employer Riko's Holdings			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		If contribution is in excess of \$400 to a candidate 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? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution \$1,000.00	
Is this contribution associated with an event reported in Section L1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>If yes, list Event #</i>		Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>If yes, indicate which branch or branches of government the contract is with:</i> <input type="checkbox"/> Executive <input type="checkbox"/> Legislative			
Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		Date Received 06/29/2021	Aggregate contributions \$1,000.00		
Last Name Pia		First Charles		M.I.	
Residential Street Address 20 Windell Pl		City Stamford		State CT	Zip Code 06906-2124
Principal Occupation Carpenter/ Property Management		Name of Employer Self			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		If contribution is in excess of \$400 to a candidate 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? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution \$100.00	
Is this contribution associated with an event reported in Section L1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>If yes, list Event #</i>		Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>If yes, indicate which branch or branches of government the contract is with:</i> <input type="checkbox"/> Executive <input type="checkbox"/> Legislative			
Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		Date Received 06/29/2021	Aggregate contributions \$100.00		
Last Name Sullivan		First Katherine		M.I.	
Residential Street Address 24 Lords Hwy		City Weston		State CT	Zip Code 06883-1619
Principal Occupation Homemaker		Name of Employer Self			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		If contribution is in excess of \$400 to a candidate 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? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution \$1,000.00	
Is this contribution associated with an event reported in Section L1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>If yes, list Event #</i>		Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>If yes, indicate which branch or branches of government the contract is with:</i> <input type="checkbox"/> Executive <input type="checkbox"/> Legislative			
Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		Date Received 06/29/2021	Aggregate contributions \$1,000.00		

SUBTOTAL Section B - This Page	\$2,100.00
TOTAL of Section B Pages	\$302,834.20
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B) <i>(Enter total on Line 13, Column A of Summary Page)</i>	\$303,219.21

I. MONETARY RECEIPTS (Sections A-K)

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)				TYPE OF REPORT	
Bobby Valentine for Stamford				July 10 filing	
A. Total Contributions from Small Contributors - Received this Period ONLY (See instructions for definition of Small Contributor)				Subtotal Section A \$385.01	
B. Itemized Contributions from Individuals					
Last Name Jemiolo		First Mike		M.I.	
Residential Street Address 212 Dolphin Cove Quay		City Stamford		State CT	Zip Code 06902-7752
Principal Occupation Executive		Name of Employer Point72 Asset Management			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		If contribution is in excess of \$400 to a candidate 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? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution \$500.00	
Is this contribution associated with an event reported in Section L1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>If yes, list Event #</i>		Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>If yes, indicate which branch or branches of government the contract is with:</i> <input type="checkbox"/> Executive <input type="checkbox"/> Legislative			
Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		Date Received 06/29/2021	Aggregate contributions \$500.00		
Last Name Alba		First Cesar		M.I.	
Residential Street Address 99 James St		City Greenwich		State CT	Zip Code 06830-6904
Principal Occupation Sef employment		Name of Employer GA Remodeling LLC			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		If contribution is in excess of \$400 to a candidate 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? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution \$20.00	
Is this contribution associated with an event reported in Section L1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>If yes, list Event #</i>		Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>If yes, indicate which branch or branches of government the contract is with:</i> <input type="checkbox"/> Executive <input type="checkbox"/> Legislative			
Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		Date Received 06/29/2021	Aggregate contributions \$20.00		
Last Name Masotti		First Robert		M.I. P	
Residential Street Address 1100 Summer St		City Stamford		State CT	Zip Code 06905-5515
Principal Occupation Accounting		Name of Employer Masotti & Masotti			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		If contribution is in excess of \$400 to a candidate 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? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution \$1,000.00	
Is this contribution associated with an event reported in Section L1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>If yes, list Event #</i>		Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>If yes, indicate which branch or branches of government the contract is with:</i> <input type="checkbox"/> Executive <input type="checkbox"/> Legislative			
Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		Date Received 06/29/2021	Aggregate contributions \$1,000.00		

SUBTOTAL Section B - This Page	\$1,520.00
TOTAL of Section B Pages	\$302,834.20
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B) <i>(Enter total on Line 13, Column A of Summary Page)</i>	\$303,219.21

I. MONETARY RECEIPTS (Sections A-K)

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)				TYPE OF REPORT	
Bobby Valentine for Stamford				July 10 filing	
A. Total Contributions from Small Contributors - Received this Period ONLY (See instructions for definition of Small Contributor)				Subtotal Section A \$385.01	
B. Itemized Contributions from Individuals					
Last Name		First		M.I.	
Masotti		Carol		J	
Residential Street Address		City		State	Zip Code
1100 Summer St		Stamford		CT	06905-5515
Principal Occupation		Name of Employer			
n/a		n/a			
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?		Amount of Contribution \$1,000.00	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Is this contribution associated with an event reported in Section L1?		Is contributor a principal of a state contractor or prospective state contractor?			
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>If yes, list Event #</i>		<i>If yes, indicate which branch or branches of government the contract is with:</i> <input type="checkbox"/> Executive <input type="checkbox"/> Legislative <input checked="" type="checkbox"/> No			
Method of contribution:		Date Received		Aggregate contributions	
<input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		06/29/2021		\$1,000.00	
Last Name		First		M.I.	
Masotti		Laura			
Residential Street Address		City		State	Zip Code
1100 Summer St		Stamford		CT	06905-5515
Principal Occupation		Name of Employer			
Accountant		Masotti & Masotti			
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?		Amount of Contribution \$100.00	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Is this contribution associated with an event reported in Section L1?		Is contributor a principal of a state contractor or prospective state contractor?			
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>If yes, list Event #</i>		<i>If yes, indicate which branch or branches of government the contract is with:</i> <input type="checkbox"/> Executive <input type="checkbox"/> Legislative <input checked="" type="checkbox"/> No			
Method of contribution:		Date Received		Aggregate contributions	
<input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		06/29/2021		\$100.00	
Last Name		First		M.I.	
McEntire		James			
Residential Street Address		City		State	Zip Code
26 Taconic Rd		Greenwich		CT	06830-3428
Principal Occupation		Name of Employer			
Executive		Point72 Asset Management			
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?		Amount of Contribution \$1,000.00	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Is this contribution associated with an event reported in Section L1?		Is contributor a principal of a state contractor or prospective state contractor?			
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>If yes, list Event #</i>		<i>If yes, indicate which branch or branches of government the contract is with:</i> <input type="checkbox"/> Executive <input type="checkbox"/> Legislative <input checked="" type="checkbox"/> No			
Method of contribution:		Date Received		Aggregate contributions	
<input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		06/29/2021		\$1,000.00	

SUBTOTAL Section B - This Page	\$2,100.00
TOTAL of Section B Pages	\$302,834.20
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B) <i>(Enter total on Line 13, Column A of Summary Page)</i>	\$303,219.21

I. MONETARY RECEIPTS (Sections A-K)

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)				TYPE OF REPORT	
Bobby Valentine for Stamford				July 10 filing	
A. Total Contributions from Small Contributors - Received this Period ONLY (See instructions for definition of Small Contributor)				Subtotal Section A \$385.01	
B. Itemized Contributions from Individuals					
Last Name		First		M.I.	
Lane		Brendan			
Residential Street Address		City		State	Zip Code
131 Purchase St, Apt C23		Rye		NY	10580-2151
Principal Occupation		Name of Employer			
Attorney		IBG LLC			
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?		Amount of Contribution	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Is this contribution associated with an event reported in Section L1?		Is contributor a principal of a state contractor or prospective state contractor?		\$50.00	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>If yes, list Event #</i>		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>If yes, indicate which branch or branches of government the contract is with:</i> <input type="checkbox"/> Executive <input type="checkbox"/> Legislative			
Method of contribution:		Date Received		Aggregate contributions	
<input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		06/29/2021		\$50.00	
Last Name		First		M.I.	
Marsh		Kathy L			
Residential Street Address		City		State	Zip Code
18 Coolidge Ave		Stamford		CT	06906-1905
Principal Occupation		Name of Employer			
Retired		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?		Amount of Contribution	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Is this contribution associated with an event reported in Section L1?		Is contributor a principal of a state contractor or prospective state contractor?		\$20.00	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>If yes, list Event #</i>		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>If yes, indicate which branch or branches of government the contract is with:</i> <input type="checkbox"/> Executive <input type="checkbox"/> Legislative			
Method of contribution:		Date Received		Aggregate contributions	
<input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		06/29/2021		\$20.00	
Last Name		First		M.I.	
Molgano		Louis M			
Residential Street Address		City		State	Zip Code
10 Hazelwood Ln		Stamford		CT	06905-2725
Principal Occupation		Name of Employer			
Retired		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?		Amount of Contribution	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Is this contribution associated with an event reported in Section L1?		Is contributor a principal of a state contractor or prospective state contractor?		\$50.00	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>If yes, list Event #</i>		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>If yes, indicate which branch or branches of government the contract is with:</i> <input type="checkbox"/> Executive <input type="checkbox"/> Legislative			
Method of contribution:		Date Received		Aggregate contributions	
<input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		06/29/2021		\$50.00	

SUBTOTAL Section B - This Page	\$120.00
TOTAL of Section B Pages	\$302,834.20
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B) <i>(Enter total on Line 13, Column A of Summary Page)</i>	\$303,219.21

I. MONETARY RECEIPTS (Sections A-K)

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)				TYPE OF REPORT	
Bobby Valentine for Stamford				July 10 filing	
A. Total Contributions from Small Contributors - Received this Period ONLY (See instructions for definition of Small Contributor)				Subtotal Section A \$385.01	
B. Itemized Contributions from Individuals					
Last Name Norton		First Kimberly		M.I.	
Residential Street Address 17 Green Ave		City New Canaan		State CT	Zip Code 06840-5833
Principal Occupation Homemaker		Name of Employer Not Employed			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		If contribution is in excess of \$400 to a candidate 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? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution \$100.00	
Is this contribution associated with an event reported in Section L1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>If yes, list Event #</i>		Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>If yes, indicate which branch or branches of government the contract is with:</i> <input type="checkbox"/> Executive <input type="checkbox"/> Legislative			
Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		Date Received 06/29/2021	Aggregate contributions \$100.00		
Last Name Brewer		First Margaret		M.I.	
Residential Street Address 3 Crescent Beach Rd		City Norwalk		State CT	Zip Code 06853-1722
Principal Occupation Homemaker		Name of Employer Na			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		If contribution is in excess of \$400 to a candidate 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? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution \$1,000.00	
Is this contribution associated with an event reported in Section L1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>If yes, list Event #</i>		Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>If yes, indicate which branch or branches of government the contract is with:</i> <input type="checkbox"/> Executive <input type="checkbox"/> Legislative			
Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		Date Received 06/29/2021	Aggregate contributions \$1,000.00		
Last Name Goldberg		First Ken		M.I.	
Residential Street Address 25 Highline Trl S		City Stamford		State CT	Zip Code 06902-1028
Principal Occupation Attorney		Name of Employer Global Jet Capital			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		If contribution is in excess of \$400 to a candidate 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? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution \$250.00	
Is this contribution associated with an event reported in Section L1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>If yes, list Event #</i>		Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>If yes, indicate which branch or branches of government the contract is with:</i> <input type="checkbox"/> Executive <input type="checkbox"/> Legislative			
Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		Date Received 06/29/2021	Aggregate contributions \$250.00		

SUBTOTAL Section B - This Page	\$1,350.00
TOTAL of Section B Pages	\$302,834.20
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B) <i>(Enter total on Line 13, Column A of Summary Page)</i>	\$303,219.21

I. MONETARY RECEIPTS (Sections A-K)

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)				TYPE OF REPORT	
Bobby Valentine for Stamford				July 10 filing	
A. Total Contributions from Small Contributors - Received this Period ONLY (See instructions for definition of Small Contributor)				Subtotal Section A \$385.01	
B. Itemized Contributions from Individuals					
Last Name		First		M.I.	
Skakel		George			
Residential Street Address		City		State	Zip Code
265 Westover Rd		Stamford		CT	06902-1921
Principal Occupation		Name of Employer			
Investor		Private			
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?		Amount of Contribution \$1,000.00	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Is this contribution associated with an event reported in Section L1?		Is contributor a principal of a state contractor or prospective state contractor?		Amount of Contribution \$1,000.00	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>If yes, list Event #</i>		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>If yes, indicate which branch or branches of government the contract is with:</i> <input type="checkbox"/> Executive <input type="checkbox"/> Legislative			
Method of contribution:		Date Received		Aggregate contributions	
<input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		06/29/2021		\$1,000.00	
Last Name		First		M.I.	
Miller Skakel		Dr Alisa			
Residential Street Address		City		State	Zip Code
265 Westover Rd		Stamford		CT	06902-1921
Principal Occupation		Name of Employer			
Doctor		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?		Amount of Contribution \$1,000.00	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Is this contribution associated with an event reported in Section L1?		Is contributor a principal of a state contractor or prospective state contractor?		Amount of Contribution \$1,000.00	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>If yes, list Event #</i>		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>If yes, indicate which branch or branches of government the contract is with:</i> <input type="checkbox"/> Executive <input type="checkbox"/> Legislative			
Method of contribution:		Date Received		Aggregate contributions	
<input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		06/29/2021		\$1,000.00	
Last Name		First		M.I.	
Finkelstein		Michael			
Residential Street Address		City		State	Zip Code
373 Stamford Ave		Stamford		CT	06902-8204
Principal Occupation		Name of Employer			
Retired		Na			
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?		Amount of Contribution \$1,000.00	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Is this contribution associated with an event reported in Section L1?		Is contributor a principal of a state contractor or prospective state contractor?		Amount of Contribution \$1,000.00	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>If yes, list Event #</i>		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>If yes, indicate which branch or branches of government the contract is with:</i> <input type="checkbox"/> Executive <input type="checkbox"/> Legislative			
Method of contribution:		Date Received		Aggregate contributions	
<input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		06/29/2021		\$1,000.00	

SUBTOTAL Section B - This Page	\$3,000.00
TOTAL of Section B Pages	\$302,834.20
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B) <i>(Enter total on Line 13, Column A of Summary Page)</i>	\$303,219.21

I. MONETARY RECEIPTS (Sections A-K)

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)				TYPE OF REPORT	
Bobby Valentine for Stamford				July 10 filing	
A. Total Contributions from Small Contributors - Received this Period ONLY (See instructions for definition of Small Contributor)				Subtotal Section A \$385.01	
B. Itemized Contributions from Individuals					
Last Name		First		M.I.	
Finkelstein		Sue-ann			
Residential Street Address		City		State	Zip Code
373 Stamford Ave		Stamford		CT	06902-8204
Principal Occupation		Name of Employer			
Retired		Na			
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?		Amount of Contribution	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Is this contribution associated with an event reported in Section L1?		Is contributor a principal of a state contractor or prospective state contractor?		\$1,000.00	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>If yes, list Event #</i>		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>If yes, indicate which branch or branches of government the contract is with:</i> <input type="checkbox"/> Executive <input type="checkbox"/> Legislative			
Method of contribution:		Date Received		Aggregate contributions	
<input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		06/29/2021		\$1,000.00	
Last Name		First		M.I.	
Salomon		Robert			
Residential Street Address		City		State	Zip Code
130 Cummings Point Rd		Stamford		CT	06902-7913
Principal Occupation		Name of Employer			
Teacher		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?		Amount of Contribution	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Is this contribution associated with an event reported in Section L1?		Is contributor a principal of a state contractor or prospective state contractor?		\$1,000.00	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>If yes, list Event #</i>		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>If yes, indicate which branch or branches of government the contract is with:</i> <input type="checkbox"/> Executive <input type="checkbox"/> Legislative			
Method of contribution:		Date Received		Aggregate contributions	
<input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		06/29/2021		\$1,000.00	
Last Name		First		M.I.	
Machan		Robert			
Residential Street Address		City		State	Zip Code
47 Highfield Dr		Monroe		CT	06468-3305
Principal Occupation		Name of Employer			
Teacher		Sacred Heart University			
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?		Amount of Contribution	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Is this contribution associated with an event reported in Section L1?		Is contributor a principal of a state contractor or prospective state contractor?		\$500.00	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>If yes, list Event #</i>		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>If yes, indicate which branch or branches of government the contract is with:</i> <input type="checkbox"/> Executive <input type="checkbox"/> Legislative			
Method of contribution:		Date Received		Aggregate contributions	
<input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		06/29/2021		\$500.00	

SUBTOTAL Section B - This Page	\$2,500.00
TOTAL of Section B Pages	\$302,834.20
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B) <i>(Enter total on Line 13, Column A of Summary Page)</i>	\$303,219.21

I. MONETARY RECEIPTS (Sections A-K)

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)				TYPE OF REPORT	
Bobby Valentine for Stamford				July 10 filing	
A. Total Contributions from Small Contributors - Received this Period ONLY (See instructions for definition of Small Contributor)				Subtotal Section A \$385.01	
B. Itemized Contributions from Individuals					
Last Name		First		M.I.	
Anastos		Evelyn			
Residential Street Address		City		State	Zip Code
88 Verplank Ave		Stamford		CT	06902-8237
Principal Occupation		Name of Employer			
n/a		N/a			
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?		Amount of Contribution	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Is this contribution associated with an event reported in Section L1?		Is contributor a principal of a state contractor or prospective state contractor?		\$1,000.00	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>If yes, list Event #</i>		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>If yes, indicate which branch or branches of government the contract is with:</i> <input type="checkbox"/> Executive <input type="checkbox"/> Legislative			
Method of contribution:		Date Received	Aggregate contributions		
<input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		06/29/2021	\$1,000.00		
Last Name		First		M.I.	
Anastos		Erin			
Residential Street Address		City		State	Zip Code
88 Verplank Ave		Stamford		CT	06902-8237
Principal Occupation		Name of Employer			
Student		Student			
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?		Amount of Contribution	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Is this contribution associated with an event reported in Section L1?		Is contributor a principal of a state contractor or prospective state contractor?		\$1,000.00	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>If yes, list Event #</i>		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>If yes, indicate which branch or branches of government the contract is with:</i> <input type="checkbox"/> Executive <input type="checkbox"/> Legislative			
Method of contribution:		Date Received	Aggregate contributions		
<input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		06/29/2021	\$1,000.00		
Last Name		First		M.I.	
Claps		Joeeph			
Residential Street Address		City		State	Zip Code
52 Ethan Allen Ln		Stamford		CT	06903-4027
Principal Occupation		Name of Employer			
Administrator		Stamford Public Schools			
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?		Amount of Contribution	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Is this contribution associated with an event reported in Section L1?		Is contributor a principal of a state contractor or prospective state contractor?		\$10.00	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>If yes, list Event #</i>		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>If yes, indicate which branch or branches of government the contract is with:</i> <input type="checkbox"/> Executive <input type="checkbox"/> Legislative			
Method of contribution:		Date Received	Aggregate contributions		
<input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		06/29/2021	\$10.00		

SUBTOTAL Section B - This Page	\$2,010.00
TOTAL of Section B Pages	\$302,834.20
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B) <i>(Enter total on Line 13, Column A of Summary Page)</i>	\$303,219.21

I. MONETARY RECEIPTS (Sections A-K)

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)				TYPE OF REPORT	
Bobby Valentine for Stamford				July 10 filing	
A. Total Contributions from Small Contributors - Received this Period ONLY (See instructions for definition of Small Contributor)				Subtotal Section A \$385.01	
B. Itemized Contributions from Individuals					
Last Name schwartz		First Kenneth		M.I.	
Residential Street Address 125 Ocean Dr W		City Stamford		State CT	Zip Code 06902-8004
Principal Occupation Retired		Name of Employer Retired			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		If contribution is in excess of \$400 to a candidate 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? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution \$50.00	
Is this contribution associated with an event reported in Section L1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>If yes, list Event #</i>		Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>If yes, indicate which branch or branches of government the contract is with:</i> <input type="checkbox"/> Executive <input type="checkbox"/> Legislative			
Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		Date Received 06/29/2021	Aggregate contributions \$50.00		
Last Name Moretti		First Nicole		M.I.	
Residential Street Address 27 Northhill St, Apt 2A		City Stamford		State CT	Zip Code 06907-2015
Principal Occupation Lead Admin Asst		Name of Employer Stamford Health / HSS			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		If contribution is in excess of \$400 to a candidate 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? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution \$30.00	
Is this contribution associated with an event reported in Section L1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>If yes, list Event #</i>		Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>If yes, indicate which branch or branches of government the contract is with:</i> <input type="checkbox"/> Executive <input type="checkbox"/> Legislative			
Method of contribution: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		Date Received 06/26/2021	Aggregate contributions \$30.00		
Last Name Healy		First Christopher		M.I.	
Residential Street Address 27 Dorchester Rd		City Wethersfield		State CT	Zip Code 06109-2320
Principal Occupation Executive Director		Name of Employer CT Catholic Conference			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		If contribution is in excess of \$400 to a candidate 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? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution \$250.00	
Is this contribution associated with an event reported in Section L1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>If yes, list Event #</i>		Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>If yes, indicate which branch or branches of government the contract is with:</i> <input type="checkbox"/> Executive <input type="checkbox"/> Legislative			
Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		Date Received 06/29/2021	Aggregate contributions \$350.00		

SUBTOTAL Section B - This Page	\$330.00
TOTAL of Section B Pages	\$302,834.20
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B) <i>(Enter total on Line 13, Column A of Summary Page)</i>	\$303,219.21

I. MONETARY RECEIPTS (Sections A-K)

NAME OF COMMITTEE <i>(Provide Complete Name as Registered with Filing Repository)</i>				TYPE OF REPORT	
Bobby Valentine for Stamford				July 10 filing	
A. Total Contributions from Small Contributors - Received this Period ONLY <i>(See instructions for definition of Small Contributor)</i>				Subtotal Section A \$385.01	
B. Itemized Contributions from Individuals					
Last Name Healy		First Christopher		M.I.	
Residential Street Address 27 Dorchester Rd		City Wethersfield		State CT	Zip Code 06109-2320
Principal Occupation Executive Director		Name of Employer CT Catholic Conference			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		If contribution is in excess of \$400 to a candidate 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? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution \$100.00	
Is this contribution associated with an event reported in Section L1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>If yes, list Event #</i>		Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>If yes, indicate which branch or branches of government the contract is with:</i> <input type="checkbox"/> Executive <input type="checkbox"/> Legislative			
Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		Date Received 06/30/2021	Aggregate contributions \$350.00		
Last Name Gunn		First Cassie		M.I.	
Residential Street Address 2289 Bedford St		City Stamford		State CT	Zip Code 06905-3918
Principal Occupation Designer		Name of Employer Pitney Bowes			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		If contribution is in excess of \$400 to a candidate 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? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution \$60.00	
Is this contribution associated with an event reported in Section L1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>If yes, list Event #</i>		Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>If yes, indicate which branch or branches of government the contract is with:</i> <input type="checkbox"/> Executive <input type="checkbox"/> Legislative			
Method of contribution: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		Date Received 06/26/2021	Aggregate contributions \$60.00		
Last Name Herzog		First Lenore		M.I.	
Residential Street Address 491 Haviland Rd		City Stamford		State CT	Zip Code 06903-3337
Principal Occupation Retired		Name of Employer Retired			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		If contribution is in excess of \$400 to a candidate 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? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution \$150.00	
Is this contribution associated with an event reported in Section L1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>If yes, list Event #</i>		Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>If yes, indicate which branch or branches of government the contract is with:</i> <input type="checkbox"/> Executive <input type="checkbox"/> Legislative			
Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		Date Received 06/30/2021	Aggregate contributions \$150.00		

SUBTOTAL Section B - This Page	\$310.00
TOTAL of Section B Pages	\$302,834.20
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B) <i>(Enter total on Line 13, Column A of Summary Page)</i>	\$303,219.21

I. MONETARY RECEIPTS (Sections A-K)

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)				TYPE OF REPORT	
Bobby Valentine for Stamford				July 10 filing	
A. Total Contributions from Small Contributors - Received this Period ONLY (See instructions for definition of Small Contributor)				Subtotal Section A \$385.01	
B. Itemized Contributions from Individuals					
Last Name		First		M.I.	
Kuczynski		Megan			
Residential Street Address		City		State	Zip Code
150 Van Rensselaer Avenue 150 Van Rensselaer A		Stamford		CT	06902
Principal Occupation		Name of Employer			
Media Executive		Clarion Events			
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?		Amount of Contribution \$250.00	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Is this contribution associated with an event reported in Section L1? <i>If yes, list Event #</i>		Is contributor a principal of a state contractor or prospective state contractor? <i>If yes, indicate which branch or branches of government the contract is with:</i>			
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Executive <input type="checkbox"/> Legislative			
Method of contribution:		Date Received		Aggregate contributions	
<input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		06/30/2021		\$250.00	
Last Name		First		M.I.	
Carroll		Judith			
Residential Street Address		City		State	Zip Code
45 Rockledge Dr		Stamford		CT	06902-8121
Principal Occupation		Name of Employer			
Owner		All County Pest Control			
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?		Amount of Contribution \$100.00	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Is this contribution associated with an event reported in Section L1? <i>If yes, list Event #</i>		Is contributor a principal of a state contractor or prospective state contractor? <i>If yes, indicate which branch or branches of government the contract is with:</i>			
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Executive <input type="checkbox"/> Legislative			
Method of contribution:		Date Received		Aggregate contributions	
<input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		06/29/2021		\$100.00	
Last Name		First		M.I.	
Hahn		Mark			
Residential Street Address		City		State	Zip Code
475 Silvermine Rd		New Canaan		CT	06840-4320
Principal Occupation		Name of Employer			
Controller		Legal Business Services, LLC			
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?		Amount of Contribution \$10.00	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Is this contribution associated with an event reported in Section L1? <i>If yes, list Event #</i>		Is contributor a principal of a state contractor or prospective state contractor? <i>If yes, indicate which branch or branches of government the contract is with:</i>			
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Executive <input type="checkbox"/> Legislative			
Method of contribution:		Date Received		Aggregate contributions	
<input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		06/30/2021		\$10.00	

SUBTOTAL Section B - This Page	\$360.00
TOTAL of Section B Pages	\$302,834.20
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B) <i>(Enter total on Line 13, Column A of Summary Page)</i>	\$303,219.21

I. MONETARY RECEIPTS (Sections A-K)

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)				TYPE OF REPORT	
Bobby Valentine for Stamford				July 10 filing	
A. Total Contributions from Small Contributors - Received this Period ONLY (See instructions for definition of Small Contributor)				Subtotal Section A \$385.01	
B. Itemized Contributions from Individuals					
Last Name Carroll		First Guy		M.I. F	
Residential Street Address 45 Rockledge Dr		City Stamford		State CT	Zip Code 06902-8121
Principal Occupation Owner		Name of Employer All County Pest Control			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		If contribution is in excess of \$400 to a candidate 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? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution \$100.00	
Is this contribution associated with an event reported in Section L1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>If yes, list Event #</i>		Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>If yes, indicate which branch or branches of government the contract is with:</i> <input type="checkbox"/> Executive <input type="checkbox"/> Legislative			
Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		Date Received 06/29/2021	Aggregate contributions \$100.00		
Last Name Hewsenian		First Rosalin		M.I. M	
Residential Street Address 320 Stamford Ave		City Stamford		State CT	Zip Code 06902-8234
Principal Occupation Executive		Name of Employer Helmsley Charitable Trust			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		If contribution is in excess of \$400 to a candidate 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? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution \$1,000.00	
Is this contribution associated with an event reported in Section L1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>If yes, list Event #</i>		Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>If yes, indicate which branch or branches of government the contract is with:</i> <input type="checkbox"/> Executive <input type="checkbox"/> Legislative			
Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		Date Received 06/29/2021	Aggregate contributions \$1,000.00		
Last Name Kolenberg		First Steven		M.I.	
Residential Street Address 97 Harvest Hill Ln		City Stamford		State CT	Zip Code 06905-2816
Principal Occupation Consultant		Name of Employer Self Employed			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		If contribution is in excess of \$400 to a candidate 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? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution \$100.00	
Is this contribution associated with an event reported in Section L1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>If yes, list Event #</i>		Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>If yes, indicate which branch or branches of government the contract is with:</i> <input type="checkbox"/> Executive <input type="checkbox"/> Legislative			
Method of contribution: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		Date Received 06/29/2021	Aggregate contributions \$100.00		

SUBTOTAL Section B - This Page	\$1,200.00
TOTAL of Section B Pages	\$302,834.20
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B) <i>(Enter total on Line 13, Column A of Summary Page)</i>	\$303,219.21

I. MONETARY RECEIPTS (Sections A-K)

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)				TYPE OF REPORT	
Bobby Valentine for Stamford				July 10 filing	
A. Total Contributions from Small Contributors - Received this Period ONLY (See instructions for definition of Small Contributor)				Subtotal Section A \$385.01	
B. Itemized Contributions from Individuals					
Last Name		First		M.I.	
Lione		Susan			
Residential Street Address		City		State	Zip Code
33 Canaan Close		New Canaan		CT	06840-4920
Principal Occupation		Name of Employer			
Administrator		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?		Amount of Contribution	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		\$50.00	
Is this contribution associated with an event reported in Section L1? <i>If yes, list Event #</i>		Is contributor a principal of a state contractor or prospective state contractor? <i>If yes, indicate which branch or branches of government the contract is with:</i>			
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Executive <input type="checkbox"/> Legislative			
Method of contribution:		Date Received	Aggregate contributions		
<input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		06/30/2021	\$50.00		
Last Name		First		M.I.	
Giuliano		Jacqueline			
Residential Street Address		City		State	Zip Code
11 Ridgewood Ave		Stamford		CT	06907-2617
Principal Occupation		Name of Employer			
teacher		Stamford Public Schools			
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?		Amount of Contribution	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		\$20.00	
Is this contribution associated with an event reported in Section L1? <i>If yes, list Event #</i>		Is contributor a principal of a state contractor or prospective state contractor? <i>If yes, indicate which branch or branches of government the contract is with:</i>			
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Executive <input type="checkbox"/> Legislative			
Method of contribution:		Date Received	Aggregate contributions		
<input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		06/30/2021	\$20.00		
Last Name		First		M.I.	
Loeb		Teri			
Residential Street Address		City		State	Zip Code
6 Indian Hill Rd		Stamford		CT	06902-2024
Principal Occupation		Name of Employer			
Attorney		Not 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?		Amount of Contribution	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		\$200.00	
Is this contribution associated with an event reported in Section L1? <i>If yes, list Event #</i>		Is contributor a principal of a state contractor or prospective state contractor? <i>If yes, indicate which branch or branches of government the contract is with:</i>			
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Executive <input type="checkbox"/> Legislative			
Method of contribution:		Date Received	Aggregate contributions		
<input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		06/30/2021	\$200.00		

SUBTOTAL Section B - This Page	\$270.00
TOTAL of Section B Pages	\$302,834.20
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B) <i>(Enter total on Line 13, Column A of Summary Page)</i>	\$303,219.21

I. MONETARY RECEIPTS (Sections A-K)

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)				TYPE OF REPORT	
Bobby Valentine for Stamford				July 10 filing	
A. Total Contributions from Small Contributors - Received this Period ONLY (See instructions for definition of Small Contributor)				Subtotal Section A \$385.01	
B. Itemized Contributions from Individuals					
Last Name		First		M.I.	
Morrison		Michael			
Residential Street Address		City		State	Zip Code
99 Cass Ave		Wallingford		CT	06492-3154
Principal Occupation		Name of Employer			
Administrator		Sacred Heart University			
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?		Amount of Contribution	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Is this contribution associated with an event reported in Section L1?		Is contributor a principal of a state contractor or prospective state contractor?		\$500.00	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>If yes, list Event #</i>		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>If yes, indicate which branch or branches of government the contract is with:</i> <input type="checkbox"/> Executive <input type="checkbox"/> Legislative			
Method of contribution:		Date Received		Aggregate contributions	
<input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		06/30/2021		\$500.00	
Last Name		First		M.I.	
Friedman		Jason			
Residential Street Address		City		State	Zip Code
39 Friendlee Ln		Wilton		CT	06897-3109
Principal Occupation		Name of Employer			
Investor		Point72			
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?		Amount of Contribution	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Is this contribution associated with an event reported in Section L1?		Is contributor a principal of a state contractor or prospective state contractor?		\$50.00	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>If yes, list Event #</i>		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>If yes, indicate which branch or branches of government the contract is with:</i> <input type="checkbox"/> Executive <input type="checkbox"/> Legislative			
Method of contribution:		Date Received		Aggregate contributions	
<input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		06/30/2021		\$50.00	
Last Name		First		M.I.	
Marciano		Anthony			
Residential Street Address		City		State	Zip Code
943 South Ave		New Canaan		CT	06840-6740
Principal Occupation		Name of Employer			
Owner - Insurance Agency		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?		Amount of Contribution	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Is this contribution associated with an event reported in Section L1?		Is contributor a principal of a state contractor or prospective state contractor?		\$50.00	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>If yes, list Event #</i>		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>If yes, indicate which branch or branches of government the contract is with:</i> <input type="checkbox"/> Executive <input type="checkbox"/> Legislative			
Method of contribution:		Date Received		Aggregate contributions	
<input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		06/30/2021		\$50.00	

SUBTOTAL Section B - This Page	\$600.00
TOTAL of Section B Pages	\$302,834.20
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B) <i>(Enter total on Line 13, Column A of Summary Page)</i>	\$303,219.21

I. MONETARY RECEIPTS (Sections A-K)

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)				TYPE OF REPORT	
Bobby Valentine for Stamford				July 10 filing	
A. Total Contributions from Small Contributors - Received this Period ONLY (See instructions for definition of Small Contributor)				Subtotal Section A \$385.01	
B. Itemized Contributions from Individuals					
Last Name		First		M.I.	
Restaino		Blanca			
Residential Street Address		City		State	Zip Code
164 Wolfpit Ave		Norwalk		CT	06851-3434
Principal Occupation		Name of Employer			
Entrepreneur		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?		Amount of Contribution	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Is this contribution associated with an event reported in Section L1?		Is contributor a principal of a state contractor or prospective state contractor?		\$10.00	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>If yes, list Event #</i>		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>If yes, indicate which branch or branches of government the contract is with:</i> <input type="checkbox"/> Executive <input type="checkbox"/> Legislative			
Method of contribution:		Date Received		Aggregate contributions	
<input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		06/30/2021		\$10.00	
Last Name		First		M.I.	
Lione		Mark			
Residential Street Address		City		State	Zip Code
19412 Mill Dam Pl		Leesburg		VA	20176-8426
Principal Occupation		Name of Employer			
RECRUITER		WILLIAMS TISON			
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?		Amount of Contribution	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Is this contribution associated with an event reported in Section L1?		Is contributor a principal of a state contractor or prospective state contractor?		\$20.00	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>If yes, list Event #</i>		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>If yes, indicate which branch or branches of government the contract is with:</i> <input type="checkbox"/> Executive <input type="checkbox"/> Legislative			
Method of contribution:		Date Received		Aggregate contributions	
<input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		06/30/2021		\$20.00	
Last Name		First		M.I.	
Mammone		Meghan			
Residential Street Address		City		State	Zip Code
1 Rochelle Rd		Norwalk		CT	06854-2403
Principal Occupation		Name of Employer			
Self Employed		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?		Amount of Contribution	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Is this contribution associated with an event reported in Section L1?		Is contributor a principal of a state contractor or prospective state contractor?		\$30.00	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>If yes, list Event #</i>		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>If yes, indicate which branch or branches of government the contract is with:</i> <input type="checkbox"/> Executive <input type="checkbox"/> Legislative			
Method of contribution:		Date Received		Aggregate contributions	
<input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		06/26/2021		\$30.00	

SUBTOTAL Section B - This Page	\$60.00
TOTAL of Section B Pages	\$302,834.20
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B) <i>(Enter total on Line 13, Column A of Summary Page)</i>	\$303,219.21

I. MONETARY RECEIPTS (Sections A-K)

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)				TYPE OF REPORT	
Bobby Valentine for Stamford				July 10 filing	
A. Total Contributions from Small Contributors - Received this Period ONLY (See instructions for definition of Small Contributor)				Subtotal Section A \$385.01	
B. Itemized Contributions from Individuals					
Last Name		First		M.I.	
Mantilia		Robert			
Residential Street Address		City		State	Zip Code
115 Putnam Rd		New Canaan		CT	06840-6805
Principal Occupation		Name of Employer			
Consultant		Mantilia Management Group LLC			
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?		Amount of Contribution	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Is this contribution associated with an event reported in Section L1?		Is contributor a principal of a state contractor or prospective state contractor?		\$20.00	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>If yes, list Event #</i>		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>If yes, indicate which branch or branches of government the contract is with:</i> <input type="checkbox"/> Executive <input type="checkbox"/> Legislative			
Method of contribution:		Date Received		Aggregate contributions	
<input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		06/30/2021		\$20.00	
Last Name		First		M.I.	
Walsh		Robert			
Residential Street Address		City		State	Zip Code
12 Vineyard Ln		Stamford		CT	06902-1112
Principal Occupation		Name of Employer			
CIO		WPP			
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?		Amount of Contribution	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Is this contribution associated with an event reported in Section L1?		Is contributor a principal of a state contractor or prospective state contractor?		\$100.00	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>If yes, list Event #</i>		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>If yes, indicate which branch or branches of government the contract is with:</i> <input type="checkbox"/> Executive <input type="checkbox"/> Legislative			
Method of contribution:		Date Received		Aggregate contributions	
<input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		06/26/2021		\$100.00	
Last Name		First		M.I.	
Manto		Jennifer			
Residential Street Address		City		State	Zip Code
120 Prudence Dr		Stamford		CT	06907-1219
Principal Occupation		Name of Employer			
Mental Health Therapist		Talkspace			
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?		Amount of Contribution	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Is this contribution associated with an event reported in Section L1?		Is contributor a principal of a state contractor or prospective state contractor?		\$30.00	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>If yes, list Event #</i>		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>If yes, indicate which branch or branches of government the contract is with:</i> <input type="checkbox"/> Executive <input type="checkbox"/> Legislative			
Method of contribution:		Date Received		Aggregate contributions	
<input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		06/26/2021		\$30.00	

SUBTOTAL Section B - This Page	\$150.00
TOTAL of Section B Pages	\$302,834.20
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B) <i>(Enter total on Line 13, Column A of Summary Page)</i>	\$303,219.21

I. MONETARY RECEIPTS (Sections A-K)

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)				TYPE OF REPORT	
Bobby Valentine for Stamford				July 10 filing	
A. Total Contributions from Small Contributors - Received this Period ONLY (See instructions for definition of Small Contributor)				Subtotal Section A \$385.01	
B. Itemized Contributions from Individuals					
Last Name Gouveia		First Paul		M.I.	
Residential Street Address 6 Fair Ln		City New Fairfield		State CT	Zip Code 06812-2332
Principal Occupation Network Administrator		Name of Employer New Fairfield CT			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		If contribution is in excess of \$400 to a candidate 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? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution \$10.00	
Is this contribution associated with an event reported in Section L1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>If yes, list Event #</i>		Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>If yes, indicate which branch or branches of government the contract is with:</i> <input type="checkbox"/> Executive <input type="checkbox"/> Legislative			
Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		Date Received 06/30/2021	Aggregate contributions \$10.00		
Last Name Giordano		First Angela		M.I.	
Residential Street Address 47 Todd Ln		City Stamford		State CT	Zip Code 06905-2913
Principal Occupation Parking Supervisor		Name of Employer Town of Greenwich			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		If contribution is in excess of \$400 to a candidate 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? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution \$50.00	
Is this contribution associated with an event reported in Section L1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>If yes, list Event #</i>		Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>If yes, indicate which branch or branches of government the contract is with:</i> <input type="checkbox"/> Executive <input type="checkbox"/> Legislative			
Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		Date Received 06/30/2021	Aggregate contributions \$50.00		
Last Name Mazzoni		First Keli		M.I.	
Residential Street Address 287 Courtland Ave		City Bridgeport		State CT	Zip Code 06605-3352
Principal Occupation Teacher		Name of Employer Meadowpond elementary			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		If contribution is in excess of \$400 to a candidate 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? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution \$20.00	
Is this contribution associated with an event reported in Section L1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>If yes, list Event #</i>		Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>If yes, indicate which branch or branches of government the contract is with:</i> <input type="checkbox"/> Executive <input type="checkbox"/> Legislative			
Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		Date Received 06/30/2021	Aggregate contributions \$20.00		

SUBTOTAL Section B - This Page	\$80.00
TOTAL of Section B Pages	\$302,834.20
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B) <i>(Enter total on Line 13, Column A of Summary Page)</i>	\$303,219.21

I. MONETARY RECEIPTS (Sections A-K)

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)				TYPE OF REPORT	
Bobby Valentine for Stamford				July 10 filing	
A. Total Contributions from Small Contributors - Received this Period ONLY (See instructions for definition of Small Contributor)				Subtotal Section A \$385.01	
B. Itemized Contributions from Individuals					
Last Name		First		M.I.	
Alves		Hugo			
Residential Street Address		City		State	Zip Code
36 Parish Rd		New Canaan		CT	06840-4423
Principal Occupation		Name of Employer			
Financial Planner		Barnum Financial Group			
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?		Amount of Contribution	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Is this contribution associated with an event reported in Section L1?		Is contributor a principal of a state contractor or prospective state contractor?		\$25.00	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>If yes, list Event #</i>		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>If yes, indicate which branch or branches of government the contract is with:</i> <input type="checkbox"/> Executive <input type="checkbox"/> Legislative			
Method of contribution:		Date Received		Aggregate contributions	
<input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		06/30/2021		\$25.00	
Last Name		First		M.I.	
Sheppard		Chris			
Residential Street Address		City		State	Zip Code
1 New Haven Ave		Milford		CT	06460-3398
Principal Occupation		Name of Employer			
Procurement Manger		Bic Corp			
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?		Amount of Contribution	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Is this contribution associated with an event reported in Section L1?		Is contributor a principal of a state contractor or prospective state contractor?		\$30.00	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>If yes, list Event #</i>		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>If yes, indicate which branch or branches of government the contract is with:</i> <input type="checkbox"/> Executive <input type="checkbox"/> Legislative			
Method of contribution:		Date Received		Aggregate contributions	
<input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		06/26/2021		\$30.00	
Last Name		First		M.I.	
Scheider		Chris			
Residential Street Address		City		State	Zip Code
300 Broad St, Apt 102		Stamford		CT	06901-2142
Principal Occupation		Name of Employer			
Accountant		Xylem Inc			
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?		Amount of Contribution	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Is this contribution associated with an event reported in Section L1?		Is contributor a principal of a state contractor or prospective state contractor?		\$30.00	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>If yes, list Event #</i>		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>If yes, indicate which branch or branches of government the contract is with:</i> <input type="checkbox"/> Executive <input type="checkbox"/> Legislative			
Method of contribution:		Date Received		Aggregate contributions	
<input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		06/26/2021		\$30.00	

SUBTOTAL Section B - This Page	\$85.00
TOTAL of Section B Pages	\$302,834.20
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B) <i>(Enter total on Line 13, Column A of Summary Page)</i>	\$303,219.21

I. MONETARY RECEIPTS (Sections A-K)

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)				TYPE OF REPORT	
Bobby Valentine for Stamford				July 10 filing	
A. Total Contributions from Small Contributors - Received this Period ONLY (See instructions for definition of Small Contributor)				Subtotal Section A	
				\$385.01	
B. Itemized Contributions from Individuals					
Last Name		First		M.I.	
DeVincendis		John			
Residential Street Address		City		State	Zip Code
36 New England Dr		Stamford		CT	06903-5017
Principal Occupation		Name of Employer			
NA		NA			
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?		Amount of Contribution	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Is this contribution associated with an event reported in Section L1?		Is contributor a principal of a state contractor or prospective state contractor?		\$100.00	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>If yes, list Event #</i>		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>If yes, indicate which branch or branches of government the contract is with:</i> <input type="checkbox"/> Executive <input type="checkbox"/> Legislative			
Method of contribution:		Date Received		Aggregate contributions	
<input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		06/26/2021		\$100.00	
Last Name		First		M.I.	
Siegel		Matt			
Residential Street Address		City		State	Zip Code
		Norwalk		CT	06851
Principal Occupation		Name of Employer			
CEO		Goodway			
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?		Amount of Contribution	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Is this contribution associated with an event reported in Section L1?		Is contributor a principal of a state contractor or prospective state contractor?		\$30.00	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>If yes, list Event #</i>		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>If yes, indicate which branch or branches of government the contract is with:</i> <input type="checkbox"/> Executive <input type="checkbox"/> Legislative			
Method of contribution:		Date Received		Aggregate contributions	
<input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		06/26/2021		\$30.00	
Last Name		First		M.I.	
Darrah		Andrew			
Residential Street Address		City		State	Zip Code
1011 Washington Blvd		Stamford		CT	06901-2214
Principal Occupation		Name of Employer			
N/A		N/A			
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?		Amount of Contribution	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Is this contribution associated with an event reported in Section L1?		Is contributor a principal of a state contractor or prospective state contractor?		\$30.00	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>If yes, list Event #</i>		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>If yes, indicate which branch or branches of government the contract is with:</i> <input type="checkbox"/> Executive <input type="checkbox"/> Legislative			
Method of contribution:		Date Received		Aggregate contributions	
<input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		06/26/2021		\$30.00	

SUBTOTAL Section B - This Page	\$160.00
TOTAL of Section B Pages	\$302,834.20
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B) <i>(Enter total on Line 13, Column A of Summary Page)</i>	\$303,219.21

I. MONETARY RECEIPTS (Sections A-K)

NAME OF COMMITTEE <i>(Provide Complete Name as Registered with Filing Repository)</i>				TYPE OF REPORT	
Bobby Valentine for Stamford				July 10 filing	
A. Total Contributions from Small Contributors - Received this Period ONLY <i>(See instructions for definition of Small Contributor)</i>				Subtotal Section A \$385.01	
B. Itemized Contributions from Individuals					
Last Name		First		M.I.	
Brace		Christopher			
Residential Street Address		City		State	Zip Code
2 Ferraro Ct		Riverside		CT	06878-1641
Principal Occupation		Name of Employer			
Engineer		GE Healthcare			
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?		Amount of Contribution	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		\$30.00	
Is this contribution associated with an event reported in Section L1?		Is contributor a principal of a state contractor or prospective state contractor?			
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>If yes, list Event #</i>		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>If yes, indicate which branch or branches of government the contract is with:</i> <input type="checkbox"/> Executive <input type="checkbox"/> Legislative			
Method of contribution:		Date Received		Aggregate contributions	
<input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		06/26/2021		\$30.00	
Last Name		First		M.I.	
Hogan		Phil			
Residential Street Address		City		State	Zip Code
50 Old Studio Rd		New Canaan		CT	06840-6622
Principal Occupation		Name of Employer			
Dad		Not 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?		Amount of Contribution	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		\$25.00	
Is this contribution associated with an event reported in Section L1?		Is contributor a principal of a state contractor or prospective state contractor?			
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>If yes, list Event #</i>		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>If yes, indicate which branch or branches of government the contract is with:</i> <input type="checkbox"/> Executive <input type="checkbox"/> Legislative			
Method of contribution:		Date Received		Aggregate contributions	
<input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		06/30/2021		\$25.00	
Last Name		First		M.I.	
Hollendauer		Nick			
Residential Street Address		City		State	Zip Code
44 Strawberry Hill Ave		Stamford		CT	06902-2632
Principal Occupation		Name of Employer			
NA		NA			
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?		Amount of Contribution	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		\$60.00	
Is this contribution associated with an event reported in Section L1?		Is contributor a principal of a state contractor or prospective state contractor?			
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>If yes, list Event #</i>		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>If yes, indicate which branch or branches of government the contract is with:</i> <input type="checkbox"/> Executive <input type="checkbox"/> Legislative			
Method of contribution:		Date Received		Aggregate contributions	
<input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		06/26/2021		\$60.00	

SUBTOTAL Section B - This Page	\$115.00
TOTAL of Section B Pages	\$302,834.20
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B) <i>(Enter total on Line 13, Column A of Summary Page)</i>	\$303,219.21

I. MONETARY RECEIPTS (Sections A-K)

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)				TYPE OF REPORT	
Bobby Valentine for Stamford				July 10 filing	
A. Total Contributions from Small Contributors - Received this Period ONLY (See instructions for definition of Small Contributor)				Subtotal Section A \$385.01	
B. Itemized Contributions from Individuals					
Last Name		First		M.I.	
Reyer		JP			
Residential Street Address		City		State	Zip Code
110 Courtland Cir, Apt 2		Stamford		CT	06902-4349
Principal Occupation		Name of Employer			
N/A		N/A			
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?		Amount of Contribution	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Is this contribution associated with an event reported in Section L1?		Is contributor a principal of a state contractor or prospective state contractor?		\$30.00	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>If yes, list Event #</i>		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>If yes, indicate which branch or branches of government the contract is with:</i> <input type="checkbox"/> Executive <input type="checkbox"/> Legislative			
Method of contribution:		Date Received		Aggregate contributions	
<input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		06/26/2021		\$30.00	
Last Name		First		M.I.	
Stockel		Matthew			
Residential Street Address		City		State	Zip Code
880 Pacific St		Stamford		CT	06902-0708
Principal Occupation		Name of Employer			
Trader		MBG			
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?		Amount of Contribution	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Is this contribution associated with an event reported in Section L1?		Is contributor a principal of a state contractor or prospective state contractor?		\$100.00	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>If yes, list Event #</i>		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>If yes, indicate which branch or branches of government the contract is with:</i> <input type="checkbox"/> Executive <input type="checkbox"/> Legislative			
Method of contribution:		Date Received		Aggregate contributions	
<input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		06/26/2021		\$100.00	
Last Name		First		M.I.	
Scalero		Stephen			
Residential Street Address		City		State	Zip Code
168 Belltown Rd, Apt 8		Stamford		CT	06905-3313
Principal Occupation		Name of Employer			
Merril Lynch		Merril Lynch			
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?		Amount of Contribution	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Is this contribution associated with an event reported in Section L1?		Is contributor a principal of a state contractor or prospective state contractor?		\$30.00	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>If yes, list Event #</i>		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>If yes, indicate which branch or branches of government the contract is with:</i> <input type="checkbox"/> Executive <input type="checkbox"/> Legislative			
Method of contribution:		Date Received		Aggregate contributions	
<input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		06/26/2021		\$30.00	

SUBTOTAL Section B - This Page	\$160.00
TOTAL of Section B Pages	\$302,834.20
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B) <i>(Enter total on Line 13, Column A of Summary Page)</i>	\$303,219.21

I. MONETARY RECEIPTS (Sections A-K)

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)				TYPE OF REPORT	
Bobby Valentine for Stamford				July 10 filing	
A. Total Contributions from Small Contributors - Received this Period ONLY (See instructions for definition of Small Contributor)				Subtotal Section A	
				\$385.01	
B. Itemized Contributions from Individuals					
Last Name		First		M.I.	
Mailhot		Eddie		J	
Residential Street Address		City		State	Zip Code
120 Prudence Dr		Stamford		CT	06907-1219
Principal Occupation		Name of Employer			
NA		Shoreline Painting and Drywall			
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?		Amount of Contribution	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		\$60.00	
Is this contribution associated with an event reported in Section L1?		Is contributor a principal of a state contractor or prospective state contractor?			
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>If yes, list Event #</i>		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>If yes, indicate which branch or branches of government the contract is with:</i>			
		<input type="checkbox"/> Executive <input type="checkbox"/> Legislative			
Method of contribution:		Date Received	Aggregate contributions		
<input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		06/26/2021	\$120.00		
Last Name		First		M.I.	
Mailhot		Eddie		J	
Residential Street Address		City		State	Zip Code
120 Prudence Dr		Stamford		CT	06907-1219
Principal Occupation		Name of Employer			
NA		Shoreline Painting and Drywall			
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?		Amount of Contribution	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		\$60.00	
Is this contribution associated with an event reported in Section L1?		Is contributor a principal of a state contractor or prospective state contractor?			
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>If yes, list Event #</i>		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>If yes, indicate which branch or branches of government the contract is with:</i>			
		<input type="checkbox"/> Executive <input type="checkbox"/> Legislative			
Method of contribution:		Date Received	Aggregate contributions		
<input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		06/26/2021	\$120.00		
Last Name		First		M.I.	
Salvatore		Brendan			
Residential Street Address		City		State	Zip Code
2435 Bedford St, Unit 18A		Stamford		CT	06905-3975
Principal Occupation		Name of Employer			
Sales		Datto			
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?		Amount of Contribution	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		\$30.00	
Is this contribution associated with an event reported in Section L1?		Is contributor a principal of a state contractor or prospective state contractor?			
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>If yes, list Event #</i>		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>If yes, indicate which branch or branches of government the contract is with:</i>			
		<input type="checkbox"/> Executive <input type="checkbox"/> Legislative			
Method of contribution:		Date Received	Aggregate contributions		
<input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		06/26/2021	\$30.00		

SUBTOTAL Section B - This Page	\$150.00
TOTAL of Section B Pages	\$302,834.20
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B) <i>(Enter total on Line 13, Column A of Summary Page)</i>	\$303,219.21

I. MONETARY RECEIPTS (Sections A-K)

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)				TYPE OF REPORT	
Bobby Valentine for Stamford				July 10 filing	
A. Total Contributions from Small Contributors - Received this Period ONLY (See instructions for definition of Small Contributor)				Subtotal Section A \$385.01	
B. Itemized Contributions from Individuals					
Last Name		First		M.I.	
Farina		Rick			
Residential Street Address		City		State	Zip Code
129 Canfield Dr		Stamford		CT	06902-1336
Principal Occupation		Name of Employer			
Bond salesman		R.W. Pressprich & Co.			
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?		Amount of Contribution	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Is this contribution associated with an event reported in Section L1?		Is contributor a principal of a state contractor or prospective state contractor?		\$200.00	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>If yes, list Event #</i>		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>If yes, indicate which branch or branches of government the contract is with:</i> <input type="checkbox"/> Executive <input type="checkbox"/> Legislative			
Method of contribution:		Date Received		Aggregate contributions	
<input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		06/30/2021		\$200.00	
Last Name		First		M.I.	
Puglisi		Phil			
Residential Street Address		City		State	Zip Code
N/A		N/A			
Principal Occupation		Name of Employer			
N/A		N/A			
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?		Amount of Contribution	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Is this contribution associated with an event reported in Section L1?		Is contributor a principal of a state contractor or prospective state contractor?		\$30.00	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>If yes, list Event #</i>		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>If yes, indicate which branch or branches of government the contract is with:</i> <input type="checkbox"/> Executive <input type="checkbox"/> Legislative			
Method of contribution:		Date Received		Aggregate contributions	
<input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		06/26/2021		\$30.00	
Last Name		First		M.I.	
Eilertsen		Anne			
Residential Street Address		City		State	Zip Code
163 Turn Of River Rd		Stamford		CT	06905-1318
Principal Occupation		Name of Employer			
N/A		N/A			
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?		Amount of Contribution	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Is this contribution associated with an event reported in Section L1?		Is contributor a principal of a state contractor or prospective state contractor?		\$10.00	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>If yes, list Event #</i>		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>If yes, indicate which branch or branches of government the contract is with:</i> <input type="checkbox"/> Executive <input type="checkbox"/> Legislative			
Method of contribution:		Date Received		Aggregate contributions	
<input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		06/26/2021		\$10.00	

SUBTOTAL Section B - This Page	\$240.00
TOTAL of Section B Pages	\$302,834.20
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B) <i>(Enter total on Line 13, Column A of Summary Page)</i>	\$303,219.21

I. MONETARY RECEIPTS (Sections A-K)

NAME OF COMMITTEE <i>(Provide Complete Name as Registered with Filing Repository)</i>				TYPE OF REPORT	
Bobby Valentine for Stamford				July 10 filing	
A. Total Contributions from Small Contributors - Received this Period ONLY <i>(See instructions for definition of Small Contributor)</i>				Subtotal Section A \$385.01	
B. Itemized Contributions from Individuals					
Last Name		First		M.I.	
Lupinacci Jr		Marc			
Residential Street Address		City		State	Zip Code
374 Eden Rd		Stamford		CT	06907-1013
Principal Occupation		Name of Employer			
Re-insurance		NA			
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?		Amount of Contribution	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Is this contribution associated with an event reported in Section L1?		Is contributor a principal of a state contractor or prospective state contractor?		\$50.00	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>If yes, list Event #</i>		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>If yes, indicate which branch or branches of government the contract is with:</i> <input type="checkbox"/> Executive <input type="checkbox"/> Legislative			
Method of contribution:		Date Received		Aggregate contributions	
<input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		06/26/2021		\$50.00	
Last Name		First		M.I.	
Lupinacci		Maryellen			
Residential Street Address		City		State	Zip Code
374 Eden Rd		Stamford		CT	06907-1013
Principal Occupation		Name of Employer			
Personal Asst		Personal Asst			
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?		Amount of Contribution	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Is this contribution associated with an event reported in Section L1?		Is contributor a principal of a state contractor or prospective state contractor?		\$20.00	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>If yes, list Event #</i>		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>If yes, indicate which branch or branches of government the contract is with:</i> <input type="checkbox"/> Executive <input type="checkbox"/> Legislative			
Method of contribution:		Date Received		Aggregate contributions	
<input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		06/26/2021		\$20.00	
Last Name		First		M.I.	
Krasiewicz		Paul			
Residential Street Address		City		State	Zip Code
60 Taff Ave		Stamford		CT	06902-7640
Principal Occupation		Name of Employer			
Retired		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?		Amount of Contribution	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Is this contribution associated with an event reported in Section L1?		Is contributor a principal of a state contractor or prospective state contractor?		\$20.00	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>If yes, list Event #</i>		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>If yes, indicate which branch or branches of government the contract is with:</i> <input type="checkbox"/> Executive <input type="checkbox"/> Legislative			
Method of contribution:		Date Received		Aggregate contributions	
<input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		06/26/2021		\$20.00	

SUBTOTAL Section B - This Page	\$90.00
TOTAL of Section B Pages	\$302,834.20
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B) <i>(Enter total on Line 13, Column A of Summary Page)</i>	\$303,219.21

I. MONETARY RECEIPTS (Sections A-K)

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)				TYPE OF REPORT	
Bobby Valentine for Stamford				July 10 filing	
A. Total Contributions from Small Contributors - Received this Period ONLY (See instructions for definition of Small Contributor)				Subtotal Section A \$385.01	
B. Itemized Contributions from Individuals					
Last Name		First		M.I.	
Iglesias		Jose			
Residential Street Address		City		State	Zip Code
294 Sylvan Knoll Rd		Stamford		CT	06902-5362
Principal Occupation		Name of Employer			
N/A		N/A			
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?		Amount of Contribution	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Is this contribution associated with an event reported in Section L1?		Is contributor a principal of a state contractor or prospective state contractor?		\$30.00	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>If yes, list Event #</i>		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>If yes, indicate which branch or branches of government the contract is with:</i> <input type="checkbox"/> Executive <input type="checkbox"/> Legislative			
Method of contribution:		Date Received		Aggregate contributions	
<input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		06/26/2021		\$30.00	
Last Name		First		M.I.	
Lalli		Carol		J	
Residential Street Address		City		State	Zip Code
230 New Canaan Ave		Norwalk		CT	06850-1400
Principal Occupation		Name of Employer			
Retired		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?		Amount of Contribution	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Is this contribution associated with an event reported in Section L1?		Is contributor a principal of a state contractor or prospective state contractor?		\$20.00	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>If yes, list Event #</i>		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>If yes, indicate which branch or branches of government the contract is with:</i> <input type="checkbox"/> Executive <input type="checkbox"/> Legislative			
Method of contribution:		Date Received		Aggregate contributions	
<input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		06/26/2021		\$20.00	
Last Name		First		M.I.	
Sharos		Bridget		A	
Residential Street Address		City		State	Zip Code
25 Allen Dr		South Windsor		CT	06074-3401
Principal Occupation		Name of Employer			
CT Judicial Branch		CT Judicial Branch			
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?		Amount of Contribution	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Is this contribution associated with an event reported in Section L1?		Is contributor a principal of a state contractor or prospective state contractor?		\$10.00	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>If yes, list Event #</i>		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>If yes, indicate which branch or branches of government the contract is with:</i> <input type="checkbox"/> Executive <input type="checkbox"/> Legislative			
Method of contribution:		Date Received		Aggregate contributions	
<input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		06/26/2021		\$10.00	

SUBTOTAL Section B - This Page	\$60.00
TOTAL of Section B Pages	\$302,834.20
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B) <i>(Enter total on Line 13, Column A of Summary Page)</i>	\$303,219.21

I. MONETARY RECEIPTS (Sections A-K)

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)				TYPE OF REPORT	
Bobby Valentine for Stamford				July 10 filing	
A. Total Contributions from Small Contributors - Received this Period ONLY (See instructions for definition of Small Contributor)				Subtotal Section A \$385.01	
B. Itemized Contributions from Individuals					
Last Name		First		M.I.	
Scheuster		Christie		E	
Residential Street Address		City		State	Zip Code
476 Glenbrook Rd		Stamford		CT	06906-1821
Principal Occupation		Name of Employer			
N/A		N/A			
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?		Amount of Contribution	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		\$10.00	
Is this contribution associated with an event reported in Section L1? <i>If yes, list Event #</i>		Is contributor a principal of a state contractor or prospective state contractor? <i>If yes, indicate which branch or branches of government the contract is with:</i>			
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Executive <input type="checkbox"/> Legislative			
Method of contribution:			Date Received	Aggregate contributions	
<input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order			06/26/2021	\$10.00	
Last Name		First		M.I.	
Bankson		Mallory		E	
Residential Street Address		City		State	Zip Code
N/A		Stamford		CT	06901
Principal Occupation		Name of Employer			
N/A		N/A			
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?		Amount of Contribution	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		\$10.00	
Is this contribution associated with an event reported in Section L1? <i>If yes, list Event #</i>		Is contributor a principal of a state contractor or prospective state contractor? <i>If yes, indicate which branch or branches of government the contract is with:</i>			
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Executive <input type="checkbox"/> Legislative			
Method of contribution:			Date Received	Aggregate contributions	
<input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order			06/26/2021	\$10.00	
Last Name		First		M.I.	
Gerstung		Arielle		E	
Residential Street Address		City		State	Zip Code
467 Glenbrook Rd, Apt 201		Stamford		CT	06906-1857
Principal Occupation		Name of Employer			
N/A		N/A			
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?		Amount of Contribution	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		\$10.00	
Is this contribution associated with an event reported in Section L1? <i>If yes, list Event #</i>		Is contributor a principal of a state contractor or prospective state contractor? <i>If yes, indicate which branch or branches of government the contract is with:</i>			
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Executive <input type="checkbox"/> Legislative			
Method of contribution:			Date Received	Aggregate contributions	
<input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order			06/26/2021	\$10.00	

SUBTOTAL Section B - This Page	\$30.00
TOTAL of Section B Pages	\$302,834.20
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B) <i>(Enter total on Line 13, Column A of Summary Page)</i>	\$303,219.21

I. MONETARY RECEIPTS (Sections A-K)

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)				TYPE OF REPORT	
Bobby Valentine for Stamford				July 10 filing	
A. Total Contributions from Small Contributors - Received this Period ONLY (See instructions for definition of Small Contributor)				Subtotal Section A \$385.01	
B. Itemized Contributions from Individuals					
Last Name		First		M.I.	
Vera		Paula			
Residential Street Address		City		State	Zip Code
		Greenwich		CT	06831
Principal Occupation		Name of Employer			
N/A		N/A			
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?		Amount of Contribution	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		\$10.00	
Is this contribution associated with an event reported in Section L1? <i>If yes, list Event #</i>		Is contributor a principal of a state contractor or prospective state contractor? <i>If yes, indicate which branch or branches of government the contract is with:</i>			
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Executive <input type="checkbox"/> Legislative			
Method of contribution: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order			Date Received	Aggregate contributions	
			06/26/2021	\$10.00	
Last Name		First		M.I.	
Bernhart		Anne		M	
Residential Street Address		City		State	Zip Code
155 Vernon Ave		Rockville Centre		NY	11570-5526
Principal Occupation		Name of Employer			
NA		NA			
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?		Amount of Contribution	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		\$25.00	
Is this contribution associated with an event reported in Section L1? <i>If yes, list Event #</i>		Is contributor a principal of a state contractor or prospective state contractor? <i>If yes, indicate which branch or branches of government the contract is with:</i>			
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Executive <input type="checkbox"/> Legislative			
Method of contribution: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order			Date Received	Aggregate contributions	
			06/26/2021	\$75.00	
Last Name		First		M.I.	
Bernhart		Anne		M	
Residential Street Address		City		State	Zip Code
155 Vernon Ave		Rockville Centre		NY	11570-5526
Principal Occupation		Name of Employer			
NA		NA			
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?		Amount of Contribution	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		\$25.00	
Is this contribution associated with an event reported in Section L1? <i>If yes, list Event #</i>		Is contributor a principal of a state contractor or prospective state contractor? <i>If yes, indicate which branch or branches of government the contract is with:</i>			
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Executive <input type="checkbox"/> Legislative			
Method of contribution: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order			Date Received	Aggregate contributions	
			06/26/2021	\$75.00	

SUBTOTAL Section B - This Page	\$60.00
TOTAL of Section B Pages	\$302,834.20
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B) <i>(Enter total on Line 13, Column A of Summary Page)</i>	\$303,219.21

I. MONETARY RECEIPTS (Sections A-K)

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)				TYPE OF REPORT	
Bobby Valentine for Stamford				July 10 filing	
A. Total Contributions from Small Contributors - Received this Period ONLY (See instructions for definition of Small Contributor)				Subtotal Section A \$385.01	
B. Itemized Contributions from Individuals					
Last Name		First		M.I.	
Bernhart		Anne		M	
Residential Street Address		City		State	Zip Code
155 Vernon Ave		Rockville Centre		NY	11570-5526
Principal Occupation		Name of Employer			
NA		NA			
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?		Amount of Contribution	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		\$25.00	
Is this contribution associated with an event reported in Section L1? <i>If yes, list Event #</i>		Is contributor a principal of a state contractor or prospective state contractor? <i>If yes, indicate which branch or branches of government the contract is with:</i>			
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Executive <input type="checkbox"/> Legislative			
Method of contribution:		Date Received	Aggregate contributions		
<input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		06/26/2021	\$75.00		
Last Name		First		M.I.	
Bernhart		Catherine			
Residential Street Address		City		State	Zip Code
155 Vernon Ave		Rockville Centre		NY	11570-5526
Principal Occupation		Name of Employer			
N/A		N/A			
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?		Amount of Contribution	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		\$25.00	
Is this contribution associated with an event reported in Section L1? <i>If yes, list Event #</i>		Is contributor a principal of a state contractor or prospective state contractor? <i>If yes, indicate which branch or branches of government the contract is with:</i>			
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Executive <input type="checkbox"/> Legislative			
Method of contribution:		Date Received	Aggregate contributions		
<input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		06/26/2021	\$25.00		
Last Name		First		M.I.	
Hosny		Rony		R	
Residential Street Address		City		State	Zip Code
35 Maple Ave, Apt 12C		New Rochelle		NY	10801-8106
Principal Occupation		Name of Employer			
Teacher		Mount Vernon City School District			
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?		Amount of Contribution	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		\$30.00	
Is this contribution associated with an event reported in Section L1? <i>If yes, list Event #</i>		Is contributor a principal of a state contractor or prospective state contractor? <i>If yes, indicate which branch or branches of government the contract is with:</i>			
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Executive <input type="checkbox"/> Legislative			
Method of contribution:		Date Received	Aggregate contributions		
<input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		06/26/2021	\$30.00		

SUBTOTAL Section B - This Page	\$80.00
TOTAL of Section B Pages	\$302,834.20
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B) <i>(Enter total on Line 13, Column A of Summary Page)</i>	\$303,219.21

I. MONETARY RECEIPTS (Sections A-K)

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)				TYPE OF REPORT	
Bobby Valentine for Stamford				July 10 filing	
A. Total Contributions from Small Contributors - Received this Period ONLY (See instructions for definition of Small Contributor)				Subtotal Section A \$385.01	
B. Itemized Contributions from Individuals					
Last Name		First		M.I.	
Levitt		Jared			
Residential Street Address		City		State	Zip Code
Principal Occupation		Name of Employer			
Sales Manager		Gotham Surgical			
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?		Amount of Contribution	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		\$30.00	
Is this contribution associated with an event reported in Section L1? <i>If yes, list Event #</i>		Is contributor a principal of a state contractor or prospective state contractor? <i>If yes, indicate which branch or branches of government the contract is with:</i>			
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Executive <input type="checkbox"/> Legislative			
Method of contribution:		Date Received	Aggregate contributions		
<input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		06/26/2021	\$30.00		
Last Name		First		M.I.	
Li		Conan		T	
Residential Street Address		City		State	Zip Code
15 Bon Air Ave		Stamford		CT	06907-2302
Principal Occupation		Name of Employer			
N/A		N/A			
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?		Amount of Contribution	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		\$30.00	
Is this contribution associated with an event reported in Section L1? <i>If yes, list Event #</i>		Is contributor a principal of a state contractor or prospective state contractor? <i>If yes, indicate which branch or branches of government the contract is with:</i>			
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Executive <input type="checkbox"/> Legislative			
Method of contribution:		Date Received	Aggregate contributions		
<input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		06/26/2021	\$30.00		
Last Name		First		M.I.	
DeFeo		Augustine			
Residential Street Address		City		State	Zip Code
PO Box 1055		Port Washington		NY	11050-1055
Principal Occupation		Name of Employer			
Self employed		Competition Glass Inc.			
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?		Amount of Contribution	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		\$1,000.00	
Is this contribution associated with an event reported in Section L1? <i>If yes, list Event #</i>		Is contributor a principal of a state contractor or prospective state contractor? <i>If yes, indicate which branch or branches of government the contract is with:</i>			
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Executive <input type="checkbox"/> Legislative			
Method of contribution:		Date Received	Aggregate contributions		
<input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		06/30/2021	\$2,000.00		

SUBTOTAL Section B - This Page	\$1,060.00
TOTAL of Section B Pages	\$302,834.20
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B) <i>(Enter total on Line 13, Column A of Summary Page)</i>	\$303,219.21

I. MONETARY RECEIPTS (Sections A-K)

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)				TYPE OF REPORT	
Bobby Valentine for Stamford				July 10 filing	
A. Total Contributions from Small Contributors - Received this Period ONLY (See instructions for definition of Small Contributor)				Subtotal Section A \$385.01	
B. Itemized Contributions from Individuals					
Last Name		First		M.I.	
DeFeo		Augustine			
Residential Street Address		City		State	Zip Code
PO Box 1055		Port Washington		NY	11050-1055
Principal Occupation		Name of Employer			
Self employed		Competition Glass Inc.			
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?		Amount of Contribution \$1,000.00	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Is this contribution associated with an event reported in Section L1?		Is contributor a principal of a state contractor or prospective state contractor?		Amount of Contribution \$100.00	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>If yes, list Event #</i>		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>If yes, indicate which branch or branches of government the contract is with:</i> <input type="checkbox"/> Executive <input type="checkbox"/> Legislative			
Method of contribution:		Date Received		Aggregate contributions	
<input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		06/30/2021		\$2,000.00	
Last Name		First		M.I.	
Dowd		Charles			
Residential Street Address		City		State	Zip Code
2163 Durham Rd		Madison		CT	06443-8104
Principal Occupation		Name of Employer			
Administrator		Sacred Heart University			
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?		Amount of Contribution \$100.00	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Is this contribution associated with an event reported in Section L1?		Is contributor a principal of a state contractor or prospective state contractor?		Amount of Contribution \$50.00	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>If yes, list Event #</i>		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>If yes, indicate which branch or branches of government the contract is with:</i> <input type="checkbox"/> Executive <input type="checkbox"/> Legislative			
Method of contribution:		Date Received		Aggregate contributions	
<input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		06/30/2021		\$100.00	
Last Name		First		M.I.	
Magyar		Charles			
Residential Street Address		City		State	Zip Code
19 Limerick Pl		Cos Cob		CT	06807-1316
Principal Occupation		Name of Employer			
Real Estate Broker		William Raveis			
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?		Amount of Contribution \$50.00	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Is this contribution associated with an event reported in Section L1?		Is contributor a principal of a state contractor or prospective state contractor?		Amount of Contribution \$50.00	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>If yes, list Event #</i>		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>If yes, indicate which branch or branches of government the contract is with:</i> <input type="checkbox"/> Executive <input type="checkbox"/> Legislative			
Method of contribution:		Date Received		Aggregate contributions	
<input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		06/30/2021		\$50.00	

SUBTOTAL Section B - This Page	\$1,150.00
TOTAL of Section B Pages	\$302,834.20
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B) <i>(Enter total on Line 13, Column A of Summary Page)</i>	\$303,219.21

I. MONETARY RECEIPTS (Sections A-K)

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)				TYPE OF REPORT	
Bobby Valentine for Stamford				July 10 filing	
A. Total Contributions from Small Contributors - Received this Period ONLY (See instructions for definition of Small Contributor)				Subtotal Section A \$385.01	
B. Itemized Contributions from Individuals					
Last Name		First		M.I.	
O'Leary		Danny			
Residential Street Address		City		State	Zip Code
7 Northwind Dr		Stamford		CT	06903-2927
Principal Occupation		Name of Employer			
N/A		N/A			
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?		Amount of Contribution	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Is this contribution associated with an event reported in Section L1?		Is contributor a principal of a state contractor or prospective state contractor?		\$20.00	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>If yes, list Event #</i>		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>If yes, indicate which branch or branches of government the contract is with:</i> <input type="checkbox"/> Executive <input type="checkbox"/> Legislative			
Method of contribution:		Date Received		Aggregate contributions	
<input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		06/26/2021		\$20.00	
Last Name		First		M.I.	
Ramppen		Frankie			
Residential Street Address		City		State	Zip Code
82 Hickory Dr		New Canaan		CT	06840-5133
Principal Occupation		Name of Employer			
Student		Student			
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?		Amount of Contribution	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Is this contribution associated with an event reported in Section L1?		Is contributor a principal of a state contractor or prospective state contractor?		\$500.00	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>If yes, list Event #</i>		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>If yes, indicate which branch or branches of government the contract is with:</i> <input type="checkbox"/> Executive <input type="checkbox"/> Legislative			
Method of contribution:		Date Received		Aggregate contributions	
<input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		06/30/2021		\$500.00	
Last Name		First		M.I.	
Ramppen		Michelle			
Residential Street Address		City		State	Zip Code
82 Hickory Dr		New Canaan		CT	06840-5133
Principal Occupation		Name of Employer			
Unemployed		Unemployed			
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?		Amount of Contribution	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Is this contribution associated with an event reported in Section L1?		Is contributor a principal of a state contractor or prospective state contractor?		\$500.00	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>If yes, list Event #</i>		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>If yes, indicate which branch or branches of government the contract is with:</i> <input type="checkbox"/> Executive <input type="checkbox"/> Legislative			
Method of contribution:		Date Received		Aggregate contributions	
<input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		06/30/2021		\$500.00	

SUBTOTAL Section B - This Page	\$1,020.00
TOTAL of Section B Pages	\$302,834.20
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B) <i>(Enter total on Line 13, Column A of Summary Page)</i>	\$303,219.21

I. MONETARY RECEIPTS (Sections A-K)

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)				TYPE OF REPORT	
Bobby Valentine for Stamford				July 10 filing	
A. Total Contributions from Small Contributors - Received this Period ONLY (See instructions for definition of Small Contributor)				Subtotal Section A \$385.01	
B. Itemized Contributions from Individuals					
Last Name		First		M.I.	
MORGAN BROWN		ELIZABETH			
Residential Street Address		City		State	Zip Code
6 Stonehedge Dr		Greenville		SC	29615-3740
Principal Occupation		Name of Employer			
Retired		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?		Amount of Contribution \$50.00	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Is this contribution associated with an event reported in Section L1?		Is contributor a principal of a state contractor or prospective state contractor?			
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
If yes, list Event #		If yes, indicate which branch or branches of government the contract is with:			
		<input type="checkbox"/> Executive <input type="checkbox"/> Legislative			
Method of contribution:		Date Received	Aggregate contributions		
<input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		06/30/2021	\$50.00		
Last Name		First		M.I.	
Lane		Skip			
Residential Street Address		City		State	Zip Code
107 Elm St, Fl 8		Stamford		CT	06902-3834
Principal Occupation		Name of Employer			
Commercial Realstate		Cushman & Wakefield			
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?		Amount of Contribution \$50.00	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Is this contribution associated with an event reported in Section L1?		Is contributor a principal of a state contractor or prospective state contractor?			
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
If yes, list Event #		If yes, indicate which branch or branches of government the contract is with:			
		<input type="checkbox"/> Executive <input type="checkbox"/> Legislative			
Method of contribution:		Date Received	Aggregate contributions		
<input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		06/30/2021	\$50.00		
Last Name		First		M.I.	
brown		Kitty			
Residential Street Address		City		State	Zip Code
35 Benstone St		Stamford		CT	06905-3515
Principal Occupation		Name of Employer			
chef		self			
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?		Amount of Contribution \$10.00	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Is this contribution associated with an event reported in Section L1?		Is contributor a principal of a state contractor or prospective state contractor?			
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
If yes, list Event #		If yes, indicate which branch or branches of government the contract is with:			
		<input type="checkbox"/> Executive <input type="checkbox"/> Legislative			
Method of contribution:		Date Received	Aggregate contributions		
<input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		06/30/2021	\$10.00		

SUBTOTAL Section B - This Page	\$110.00
TOTAL of Section B Pages	\$302,834.20
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B) (Enter total on Line 13, Column A of Summary Page)	\$303,219.21

I. MONETARY RECEIPTS (Sections A-K)

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)				TYPE OF REPORT	
Bobby Valentine for Stamford				July 10 filing	
A. Total Contributions from Small Contributors - Received this Period ONLY (See instructions for definition of Small Contributor)				Subtotal Section A \$385.01	
B. Itemized Contributions from Individuals					
Last Name Courage		First Jack		M.I.	
Residential Street Address 279 E 44th St, Apt 7K		City New York		State NY	Zip Code 10017-4344
Principal Occupation Sales		Name of Employer Barnacle			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		If contribution is in excess of \$400 to a candidate 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? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution \$100.00	
Is this contribution associated with an event reported in Section L1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>If yes, list Event #</i>		Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>If yes, indicate which branch or branches of government the contract is with:</i> <input type="checkbox"/> Executive <input type="checkbox"/> Legislative			
Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		Date Received 06/30/2021	Aggregate contributions \$100.00		
Last Name Carroll		First Sean		M.I.	
Residential Street Address 11 Old Barn Rd		City Trumbull		State CT	Zip Code 06611-2919
Principal Occupation Insurance		Name of Employer Merit Insurance			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		If contribution is in excess of \$400 to a candidate 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? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		Amount of Contribution \$250.00	
Is this contribution associated with an event reported in Section L1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>If yes, list Event #</i>		Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>If yes, indicate which branch or branches of government the contract is with:</i> <input type="checkbox"/> Executive <input type="checkbox"/> Legislative			
Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		Date Received 06/30/2021	Aggregate contributions \$250.00		
Last Name Waugh		First Jim		M.I.	
Residential Street Address 210 Ocean Dr E		City Stamford		State CT	Zip Code 06902-8134
Principal Occupation Not Employed		Name of Employer Not Employed			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		If contribution is in excess of \$400 to a candidate 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? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution \$1,000.00	
Is this contribution associated with an event reported in Section L1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>If yes, list Event #</i>		Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>If yes, indicate which branch or branches of government the contract is with:</i> <input type="checkbox"/> Executive <input type="checkbox"/> Legislative			
Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		Date Received 06/30/2021	Aggregate contributions \$1,000.00		

SUBTOTAL Section B - This Page	\$1,350.00
TOTAL of Section B Pages	\$302,834.20
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B) <i>(Enter total on Line 13, Column A of Summary Page)</i>	\$303,219.21

I. MONETARY RECEIPTS (Sections A-K)

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)				TYPE OF REPORT	
Bobby Valentine for Stamford				July 10 filing	
A. Total Contributions from Small Contributors - Received this Period ONLY (See instructions for definition of Small Contributor)				Subtotal Section A \$385.01	
B. Itemized Contributions from Individuals					
Last Name		First		M.I.	
Fazio		Ryan			
Residential Street Address		City		State	Zip Code
25 Cary Rd		Riverside		CT	06878-1332
Principal Occupation		Name of Employer			
NA		NA			
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?		Amount of Contribution	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Is this contribution associated with an event reported in Section L1?		Is contributor a principal of a state contractor or prospective state contractor?		\$50.00	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>If yes, list Event #</i>		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>If yes, indicate which branch or branches of government the contract is with:</i> <input type="checkbox"/> Executive <input type="checkbox"/> Legislative			
Method of contribution:		Date Received		Aggregate contributions	
<input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		06/30/2021		\$50.00	
Last Name		First		M.I.	
Casinelli		Nick			
Residential Street Address		City		State	Zip Code
43 Bank St		Stamford		CT	06901-3007
Principal Occupation		Name of Employer			
Self Employed		Connecticut Cigar Company, LLC			
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?		Amount of Contribution	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Is this contribution associated with an event reported in Section L1?		Is contributor a principal of a state contractor or prospective state contractor?		\$50.00	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>If yes, list Event #</i>		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>If yes, indicate which branch or branches of government the contract is with:</i> <input type="checkbox"/> Executive <input type="checkbox"/> Legislative			
Method of contribution:		Date Received		Aggregate contributions	
<input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		06/30/2021		\$50.00	
Last Name		First		M.I.	
Hajdasz		Tiffany			
Residential Street Address		City		State	Zip Code
100 Washington Dr		Middlebury		CT	06762-3417
Principal Occupation		Name of Employer			
Coach		Sacred Heart University			
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?		Amount of Contribution	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Is this contribution associated with an event reported in Section L1?		Is contributor a principal of a state contractor or prospective state contractor?		\$200.00	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>If yes, list Event #</i>		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>If yes, indicate which branch or branches of government the contract is with:</i> <input type="checkbox"/> Executive <input type="checkbox"/> Legislative			
Method of contribution:		Date Received		Aggregate contributions	
<input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		06/30/2021		\$200.00	

SUBTOTAL Section B - This Page	\$300.00
TOTAL of Section B Pages	\$302,834.20
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B) <i>(Enter total on Line 13, Column A of Summary Page)</i>	\$303,219.21

I. MONETARY RECEIPTS (Sections A-K)

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)				TYPE OF REPORT	
Bobby Valentine for Stamford				July 10 filing	
A. Total Contributions from Small Contributors - Received this Period ONLY (See instructions for definition of Small Contributor)				Subtotal Section A \$385.01	
B. Itemized Contributions from Individuals					
Last Name		First		M.I.	
Heffron		Colin			
Residential Street Address		City		State	Zip Code
96 Charles St		New York		NY	10014-2626
Principal Occupation		Name of Employer			
Executive		GFI Group			
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?		Amount of Contribution	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Is this contribution associated with an event reported in Section L1?		Is contributor a principal of a state contractor or prospective state contractor?		\$1,000.00	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>If yes, list Event #</i>		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>If yes, indicate which branch or branches of government the contract is with:</i> <input type="checkbox"/> Executive <input type="checkbox"/> Legislative			
Method of contribution:		Date Received		Aggregate contributions	
<input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		06/30/2021		\$1,000.00	
Last Name		First		M.I.	
Martin		Rich			
Residential Street Address		City		State	Zip Code
6 Brook St		Mahwah		NJ	07430-1104
Principal Occupation		Name of Employer			
Coach		Metropolitan Collegiate Baseball League			
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?		Amount of Contribution	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Is this contribution associated with an event reported in Section L1?		Is contributor a principal of a state contractor or prospective state contractor?		\$20.00	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>If yes, list Event #</i>		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>If yes, indicate which branch or branches of government the contract is with:</i> <input type="checkbox"/> Executive <input type="checkbox"/> Legislative			
Method of contribution:		Date Received		Aggregate contributions	
<input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		06/30/2021		\$20.00	
Last Name		First		M.I.	
o'connor		michael			
Residential Street Address		City		State	Zip Code
513 Wedgewood Way		Naples		FL	34119-1810
Principal Occupation		Name of Employer			
Retired		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?		Amount of Contribution	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Is this contribution associated with an event reported in Section L1?		Is contributor a principal of a state contractor or prospective state contractor?		\$250.00	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>If yes, list Event #</i>		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>If yes, indicate which branch or branches of government the contract is with:</i> <input type="checkbox"/> Executive <input type="checkbox"/> Legislative			
Method of contribution:		Date Received		Aggregate contributions	
<input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		06/30/2021		\$250.00	

SUBTOTAL Section B - This Page	\$1,270.00
TOTAL of Section B Pages	\$302,834.20
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B) <i>(Enter total on Line 13, Column A of Summary Page)</i>	\$303,219.21

I. MONETARY RECEIPTS (Sections A-K)

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)				TYPE OF REPORT	
Bobby Valentine for Stamford				July 10 filing	
A. Total Contributions from Small Contributors - Received this Period ONLY (See instructions for definition of Small Contributor)				Subtotal Section A \$385.01	
B. Itemized Contributions from Individuals					
Last Name		First		M.I.	
Terenzio		Anthony			
Residential Street Address		City		State	Zip Code
270 Frogtown Rd		New Canaan		CT	06840-4408
Principal Occupation		Name of Employer			
Trash/Recycling		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?		Amount of Contribution \$500.00	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Is this contribution associated with an event reported in Section L1? <i>If yes, list Event #</i>		Is contributor a principal of a state contractor or prospective state contractor? <i>If yes, indicate which branch or branches of government the contract is with:</i>			
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Executive <input type="checkbox"/> Legislative			
Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order			Date Received	Aggregate contributions	
			06/30/2021	\$500.00	
Last Name		First		M.I.	
Wiener		Jessica			
Residential Street Address		City		State	Zip Code
125 Woodside Dr		Greenwich		CT	06830-6731
Principal Occupation		Name of Employer			
house wife		none			
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?		Amount of Contribution \$1,000.00	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Is this contribution associated with an event reported in Section L1? <i>If yes, list Event #</i>		Is contributor a principal of a state contractor or prospective state contractor? <i>If yes, indicate which branch or branches of government the contract is with:</i>			
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Executive <input type="checkbox"/> Legislative			
Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order			Date Received	Aggregate contributions	
			06/30/2021	\$1,000.00	
Last Name		First		M.I.	
Socci		Joe			
Residential Street Address		City		State	Zip Code
93 Bayberry Rd		New Canaan		CT	06840-3902
Principal Occupation		Name of Employer			
Self Employed		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?		Amount of Contribution \$10.00	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Is this contribution associated with an event reported in Section L1? <i>If yes, list Event #</i>		Is contributor a principal of a state contractor or prospective state contractor? <i>If yes, indicate which branch or branches of government the contract is with:</i>			
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Executive <input type="checkbox"/> Legislative			
Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order			Date Received	Aggregate contributions	
			06/30/2021	\$10.00	

SUBTOTAL Section B - This Page	\$1,510.00
TOTAL of Section B Pages	\$302,834.20
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B) <i>(Enter total on Line 13, Column A of Summary Page)</i>	\$303,219.21

I. MONETARY RECEIPTS (Sections A-K)

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)				TYPE OF REPORT	
Bobby Valentine for Stamford				July 10 filing	
A. Total Contributions from Small Contributors - Received this Period ONLY (See instructions for definition of Small Contributor)				Subtotal Section A \$385.01	
B. Itemized Contributions from Individuals					
Last Name		First		M.I.	
Rich		Thomas			
Residential Street Address		City		State	Zip Code
222 Summer St		Stamford		CT	06901-2303
Principal Occupation		Name of Employer			
Executive		FD Rich			
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?			Amount of Contribution \$500.00
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Is this contribution associated with an event reported in Section L1? <i>If yes, list Event #</i>		Is contributor a principal of a state contractor or prospective state contractor? <i>If yes, indicate which branch or branches of government the contract is with:</i>			
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Executive <input type="checkbox"/> Legislative			
Method of contribution:		Date Received		Aggregate contributions	
<input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		06/30/2021		\$500.00	
Last Name		First		M.I.	
Cabrera		James			
Residential Street Address		City		State	Zip Code
36 Sherwood Pl		Greenwich		CT	06830-5638
Principal Occupation		Name of Employer			
Owner		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?			Amount of Contribution \$1,000.00
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Is this contribution associated with an event reported in Section L1? <i>If yes, list Event #</i>		Is contributor a principal of a state contractor or prospective state contractor? <i>If yes, indicate which branch or branches of government the contract is with:</i>			
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Executive <input type="checkbox"/> Legislative			
Method of contribution:		Date Received		Aggregate contributions	
<input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		06/30/2021		\$1,000.00	
Last Name		First		M.I.	
Altamura		Samantha			
Residential Street Address		City		State	Zip Code
887 High Ridge Rd		Stamford		CT	06905-1914
Principal Occupation		Name of Employer			
Housewife		Not 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?			Amount of Contribution \$250.00
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Is this contribution associated with an event reported in Section L1? <i>If yes, list Event #</i>		Is contributor a principal of a state contractor or prospective state contractor? <i>If yes, indicate which branch or branches of government the contract is with:</i>			
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Executive <input type="checkbox"/> Legislative			
Method of contribution:		Date Received		Aggregate contributions	
<input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		06/30/2021		\$250.00	

SUBTOTAL Section B - This Page	\$1,750.00
TOTAL of Section B Pages	\$302,834.20
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B) <i>(Enter total on Line 13, Column A of Summary Page)</i>	\$303,219.21

I. MONETARY RECEIPTS (Sections A-K)

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)				TYPE OF REPORT	
Bobby Valentine for Stamford				July 10 filing	
A. Total Contributions from Small Contributors - Received this Period ONLY (See instructions for definition of Small Contributor)				Subtotal Section A \$385.01	
B. Itemized Contributions from Individuals					
Last Name Altamura		First Eric		M.I.	
Residential Street Address 887 High Ridge Rd		City Stamford		State CT	Zip Code 06905-1914
Principal Occupation Entertainment		Name of Employer Parachute			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		If contribution is in excess of \$400 to a candidate 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? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution \$25.00	
Is this contribution associated with an event reported in Section L1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>If yes, list Event #</i>		Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>If yes, indicate which branch or branches of government the contract is with:</i> <input type="checkbox"/> Executive <input type="checkbox"/> Legislative			
Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		Date Received 06/30/2021	Aggregate contributions \$25.00		
Last Name Nardozzi		First Anthony		M.I.	
Residential Street Address PO Box 146		City Bedford		State NY	Zip Code 10506-0146
Principal Occupation Consultant		Name of Employer Self Employed			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		If contribution is in excess of \$400 to a candidate 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? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution \$1,000.00	
Is this contribution associated with an event reported in Section L1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>If yes, list Event #</i>		Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>If yes, indicate which branch or branches of government the contract is with:</i> <input type="checkbox"/> Executive <input type="checkbox"/> Legislative			
Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		Date Received 06/30/2021	Aggregate contributions \$1,000.00		
Last Name Rapini		First Dominic		M.I.	
Residential Street Address 4 Mariners Way		City Branford		State CT	Zip Code 06405-4481
Principal Occupation Sales Manager		Name of Employer Apple, Inc			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		If contribution is in excess of \$400 to a candidate 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? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution \$100.00	
Is this contribution associated with an event reported in Section L1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>If yes, list Event #</i>		Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>If yes, indicate which branch or branches of government the contract is with:</i> <input type="checkbox"/> Executive <input type="checkbox"/> Legislative			
Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		Date Received 06/30/2021	Aggregate contributions \$100.00		

SUBTOTAL Section B - This Page	\$1,125.00
TOTAL of Section B Pages	\$302,834.20
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B) <i>(Enter total on Line 13, Column A of Summary Page)</i>	\$303,219.21

I. MONETARY RECEIPTS (Sections A-K)

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)				TYPE OF REPORT	
Bobby Valentine for Stamford				July 10 filing	
A. Total Contributions from Small Contributors - Received this Period ONLY (See instructions for definition of Small Contributor)				Subtotal Section A \$385.01	
B. Itemized Contributions from Individuals					
Last Name Heekin		First Donna		M.I.	
Residential Street Address 12 Wynnewood Ln		City Stamford		State CT	Zip Code 06903-1931
Principal Occupation n/a		Name of Employer n/a			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		If contribution is in excess of \$400 to a candidate 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? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution \$1,000.00	
Is this contribution associated with an event reported in Section L1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>If yes, list Event #</i>		Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>If yes, indicate which branch or branches of government the contract is with:</i> <input type="checkbox"/> Executive <input type="checkbox"/> Legislative			
Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		Date Received 06/30/2021	Aggregate contributions \$1,000.00		
Last Name Fowler		First Clayton		M.I.	
Residential Street Address 1 N Water St, Ste 100		City Norwalk		State CT	Zip Code 06854-2260
Principal Occupation CEO		Name of Employer Spinnaker Real Estate Partners			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		If contribution is in excess of \$400 to a candidate 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? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution \$1,000.00	
Is this contribution associated with an event reported in Section L1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>If yes, list Event #</i>		Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>If yes, indicate which branch or branches of government the contract is with:</i> <input type="checkbox"/> Executive <input type="checkbox"/> Legislative			
Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		Date Received 06/30/2021	Aggregate contributions \$1,000.00		
Last Name Cognetta		First Nicholas		M.I.	
Residential Street Address 104 Myrtle Ave		City Stamford		State CT	Zip Code 06902-3929
Principal Occupation Funeral Director		Name of Employer N.F. Cognetta Funeral Home			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		If contribution is in excess of \$400 to a candidate 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? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution \$250.00	
Is this contribution associated with an event reported in Section L1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>If yes, list Event #</i>		Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>If yes, indicate which branch or branches of government the contract is with:</i> <input type="checkbox"/> Executive <input type="checkbox"/> Legislative			
Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		Date Received 06/30/2021	Aggregate contributions \$250.00		

SUBTOTAL Section B - This Page	\$2,250.00
TOTAL of Section B Pages	\$302,834.20
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B) <i>(Enter total on Line 13, Column A of Summary Page)</i>	\$303,219.21

I. MONETARY RECEIPTS (Sections A-K)

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)				TYPE OF REPORT	
Bobby Valentine for Stamford				July 10 filing	
A. Total Contributions from Small Contributors - Received this Period ONLY (See instructions for definition of Small Contributor)				Subtotal Section A \$385.01	
B. Itemized Contributions from Individuals					
Last Name Dilorenzo		First Jessica		M.I.	
Residential Street Address 6 Shadow Ridge Rd		City Stamford		State CT	Zip Code 06905-1809
Principal Occupation Vessel operator		Name of Employer Triworld Shipping Services			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		If contribution is in excess of \$400 to a candidate 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? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution \$20.00	
Is this contribution associated with an event reported in Section L1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>If yes, list Event #</i>		Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>If yes, indicate which branch or branches of government the contract is with:</i> <input type="checkbox"/> Executive <input type="checkbox"/> Legislative			
Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		Date Received 06/30/2021	Aggregate contributions \$20.00		
Last Name Moss		First Robert		M.I.	
Residential Street Address 25 Glenbrook Rd, Apt 332		City Stamford		State CT	Zip Code 06902-2873
Principal Occupation Unemployed		Name of Employer Unemployed			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		If contribution is in excess of \$400 to a candidate 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? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution \$100.00	
Is this contribution associated with an event reported in Section L1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>If yes, list Event #</i>		Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>If yes, indicate which branch or branches of government the contract is with:</i> <input type="checkbox"/> Executive <input type="checkbox"/> Legislative			
Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		Date Received 06/30/2021	Aggregate contributions \$100.00		
Last Name Whitman		First John		M.I.	
Residential Street Address 5 Field Point Dr		City Greenwich		State CT	Zip Code 06830-7013
Principal Occupation Asset Manager		Name of Employer Aldwin Apartments			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		If contribution is in excess of \$400 to a candidate 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? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution \$1,000.00	
Is this contribution associated with an event reported in Section L1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>If yes, list Event #</i>		Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>If yes, indicate which branch or branches of government the contract is with:</i> <input type="checkbox"/> Executive <input type="checkbox"/> Legislative			
Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		Date Received 06/30/2021	Aggregate contributions \$1,000.00		

SUBTOTAL Section B - This Page	\$1,120.00
TOTAL of Section B Pages	\$302,834.20
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B) <i>(Enter total on Line 13, Column A of Summary Page)</i>	\$303,219.21

I. MONETARY RECEIPTS (Sections A-K)

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)				TYPE OF REPORT	
Bobby Valentine for Stamford				July 10 filing	
A. Total Contributions from Small Contributors - Received this Period ONLY (See instructions for definition of Small Contributor)				Subtotal Section A \$385.01	
B. Itemized Contributions from Individuals					
Last Name		First		M.I.	
Loyal		Michael			
Residential Street Address		City		State	Zip Code
960 Hope St, Apt 2F		Stamford		CT	06907-2211
Principal Occupation		Name of Employer			
Security Guard		A&E Television			
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?		Amount of Contribution \$50.00	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Is this contribution associated with an event reported in Section L1? <i>If yes, list Event #</i>		Is contributor a principal of a state contractor or prospective state contractor? <i>If yes, indicate which branch or branches of government the contract is with:</i>			
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Executive <input type="checkbox"/> Legislative			
Method of contribution:		Date Received		Aggregate contributions	
<input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		06/30/2021		\$50.00	
Last Name		First		M.I.	
Kolenberg		Michelle			
Residential Street Address		City		State	Zip Code
97 Harvest Hill Ln		Stamford		CT	06905-2816
Principal Occupation		Name of Employer			
n/a		n/a			
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?		Amount of Contribution \$50.00	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Is this contribution associated with an event reported in Section L1? <i>If yes, list Event #</i>		Is contributor a principal of a state contractor or prospective state contractor? <i>If yes, indicate which branch or branches of government the contract is with:</i>			
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Executive <input type="checkbox"/> Legislative			
Method of contribution:		Date Received		Aggregate contributions	
<input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		06/30/2021		\$50.00	
Last Name		First		M.I.	
Harvey		Jay			
Residential Street Address		City		State	Zip Code
		Lake Placid		NY	
Principal Occupation		Name of Employer			
N/A		N/A			
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?		Amount of Contribution \$30.00	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Is this contribution associated with an event reported in Section L1? <i>If yes, list Event #</i>		Is contributor a principal of a state contractor or prospective state contractor? <i>If yes, indicate which branch or branches of government the contract is with:</i>			
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Executive <input type="checkbox"/> Legislative			
Method of contribution:		Date Received		Aggregate contributions	
<input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		06/26/2021		\$30.00	

SUBTOTAL Section B - This Page	\$130.00
TOTAL of Section B Pages	\$302,834.20
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B) <i>(Enter total on Line 13, Column A of Summary Page)</i>	\$303,219.21

I. MONETARY RECEIPTS (Sections A-K)

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)				TYPE OF REPORT	
Bobby Valentine for Stamford				July 10 filing	
A. Total Contributions from Small Contributors - Received this Period ONLY (See instructions for definition of Small Contributor)				Subtotal Section A \$385.01	
B. Itemized Contributions from Individuals					
Last Name		First		M.I.	
Galorij		Peter			
Residential Street Address		City		State	Zip Code
NA		Stamford		CT	06905
Principal Occupation		Name of Employer			
N/A		N/A			
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?		Amount of Contribution	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Is this contribution associated with an event reported in Section L1?		Is contributor a principal of a state contractor or prospective state contractor?		\$50.00	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>If yes, list Event #</i>		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>If yes, indicate which branch or branches of government the contract is with:</i> <input type="checkbox"/> Executive <input type="checkbox"/> Legislative			
Method of contribution:		Date Received		Aggregate contributions	
<input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		06/26/2021		\$50.00	
Last Name		First		M.I.	
Rosen		Rich			
Residential Street Address		City		State	Zip Code
		Stamford		CT	06902
Principal Occupation		Name of Employer			
Portfolio Manager		Portfolio Manager			
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?		Amount of Contribution	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Is this contribution associated with an event reported in Section L1?		Is contributor a principal of a state contractor or prospective state contractor?		\$30.00	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>If yes, list Event #</i>		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>If yes, indicate which branch or branches of government the contract is with:</i> <input type="checkbox"/> Executive <input type="checkbox"/> Legislative			
Method of contribution:		Date Received		Aggregate contributions	
<input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		06/26/2021		\$30.00	
Last Name		First		M.I.	
Bayer		Robert			
Residential Street Address		City		State	Zip Code
503 Riversville Rd		Greenwich		CT	06831-2914
Principal Occupation		Name of Employer			
Retired		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?		Amount of Contribution	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Is this contribution associated with an event reported in Section L1?		Is contributor a principal of a state contractor or prospective state contractor?		\$1,000.00	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>If yes, list Event #</i>		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>If yes, indicate which branch or branches of government the contract is with:</i> <input type="checkbox"/> Executive <input type="checkbox"/> Legislative			
Method of contribution:		Date Received		Aggregate contributions	
<input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		06/30/2021		\$1,000.00	

SUBTOTAL Section B - This Page	\$1,080.00
TOTAL of Section B Pages	\$302,834.20
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B) <i>(Enter total on Line 13, Column A of Summary Page)</i>	\$303,219.21

I. MONETARY RECEIPTS (Sections A-K)

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)				TYPE OF REPORT	
Bobby Valentine for Stamford				July 10 filing	
A. Total Contributions from Small Contributors - Received this Period ONLY (See instructions for definition of Small Contributor)				Subtotal Section A \$385.01	
B. Itemized Contributions from Individuals					
Last Name		First		M.I.	
Hickey		Gregory			
Residential Street Address		City		State	Zip Code
102 Butler Ln		New Canaan		CT	06840-6819
Principal Occupation		Name of Employer			
Sales		Mastercard			
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?		Amount of Contribution	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
Is this contribution associated with an event reported in Section L1?		Is contributor a principal of a state contractor or prospective state contractor?		\$100.00	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>If yes, list Event #</i>		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>If yes, indicate which branch or branches of government the contract is with:</i> <input type="checkbox"/> Executive <input type="checkbox"/> Legislative			
Method of contribution:		Date Received		Aggregate contributions	
<input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		06/30/2021		\$100.00	
Last Name		First		M.I.	
COX		jody			
Residential Street Address		City		State	Zip Code
28 White Birch Cir		Somers		CT	06071-1007
Principal Occupation		Name of Employer			
realtor		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?		Amount of Contribution	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Is this contribution associated with an event reported in Section L1?		Is contributor a principal of a state contractor or prospective state contractor?		\$50.00	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>If yes, list Event #</i>		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>If yes, indicate which branch or branches of government the contract is with:</i> <input type="checkbox"/> Executive <input type="checkbox"/> Legislative			
Method of contribution:		Date Received		Aggregate contributions	
<input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		06/30/2021		\$50.00	
Last Name		First		M.I.	
Cruse		Elysa		R	
Residential Street Address		City		State	Zip Code
NA		Stamford		CT	06903
Principal Occupation		Name of Employer			
NA		NA			
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?		Amount of Contribution	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Is this contribution associated with an event reported in Section L1?		Is contributor a principal of a state contractor or prospective state contractor?		\$50.00	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>If yes, list Event #</i>		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>If yes, indicate which branch or branches of government the contract is with:</i> <input type="checkbox"/> Executive <input type="checkbox"/> Legislative			
Method of contribution:		Date Received		Aggregate contributions	
<input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		06/30/2021		\$50.00	

SUBTOTAL Section B - This Page	\$200.00
TOTAL of Section B Pages	\$302,834.20
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B) <i>(Enter total on Line 13, Column A of Summary Page)</i>	\$303,219.21

I. MONETARY RECEIPTS (Sections A-K)

NAME OF COMMITTEE <i>(Provide Complete Name as Registered with Filing Repository)</i>				TYPE OF REPORT	
Bobby Valentine for Stamford				July 10 filing	
A. Total Contributions from Small Contributors - Received this Period ONLY <i>(See instructions for definition of Small Contributor)</i>				Subtotal Section A \$385.01	
B. Itemized Contributions from Individuals					
Last Name		First		M.I.	
LaPolice		Denis			
Residential Street Address		City		State	Zip Code
8 River Wind Rd		New Canaan		CT	06840-2529
Principal Occupation		Name of Employer			
CEO		www.rmgfinance.com			
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?		Amount of Contribution	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Is this contribution associated with an event reported in Section L1?		Is contributor a principal of a state contractor or prospective state contractor?		\$1,000.00	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>If yes, list Event #</i>		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>If yes, indicate which branch or branches of government the contract is with:</i> <input type="checkbox"/> Executive <input type="checkbox"/> Legislative			
Method of contribution:		Date Received		Aggregate contributions	
<input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		06/30/2021		\$1,000.00	
Last Name		First		M.I.	
Caggainello		Greg			
Residential Street Address		City		State	Zip Code
100 Scarlet Oak Dr		Wilton		CT	06897-1015
Principal Occupation		Name of Employer			
Cfo		Reckson			
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?		Amount of Contribution	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Is this contribution associated with an event reported in Section L1?		Is contributor a principal of a state contractor or prospective state contractor?		\$500.00	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>If yes, list Event #</i>		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>If yes, indicate which branch or branches of government the contract is with:</i> <input type="checkbox"/> Executive <input type="checkbox"/> Legislative			
Method of contribution:		Date Received		Aggregate contributions	
<input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		06/30/2021		\$500.00	
Last Name		First		M.I.	
Santi		Diana			
Residential Street Address		City		State	Zip Code
197 Brookdale Rd		Stamford		CT	06903-4119
Principal Occupation		Name of Employer			
Retired		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?		Amount of Contribution	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Is this contribution associated with an event reported in Section L1?		Is contributor a principal of a state contractor or prospective state contractor?		\$20.00	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>If yes, list Event #</i>		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>If yes, indicate which branch or branches of government the contract is with:</i> <input type="checkbox"/> Executive <input type="checkbox"/> Legislative			
Method of contribution:		Date Received		Aggregate contributions	
<input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		06/30/2021		\$20.00	

SUBTOTAL Section B - This Page	\$1,520.00
TOTAL of Section B Pages	\$302,834.20
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B) <i>(Enter total on Line 13, Column A of Summary Page)</i>	\$303,219.21

I. MONETARY RECEIPTS (Sections A-K)

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)				TYPE OF REPORT	
Bobby Valentine for Stamford				July 10 filing	
A. Total Contributions from Small Contributors - Received this Period ONLY (See instructions for definition of Small Contributor)				Subtotal Section A \$385.01	
B. Itemized Contributions from Individuals					
Last Name		First		M.I.	
Alberto Flores		Angie			
Residential Street Address		City		State	Zip Code
58 Liberty St, Apt 2		Stamford		CT	06902-4736
Principal Occupation		Name of Employer			
N/A		N/A			
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?		Amount of Contribution	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Is this contribution associated with an event reported in Section L1?		Is contributor a principal of a state contractor or prospective state contractor?		\$10.00	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>If yes, list Event #</i>		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>If yes, indicate which branch or branches of government the contract is with:</i> <input type="checkbox"/> Executive <input type="checkbox"/> Legislative			
Method of contribution:		Date Received		Aggregate contributions	
<input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		06/30/2021		\$10.00	
Last Name		First		M.I.	
Alberto		Carlos			
Residential Street Address		City		State	Zip Code
58 Liberty St, Apt 2		Stamford		CT	06902-4736
Principal Occupation		Name of Employer			
N/A		N?A			
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?		Amount of Contribution	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Is this contribution associated with an event reported in Section L1?		Is contributor a principal of a state contractor or prospective state contractor?		\$10.00	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>If yes, list Event #</i>		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>If yes, indicate which branch or branches of government the contract is with:</i> <input type="checkbox"/> Executive <input type="checkbox"/> Legislative			
Method of contribution:		Date Received		Aggregate contributions	
<input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		06/30/2021		\$10.00	
Last Name		First		M.I.	
Caggainello		Patricia			
Residential Street Address		City		State	Zip Code
100 Scarlet Oak Dr		Wilton		CT	06897-1015
Principal Occupation		Name of Employer			
Consulting		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?		Amount of Contribution	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Is this contribution associated with an event reported in Section L1?		Is contributor a principal of a state contractor or prospective state contractor?		\$500.00	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>If yes, list Event #</i>		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>If yes, indicate which branch or branches of government the contract is with:</i> <input type="checkbox"/> Executive <input type="checkbox"/> Legislative			
Method of contribution:		Date Received		Aggregate contributions	
<input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		06/30/2021		\$500.00	

SUBTOTAL Section B - This Page	\$520.00
TOTAL of Section B Pages	\$302,834.20
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B) <i>(Enter total on Line 13, Column A of Summary Page)</i>	\$303,219.21

I. MONETARY RECEIPTS (Sections A-K)

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)				TYPE OF REPORT	
Bobby Valentine for Stamford				July 10 filing	
A. Total Contributions from Small Contributors - Received this Period ONLY (See instructions for definition of Small Contributor)				Subtotal Section A \$385.01	
B. Itemized Contributions from Individuals					
Last Name		First		M.I.	
Lane		Thomas			
Residential Street Address		City		State	Zip Code
1000 Valence St		New Orleans		LA	70115-2855
Principal Occupation		Name of Employer			
Attorney		Brady			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		If contribution is in excess of \$400 to a candidate 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? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution \$1,000.00	
Is this contribution associated with an event reported in Section L1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>If yes, list Event #</i>		Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>If yes, indicate which branch or branches of government the contract is with:</i> <input type="checkbox"/> Executive <input type="checkbox"/> Legislative			
Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		Date Received 06/30/2021	Aggregate contributions \$1,000.00		
Last Name		First		M.I.	
Fullerton		Robert			
Residential Street Address		City		State	Zip Code
2829 Via Segovia		Palos Verdes Estates		CA	90274-4359
Principal Occupation		Name of Employer			
Financial Advisor		Morgan Stanley			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		If contribution is in excess of \$400 to a candidate 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? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution \$500.00	
Is this contribution associated with an event reported in Section L1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>If yes, list Event #</i>		Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>If yes, indicate which branch or branches of government the contract is with:</i> <input type="checkbox"/> Executive <input type="checkbox"/> Legislative			
Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		Date Received 06/30/2021	Aggregate contributions \$500.00		
Last Name		First		M.I.	
Barile Jr.		Mike			
Residential Street Address		City		State	Zip Code
1258 North St		Suffield		CT	06078-1112
Principal Occupation		Name of Employer			
Teacher		Suffield Public Schools			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		If contribution is in excess of \$400 to a candidate 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? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution \$50.00	
Is this contribution associated with an event reported in Section L1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>If yes, list Event #</i>		Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>If yes, indicate which branch or branches of government the contract is with:</i> <input type="checkbox"/> Executive <input type="checkbox"/> Legislative			
Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		Date Received 06/30/2021	Aggregate contributions \$50.00		

SUBTOTAL Section B - This Page	\$1,550.00
TOTAL of Section B Pages	\$302,834.20
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B) <i>(Enter total on Line 13, Column A of Summary Page)</i>	\$303,219.21

I. MONETARY RECEIPTS (Sections A-K)

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)				TYPE OF REPORT	
Bobby Valentine for Stamford				July 10 filing	
A. Total Contributions from Small Contributors - Received this Period ONLY (See instructions for definition of Small Contributor)				Subtotal Section A \$385.01	
B. Itemized Contributions from Individuals					
Last Name Haber		First Adam		M.I.	
Residential Street Address 35 Crabapple Dr		City Roslyn		State NY	Zip Code 11576-2300
Principal Occupation Logistics		Name of Employer Trellus			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		If contribution is in excess of \$400 to a candidate 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? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution \$1,000.00	
Is this contribution associated with an event reported in Section L1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>If yes, list Event #</i>		Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>If yes, indicate which branch or branches of government the contract is with:</i> <input type="checkbox"/> Executive <input type="checkbox"/> Legislative			
Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		Date Received 06/30/2021	Aggregate contributions \$1,000.00		
Last Name OConnor		First Sean		M.I.	
Residential Street Address 29 Gaymoor Cir		City Stamford		State CT	Zip Code 06907-1328
Principal Occupation Executive		Name of Employer Warshaw Capital, LLC			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		If contribution is in excess of \$400 to a candidate 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? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution \$50.00	
Is this contribution associated with an event reported in Section L1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>If yes, list Event #</i>		Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>If yes, indicate which branch or branches of government the contract is with:</i> <input type="checkbox"/> Executive <input type="checkbox"/> Legislative			
Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		Date Received 06/30/2021	Aggregate contributions \$50.00		
Last Name Chiappetta		First DON		M.I.	
Residential Street Address 73 Flint Rock Rd		City Stamford		State CT	Zip Code 06903-3821
Principal Occupation Auto mechanic		Name of Employer Self Employed			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		If contribution is in excess of \$400 to a candidate 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? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution \$50.00	
Is this contribution associated with an event reported in Section L1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>If yes, list Event #</i>		Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>If yes, indicate which branch or branches of government the contract is with:</i> <input type="checkbox"/> Executive <input type="checkbox"/> Legislative			
Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		Date Received 06/30/2021	Aggregate contributions \$50.00		

SUBTOTAL Section B - This Page	\$1,100.00
TOTAL of Section B Pages	\$302,834.20
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B) <i>(Enter total on Line 13, Column A of Summary Page)</i>	\$303,219.21

I. MONETARY RECEIPTS (Sections A-K)

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)				TYPE OF REPORT	
Bobby Valentine for Stamford				July 10 filing	
A. Total Contributions from Small Contributors - Received this Period ONLY (See instructions for definition of Small Contributor)				Subtotal Section A \$385.01	
B. Itemized Contributions from Individuals					
Last Name		First		M.I.	
Lonergan		Lance			
Residential Street Address		City		State	Zip Code
346 Compo Rd S		Westport		CT	06880-6517
Principal Occupation		Name of Employer			
Magician		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?		Amount of Contribution	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Is this contribution associated with an event reported in Section L1?		Is contributor a principal of a state contractor or prospective state contractor?		\$1,000.00	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>If yes, list Event #</i>		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>If yes, indicate which branch or branches of government the contract is with:</i> <input type="checkbox"/> Executive <input type="checkbox"/> Legislative			
Method of contribution:		Date Received	Aggregate contributions		
<input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		06/30/2021	\$1,000.00		
Last Name		First		M.I.	
Sciarretta		Peter			
Residential Street Address		City		State	Zip Code
996 Rock Rimmon Rd		Stamford		CT	06903-1220
Principal Occupation		Name of Employer			
High-end residential general contractor		Hemingway			
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?		Amount of Contribution	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Is this contribution associated with an event reported in Section L1?		Is contributor a principal of a state contractor or prospective state contractor?		\$10.00	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>If yes, list Event #</i>		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>If yes, indicate which branch or branches of government the contract is with:</i> <input type="checkbox"/> Executive <input type="checkbox"/> Legislative			
Method of contribution:		Date Received	Aggregate contributions		
<input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		06/30/2021	\$10.00		
Last Name		First		M.I.	
Marottolo		CJ			
Residential Street Address		City		State	Zip Code
39 Millbrook Rd		North Haven		CT	06473-4332
Principal Occupation		Name of Employer			
Hockey coach		Sacred Heart University			
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?		Amount of Contribution	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Is this contribution associated with an event reported in Section L1?		Is contributor a principal of a state contractor or prospective state contractor?		\$20.00	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>If yes, list Event #</i>		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>If yes, indicate which branch or branches of government the contract is with:</i> <input type="checkbox"/> Executive <input type="checkbox"/> Legislative			
Method of contribution:		Date Received	Aggregate contributions		
<input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		06/30/2021	\$20.00		

SUBTOTAL Section B - This Page	\$1,030.00
TOTAL of Section B Pages	\$302,834.20
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B) <i>(Enter total on Line 13, Column A of Summary Page)</i>	\$303,219.21

I. MONETARY RECEIPTS (Sections A-K)

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)				TYPE OF REPORT	
Bobby Valentine for Stamford				July 10 filing	
A. Total Contributions from Small Contributors - Received this Period ONLY (See instructions for definition of Small Contributor)				Subtotal Section A \$385.01	
B. Itemized Contributions from Individuals					
Last Name		First		M.I.	
Mercede		Fran			
Residential Street Address		City		State	Zip Code
235 Main St		Norwalk		CT	06851-2720
Principal Occupation		Name of Employer			
Owner		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?		Amount of Contribution \$10.00	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Is this contribution associated with an event reported in Section L1?		Is contributor a principal of a state contractor or prospective state contractor?		Amount of Contribution \$1,000.00	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>If yes, list Event #</i>		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>If yes, indicate which branch or branches of government the contract is with:</i> <input type="checkbox"/> Executive <input type="checkbox"/> Legislative			
Method of contribution:		Date Received		Aggregate contributions	
<input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		06/30/2021		\$10.00	
Last Name		First		M.I.	
Dichter		Shoshana			
Residential Street Address		City		State	Zip Code
5 Pineview Cir		Purchase		NY	10577-1123
Principal Occupation		Name of Employer			
Communications executive		Wheels Up			
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?		Amount of Contribution \$1,000.00	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Is this contribution associated with an event reported in Section L1?		Is contributor a principal of a state contractor or prospective state contractor?		Amount of Contribution \$20.00	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>If yes, list Event #</i>		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>If yes, indicate which branch or branches of government the contract is with:</i> <input type="checkbox"/> Executive <input type="checkbox"/> Legislative			
Method of contribution:		Date Received		Aggregate contributions	
<input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		06/30/2021		\$20.00	

SUBTOTAL Section B - This Page	\$1,030.00
TOTAL of Section B Pages	\$302,834.20
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B) <i>(Enter total on Line 13, Column A of Summary Page)</i>	\$303,219.21

I. MONETARY RECEIPTS (Sections A-K)

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)				TYPE OF REPORT	
Bobby Valentine for Stamford				July 10 filing	
A. Total Contributions from Small Contributors - Received this Period ONLY (See instructions for definition of Small Contributor)				Subtotal Section A \$385.01	
B. Itemized Contributions from Individuals					
Last Name		First		M.I.	
Golenbock		Peter			
Residential Street Address		City		State	Zip Code
849 Jennings Ave N		Saint Petersburg		FL	33704-1142
Principal Occupation		Name of Employer			
softball player		self			
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?		Amount of Contribution	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Is this contribution associated with an event reported in Section L1?		Is contributor a principal of a state contractor or prospective state contractor?		\$20.00	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>If yes, list Event #</i>		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>If yes, indicate which branch or branches of government the contract is with:</i> <input type="checkbox"/> Executive <input type="checkbox"/> Legislative			
Method of contribution:		Date Received		Aggregate contributions	
<input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		06/30/2021		\$20.00	
Last Name		First		M.I.	
petrecki		Nick			
Residential Street Address		City		State	Zip Code
133 White Birch Rd		New Canaan		CT	06840-6723
Principal Occupation		Name of Employer			
Med device sales		Surge medical			
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?		Amount of Contribution	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Is this contribution associated with an event reported in Section L1?		Is contributor a principal of a state contractor or prospective state contractor?		\$500.00	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>If yes, list Event #</i>		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>If yes, indicate which branch or branches of government the contract is with:</i> <input type="checkbox"/> Executive <input type="checkbox"/> Legislative			
Method of contribution:		Date Received		Aggregate contributions	
<input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		06/30/2021		\$500.00	
Last Name		First		M.I.	
Sanseverino		Thomas			
Residential Street Address		City		State	Zip Code
15 Halloween Blvd		Stamford		CT	06902-5104
Principal Occupation		Name of Employer			
Contractor		Camsan Inc.			
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?		Amount of Contribution	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Is this contribution associated with an event reported in Section L1?		Is contributor a principal of a state contractor or prospective state contractor?		\$500.00	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>If yes, list Event #</i>		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>If yes, indicate which branch or branches of government the contract is with:</i> <input type="checkbox"/> Executive <input type="checkbox"/> Legislative			
Method of contribution:		Date Received		Aggregate contributions	
<input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		06/30/2021		\$500.00	

SUBTOTAL Section B - This Page	\$1,020.00
TOTAL of Section B Pages	\$302,834.20
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B) <i>(Enter total on Line 13, Column A of Summary Page)</i>	\$303,219.21

I. MONETARY RECEIPTS (Sections A-K)

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)				TYPE OF REPORT	
Bobby Valentine for Stamford				July 10 filing	
A. Total Contributions from Small Contributors - Received this Period ONLY (See instructions for definition of Small Contributor)				Subtotal Section A \$385.01	
B. Itemized Contributions from Individuals					
Last Name Hair		First Thomas		M.I. J	
Residential Street Address 36 Plymouth Rd		City Stamford		State CT	Zip Code 06906-1613
Principal Occupation Landscaper		Name of Employer self employed			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		If contribution is in excess of \$400 to a candidate 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? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution \$50.00	
Is this contribution associated with an event reported in Section L1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>If yes, list Event #</i>		Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>If yes, indicate which branch or branches of government the contract is with:</i> <input type="checkbox"/> Executive <input type="checkbox"/> Legislative			
Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		Date Received 06/30/2021	Aggregate contributions \$50.00		
Last Name Hair		First Wendy		M.I. K	
Residential Street Address 36 Plymouth Rd		City Stamford		State CT	Zip Code 06906-1613
Principal Occupation n/a		Name of Employer n/a			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		If contribution is in excess of \$400 to a candidate 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? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution \$50.00	
Is this contribution associated with an event reported in Section L1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>If yes, list Event #</i>		Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>If yes, indicate which branch or branches of government the contract is with:</i> <input type="checkbox"/> Executive <input type="checkbox"/> Legislative			
Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		Date Received 06/30/2021	Aggregate contributions \$50.00		
Last Name Kuczynski		First Thomas		M.I.	
Residential Street Address 150 Van Rensselaer Ave		City Stamford		State CT	Zip Code 06902-8021
Principal Occupation Management Consultant		Name of Employer Pareto Group			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		If contribution is in excess of \$400 to a candidate 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? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution \$250.00	
Is this contribution associated with an event reported in Section L1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>If yes, list Event #</i>		Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>If yes, indicate which branch or branches of government the contract is with:</i> <input type="checkbox"/> Executive <input type="checkbox"/> Legislative			
Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		Date Received 06/30/2021	Aggregate contributions \$250.00		

SUBTOTAL Section B - This Page	\$350.00
TOTAL of Section B Pages	\$302,834.20
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B) <i>(Enter total on Line 13, Column A of Summary Page)</i>	\$303,219.21

I. MONETARY RECEIPTS (Sections A-K)

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)				TYPE OF REPORT	
Bobby Valentine for Stamford				July 10 filing	
A. Total Contributions from Small Contributors - Received this Period ONLY (See instructions for definition of Small Contributor)				Subtotal Section A \$385.01	
B. Itemized Contributions from Individuals					
Last Name		First		M.I.	
Messina		Jill			
Residential Street Address		City		State	Zip Code
120 Towne St		Stamford		CT	06902-6097
Principal Occupation			Name of Employer		
Esthetician			Self		
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?		Amount of Contribution	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Is this contribution associated with an event reported in Section L1?		Is contributor a principal of a state contractor or prospective state contractor?		\$5.00	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>If yes, list Event #</i>		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>If yes, indicate which branch or branches of government the contract is with:</i> <input type="checkbox"/> Executive <input type="checkbox"/> Legislative			
Method of contribution:			Date Received	Aggregate contributions	
<input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order			06/30/2021	\$5.00	
Last Name		First		M.I.	
Depreta		Marlene			
Residential Street Address		City		State	Zip Code
168 Belltown Rd, Apt 7		Stamford		CT	06905-3313
Principal Occupation			Name of Employer		
n/a			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?		Amount of Contribution	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Is this contribution associated with an event reported in Section L1?		Is contributor a principal of a state contractor or prospective state contractor?		\$100.00	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>If yes, list Event #</i>		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>If yes, indicate which branch or branches of government the contract is with:</i> <input type="checkbox"/> Executive <input type="checkbox"/> Legislative			
Method of contribution:			Date Received	Aggregate contributions	
<input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order			06/30/2021	\$100.00	
Last Name		First		M.I.	
O'Connell		Bonnie			
Residential Street Address		City		State	Zip Code
41 Sterling Pl		Stamford		CT	06907-1336
Principal Occupation			Name of Employer		
Administrator			BVSA		
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?		Amount of Contribution	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Is this contribution associated with an event reported in Section L1?		Is contributor a principal of a state contractor or prospective state contractor?		\$50.00	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>If yes, list Event #</i>		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>If yes, indicate which branch or branches of government the contract is with:</i> <input type="checkbox"/> Executive <input type="checkbox"/> Legislative			
Method of contribution:			Date Received	Aggregate contributions	
<input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order			06/30/2021	\$50.00	

SUBTOTAL Section B - This Page	\$155.00
TOTAL of Section B Pages	\$302,834.20
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B) <i>(Enter total on Line 13, Column A of Summary Page)</i>	\$303,219.21

I. MONETARY RECEIPTS (Sections A-K)

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)				TYPE OF REPORT	
Bobby Valentine for Stamford				July 10 filing	
A. Total Contributions from Small Contributors - Received this Period ONLY (See instructions for definition of Small Contributor)				Subtotal Section A \$385.01	
B. Itemized Contributions from Individuals					
Last Name		First		M.I.	
Battinelli		Tony			
Residential Street Address		City		State	Zip Code
HUNTING Rdg		Stamford		CT	06906
Principal Occupation		Name of Employer			
builder		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?		Amount of Contribution	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Is this contribution associated with an event reported in Section L1?		Is contributor a principal of a state contractor or prospective state contractor?		\$100.00	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>If yes, list Event #</i>		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>If yes, indicate which branch or branches of government the contract is with:</i> <input type="checkbox"/> Executive <input type="checkbox"/> Legislative			
Method of contribution:		Date Received		Aggregate contributions	
<input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		06/30/2021		\$100.00	
Last Name		First		M.I.	
Valentine		Jennifer			
Residential Street Address		City		State	Zip Code
128 Scoville Rd		Avon		CT	06001-2532
Principal Occupation		Name of Employer			
Actor		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?		Amount of Contribution	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Is this contribution associated with an event reported in Section L1?		Is contributor a principal of a state contractor or prospective state contractor?		\$20.00	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>If yes, list Event #</i>		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>If yes, indicate which branch or branches of government the contract is with:</i> <input type="checkbox"/> Executive <input type="checkbox"/> Legislative			
Method of contribution:		Date Received		Aggregate contributions	
<input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		06/30/2021		\$20.00	
Last Name		First		M.I.	
Maggio		Jonathan			
Residential Street Address		City		State	Zip Code
47 Oak St		New Canaan		CT	06840-5839
Principal Occupation		Name of Employer			
Fire Captain		City of Norwalk			
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?		Amount of Contribution	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Is this contribution associated with an event reported in Section L1?		Is contributor a principal of a state contractor or prospective state contractor?		\$25.00	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>If yes, list Event #</i>		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>If yes, indicate which branch or branches of government the contract is with:</i> <input type="checkbox"/> Executive <input type="checkbox"/> Legislative			
Method of contribution:		Date Received		Aggregate contributions	
<input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		06/30/2021		\$25.00	

SUBTOTAL Section B - This Page	\$145.00
TOTAL of Section B Pages	\$302,834.20
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B) <i>(Enter total on Line 13, Column A of Summary Page)</i>	\$303,219.21

I. MONETARY RECEIPTS (Sections A-K)

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)				TYPE OF REPORT	
Bobby Valentine for Stamford				July 10 filing	
A. Total Contributions from Small Contributors - Received this Period ONLY (See instructions for definition of Small Contributor)				Subtotal Section A \$385.01	
B. Itemized Contributions from Individuals					
Last Name Tozek		First Alex		M.I.	
Residential Street Address 240 Abbe Rd		City Enfield		State CT	Zip Code 06082-5727
Principal Occupation N/A		Name of Employer N/A			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		If contribution is in excess of \$400 to a candidate 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? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution \$5.00	
Is this contribution associated with an event reported in Section L1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>If yes, list Event #</i>		Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>If yes, indicate which branch or branches of government the contract is with:</i> <input type="checkbox"/> Executive <input type="checkbox"/> Legislative			
Method of contribution: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		Date Received 06/30/2021	Aggregate contributions \$5.00		
Last Name Whitehead		First Morgan		M.I.	
Residential Street Address 240 Abbe Rd		City Enfield		State CT	Zip Code 06082-5727
Principal Occupation N/A		Name of Employer N/A			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		If contribution is in excess of \$400 to a candidate 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? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution \$5.00	
Is this contribution associated with an event reported in Section L1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>If yes, list Event #</i>		Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>If yes, indicate which branch or branches of government the contract is with:</i> <input type="checkbox"/> Executive <input type="checkbox"/> Legislative			
Method of contribution: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		Date Received 06/30/2021	Aggregate contributions \$5.00		
Last Name Deyulio		First Andrew		M.I.	
Residential Street Address 602 Stillwater Rd		City Stamford		State CT	Zip Code 06902-2012
Principal Occupation n/a		Name of Employer Retired			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		If contribution is in excess of \$400 to a candidate 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? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution \$25.00	
Is this contribution associated with an event reported in Section L1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>If yes, list Event #</i>		Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>If yes, indicate which branch or branches of government the contract is with:</i> <input type="checkbox"/> Executive <input type="checkbox"/> Legislative			
Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		Date Received 06/30/2021	Aggregate contributions \$25.00		

SUBTOTAL Section B - This Page	\$35.00
TOTAL of Section B Pages	\$302,834.20
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B) <i>(Enter total on Line 13, Column A of Summary Page)</i>	\$303,219.21

I. MONETARY RECEIPTS (Sections A-K)

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)				TYPE OF REPORT	
Bobby Valentine for Stamford				July 10 filing	
A. Total Contributions from Small Contributors - Received this Period ONLY (See instructions for definition of Small Contributor)				Subtotal Section A \$385.01	
B. Itemized Contributions from Individuals					
Last Name		First		M.I.	
Johns		George		E	
Residential Street Address		City		State	Zip Code
597 W Hill Rd		Stamford		CT	06902-1412
Principal Occupation		Name of Employer			
Dry Cleaner		Ridgeway Cleaners			
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?		Amount of Contribution	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		\$25.00	
Is this contribution associated with an event reported in Section L1? <i>If yes, list Event #</i>		Is contributor a principal of a state contractor or prospective state contractor? <i>If yes, indicate which branch or branches of government the contract is with:</i>			
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Executive <input type="checkbox"/> Legislative			
Method of contribution:		Date Received	Aggregate contributions		
<input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		06/30/2021	\$25.00		
Last Name		First		M.I.	
Bocuzzi		Lexi			
Residential Street Address		City		State	Zip Code
63 Den Rd		Stamford		CT	06902-1114
Principal Occupation		Name of Employer			
Student		Student			
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?		Amount of Contribution	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		\$5.00	
Is this contribution associated with an event reported in Section L1? <i>If yes, list Event #</i>		Is contributor a principal of a state contractor or prospective state contractor? <i>If yes, indicate which branch or branches of government the contract is with:</i>			
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Executive <input type="checkbox"/> Legislative			
Method of contribution:		Date Received	Aggregate contributions		
<input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		06/30/2021	\$5.00		
Last Name		First		M.I.	
Johns		Karen		A	
Residential Street Address		City		State	Zip Code
597 W Hill Rd		Stamford		CT	06902-1412
Principal Occupation		Name of Employer			
N/A		N/A			
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?		Amount of Contribution	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		\$25.00	
Is this contribution associated with an event reported in Section L1? <i>If yes, list Event #</i>		Is contributor a principal of a state contractor or prospective state contractor? <i>If yes, indicate which branch or branches of government the contract is with:</i>			
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Executive <input type="checkbox"/> Legislative			
Method of contribution:		Date Received	Aggregate contributions		
<input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		06/30/2021	\$25.00		

SUBTOTAL Section B - This Page	\$55.00
TOTAL of Section B Pages	\$302,834.20
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B) <i>(Enter total on Line 13, Column A of Summary Page)</i>	\$303,219.21

I. MONETARY RECEIPTS (Sections A-K)

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)				TYPE OF REPORT	
Bobby Valentine for Stamford				July 10 filing	
A. Total Contributions from Small Contributors - Received this Period ONLY (See instructions for definition of Small Contributor)				Subtotal Section A \$385.01	
B. Itemized Contributions from Individuals					
Last Name		First		M.I.	
Sherwood		Jami			
Residential Street Address		City		State	Zip Code
48 Putter Dr		Stamford		CT	06907-1238
Principal Occupation		Name of Employer			
graphic designer		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?		Amount of Contribution	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Is this contribution associated with an event reported in Section L1?		Is contributor a principal of a state contractor or prospective state contractor?		\$20.00	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>If yes, list Event #</i>		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>If yes, indicate which branch or branches of government the contract is with:</i> <input type="checkbox"/> Executive <input type="checkbox"/> Legislative			
Method of contribution:		Date Received		Aggregate contributions	
<input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		06/30/2021		\$20.00	
Last Name		First		M.I.	
Rios		Joe			
Residential Street Address		City		State	Zip Code
833 Summer St		Stamford		CT	06901-1024
Principal Occupation		Name of Employer			
Owner		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?		Amount of Contribution	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Is this contribution associated with an event reported in Section L1?		Is contributor a principal of a state contractor or prospective state contractor?		\$10.00	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>If yes, list Event #</i>		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>If yes, indicate which branch or branches of government the contract is with:</i> <input type="checkbox"/> Executive <input type="checkbox"/> Legislative			
Method of contribution:		Date Received		Aggregate contributions	
<input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		06/30/2021		\$10.00	
Last Name		First		M.I.	
Abbazia-Lodato		Marilyn			
Residential Street Address		City		State	Zip Code
54 Cedarwood Ln		Shelton		CT	06484-2739
Principal Occupation		Name of Employer			
Liquor Consultant		CT Liquor Permit			
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?		Amount of Contribution	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Is this contribution associated with an event reported in Section L1?		Is contributor a principal of a state contractor or prospective state contractor?		\$200.00	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>If yes, list Event #</i>		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>If yes, indicate which branch or branches of government the contract is with:</i> <input type="checkbox"/> Executive <input type="checkbox"/> Legislative			
Method of contribution:		Date Received		Aggregate contributions	
<input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		06/30/2021		\$200.00	

SUBTOTAL Section B - This Page	\$230.00
TOTAL of Section B Pages	\$302,834.20
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B) <i>(Enter total on Line 13, Column A of Summary Page)</i>	\$303,219.21

I. MONETARY RECEIPTS (Sections A-K)

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)				TYPE OF REPORT	
Bobby Valentine for Stamford				July 10 filing	
A. Total Contributions from Small Contributors - Received this Period ONLY (See instructions for definition of Small Contributor)				Subtotal Section A \$385.01	
B. Itemized Contributions from Individuals					
Last Name		First		M.I.	
Fremuth		Gunnar			
Residential Street Address		City		State	Zip Code
457 Ocean Dr W		Stamford		CT	06902-8223
Principal Occupation		Name of Employer			
Consultant		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?		Amount of Contribution	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Is this contribution associated with an event reported in Section L1?		Is contributor a principal of a state contractor or prospective state contractor?		\$200.00	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>If yes, list Event #</i>		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>If yes, indicate which branch or branches of government the contract is with:</i> <input type="checkbox"/> Executive <input type="checkbox"/> Legislative			
Method of contribution:		Date Received		Aggregate contributions	
<input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		06/30/2021		\$200.00	
Last Name		First		M.I.	
Stuart		Dana			
Residential Street Address		City		State	Zip Code
207 4th Ave		Garwood		NJ	07027-1114
Principal Occupation		Name of Employer			
customer support		barnacle			
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?		Amount of Contribution	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Is this contribution associated with an event reported in Section L1?		Is contributor a principal of a state contractor or prospective state contractor?		\$1,000.00	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>If yes, list Event #</i>		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>If yes, indicate which branch or branches of government the contract is with:</i> <input type="checkbox"/> Executive <input type="checkbox"/> Legislative			
Method of contribution:		Date Received		Aggregate contributions	
<input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		06/30/2021		\$1,000.00	
Last Name		First		M.I.	
Williams		Elizabeth			
Residential Street Address		City		State	Zip Code
1194 Smith Ridge Rd		New Canaan		CT	06840-2332
Principal Occupation		Name of Employer			
n/a		n/a			
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?		Amount of Contribution	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Is this contribution associated with an event reported in Section L1?		Is contributor a principal of a state contractor or prospective state contractor?		\$50.00	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>If yes, list Event #</i>		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>If yes, indicate which branch or branches of government the contract is with:</i> <input type="checkbox"/> Executive <input type="checkbox"/> Legislative			
Method of contribution:		Date Received		Aggregate contributions	
<input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		06/30/2021		\$50.00	

SUBTOTAL Section B - This Page	\$1,250.00
TOTAL of Section B Pages	\$302,834.20
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B) <i>(Enter total on Line 13, Column A of Summary Page)</i>	\$303,219.21

I. MONETARY RECEIPTS (Sections A-K)

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)				TYPE OF REPORT	
Bobby Valentine for Stamford				July 10 filing	
A. Total Contributions from Small Contributors - Received this Period ONLY (See instructions for definition of Small Contributor)				Subtotal Section A \$385.01	
B. Itemized Contributions from Individuals					
Last Name		First		M.I.	
Hibbert		Michael			
Residential Street Address		City		State	Zip Code
12 Conrad Rd		New Canaan		CT	06840-6724
Principal Occupation		Name of Employer			
Real Estate Manager		Plaza Realty			
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?		Amount of Contribution \$100.00	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Is this contribution associated with an event reported in Section L1? <i>If yes, list Event #</i>		Is contributor a principal of a state contractor or prospective state contractor? <i>If yes, indicate which branch or branches of government the contract is with:</i>			
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Executive <input type="checkbox"/> Legislative			
Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order			Date Received	Aggregate contributions	
			06/30/2021	\$100.00	
Last Name		First		M.I.	
Colatrella		Kathryne			
Residential Street Address		City		State	Zip Code
17 Prince Pl		Stamford		CT	06905-4824
Principal Occupation		Name of Employer			
NA		NA			
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?		Amount of Contribution \$50.00	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Is this contribution associated with an event reported in Section L1? <i>If yes, list Event #</i>		Is contributor a principal of a state contractor or prospective state contractor? <i>If yes, indicate which branch or branches of government the contract is with:</i>			
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Executive <input type="checkbox"/> Legislative			
Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order			Date Received	Aggregate contributions	
			06/24/2021	\$50.00	

SUBTOTAL Section B - This Page	\$150.00
TOTAL of Section B Pages	\$302,834.20
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B) <i>(Enter total on Line 13, Column A of Summary Page)</i>	\$303,219.21

I. MONETARY RECEIPTS (Sections A-K)

Page 319 of 349

NAME OF COMMITTEE <i>(Provide Complete Name as Registered with Filing Repository)</i>	TYPE OF REPORT
Bobby Valentine for Stamford	July 10 filing

Summary of Other Monetary Receipts (Sections D-K)

Total Loans Received this Period (Section D)		\$0.00
Total Receipts from Entities other than Individuals or Other Committees (Section E)	+	\$0.00
Total Amount Transferred from Affiliated Business Treasury (Section F)	+	\$0.00
Total Amount Transferred from Affiliated Labor Union or Other Organization Treasury (Section G)	+	\$0.00
Total Amount of Personal Funds of the 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

Total of Other Monetary Receipts (Add Sections D through K) <i>(Enter total on Line 15, Column A of Summary Page Totals)</i>	\$0.00
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NAME OF COMMITTEE <i>(Provide Complete Name as Registered with Filing Repository)</i>			TYPE OF REPORT	
Bobby Valentine for Stamford			July 10 filing	
L1. Event Information				
Event #	Letter	Description	Was this a fundraising event?	
Date of Event 05/13/2021	a	Bobby V. Birthday Celebration at Mill River Park	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Location: Street Address		City	State	Zip Code
1040 Washington Boulevard		Stamford	CT	06901
Subpart 1: (All Committees)				
Was this event hosted at a personal residence?		<input type="checkbox"/> Yes <i>(If yes, go to Section L5 In-Kind Donations not Considered Contributions Associated with a House Party and complete required information for any purchases made by host(s) for food, beverage and invitations.)</i> <input checked="" type="checkbox"/> No		
Did this fundraiser include goods or services donated by a business entity of up to \$200 or items donated by an individual of up to \$100?		<input type="checkbox"/> Yes <i>(If yes, go to Section L4 In-Kind Donations not Considered Contributions and complete required information.)</i> <input checked="" type="checkbox"/> No		
Was this fundraiser a tag sale, auction, or other sale of donated items with purchases by an individual of up to \$100?		<input type="checkbox"/> Yes <i>(If yes, enter Total Receipts here.)</i> <input checked="" type="checkbox"/> No		
Subpart 2: (Party Committees, Municipal Candidates and Political Committees other than Exploratory Committees)				
Were there purchases of advertising space in a program book or on a sign associated with this fundraiser?		<input type="checkbox"/> Yes <i>(If yes, go to Section L3 Purchases of Advertising Space in a Program Book or on a Sign and complete required information.)</i> <input checked="" type="checkbox"/> No		
Subpart 3: (Town Committees ONLY)				
Did your committee sell food or beverage at a fair or similar mass gathering held within the state?		<input type="checkbox"/> Yes <i>(If yes, enter Total Receipts here.)</i> <input checked="" type="checkbox"/> No		

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

NAME OF COMMITTEE <i>(Provide Complete Name as Registered with Filing Repository)</i>			TYPE OF REPORT	
Bobby Valentine for Stamford			July 10 filing	
L1. Event Information				
Event #	Description		Was this a fundraising event?	
Date of Event 06/01/2021	Letter a	Happy Hour at Brickhouse	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Location: Street Address		City	State	Zip Code
244 Bedford St		Stamford	CT	06901-1718
Subpart 1: (All Committees)				
Was this event hosted at a personal residence?		<input type="checkbox"/> Yes <i>(If yes, go to Section L5 In-Kind Donations not Considered Contributions Associated with a House Party and complete required information for any purchases made by host(s) for food, beverage and invitations.)</i> <input checked="" type="checkbox"/> No		
Did this fundraiser include goods or services donated by a business entity of up to \$200 or items donated by an individual of up to \$100?		<input type="checkbox"/> Yes <i>(If yes, go to Section L4 In-Kind Donations not Considered Contributions and complete required information.)</i> <input checked="" type="checkbox"/> No		
Was this fundraiser a tag sale, auction, or other sale of donated items with purchases by an individual of up to \$100?		<input type="checkbox"/> Yes <i>(If yes, enter Total Receipts here.)</i> <input checked="" type="checkbox"/> No		
Subpart 2: (Party Committees, Municipal Candidates and Political Committees other than Exploratory Committees)				
Were there purchases of advertising space in a program book or on a sign associated with this fundraiser?		<input type="checkbox"/> Yes <i>(If yes, go to Section L3 Purchases of Advertising Space in a Program Book or on a Sign and complete required information.)</i> <input checked="" type="checkbox"/> No		
Subpart 3: (Town Committees ONLY)				
Did your committee sell food or beverage at a fair or similar mass gathering held within the state?		<input type="checkbox"/> Yes <i>(If yes, enter Total Receipts here.)</i> <input checked="" type="checkbox"/> No		

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

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)	TYPE OF REPORT
Bobby Valentine for Stamford	July 10 filing

L1. Event Information

Event # Date of Event 06/08/2021	Letter a	Description Happy Hour at Lugano	Was this a fundraising event? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Location: Street Address 1392 E Putnam Ave		City Old Greenwich	State CT	Zip Code 06870-1308
Subpart 1: (All Committees) Was this event hosted at a personal residence?		<input type="checkbox"/> Yes (If yes, go to Section L5 In-Kind Donations not Considered Contributions Associated with a House Party and complete required information for any purchases made by host(s) for food, beverage and invitations.) <input checked="" type="checkbox"/> No		
Did this fundraiser include goods or services donated by a business entity of up to \$200 or items donated by an individual of up to \$100?		<input type="checkbox"/> Yes (If yes, go to Section L4 In-Kind Donations not Considered Contributions and complete required information.) <input checked="" type="checkbox"/> No		
Was this fundraiser a tag sale, auction, or other sale of donated items with purchases by an individual of up to \$100?		<input type="checkbox"/> Yes (If yes, enter Total Receipts here.) <input checked="" type="checkbox"/> No		
Subpart 2: (Party Committees, Municipal Candidates and Political Committees other than Exploratory Committees) Were there purchases of advertising space in a program book or on a sign associated with this fundraiser?		<input type="checkbox"/> Yes (If yes, go to Section L3 Purchases of Advertising Space in a Program Book or on a Sign and complete required information.) <input checked="" type="checkbox"/> No		
Subpart 3: (Town Committees ONLY) Did your committee sell food or beverage at a fair or similar mass gathering held within the state?		<input type="checkbox"/> Yes (If yes, enter Total Receipts here.) <input checked="" type="checkbox"/> No		

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

NAME OF COMMITTEE <i>(Provide Complete Name as Registered with Filing Repository)</i>			TYPE OF REPORT	
Bobby Valentine for Stamford			July 10 filing	
L1. Event Information				
Event #	Letter	Description	Was this a fundraising event?	
Date of Event 06/11/2021	a	Meet & Greet at Belle Haven Club	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Location: Street Address		City	State	Zip Code
100 Harbor Dr		Greenwich	CT	06830-7018
Subpart 1: (All Committees)				
Was this event hosted at a personal residence?				
<input type="checkbox"/> Yes <i>(If yes, go to Section L5 In-Kind Donations not Considered Contributions Associated with a House Party and complete required information for any purchases made by host(s) for food, beverage and invitations.)</i> <input checked="" type="checkbox"/> No				
Did this fundraiser include goods or services donated by a business entity of up to \$200 or items donated by an individual of up to \$100?				
<input type="checkbox"/> Yes <i>(If yes, go to Section L4 In-Kind Donations not Considered Contributions and complete required information.)</i> <input checked="" type="checkbox"/> No				
Was this fundraiser a tag sale, auction, or other sale of donated items with purchases by an individual of up to \$100?				
<input type="checkbox"/> Yes <i>(If yes, enter Total Receipts here.)</i> <input checked="" type="checkbox"/> No 				
Subpart 2: (Party Committees, Municipal Candidates and Political Committees other than Exploratory Committees)				
Were there purchases of advertising space in a program book or on a sign associated with this fundraiser?				
<input type="checkbox"/> Yes <i>(If yes, go to Section L3 Purchases of Advertising Space in a Program Book or on a Sign and complete required information.)</i> <input checked="" type="checkbox"/> No				
Subpart 3: (Town Committees ONLY)				
Did your committee sell food or beverage at a fair or similar mass gathering held within the state?				
<input type="checkbox"/> Yes <i>(If yes, enter Total Receipts here.)</i> <input checked="" type="checkbox"/> No 				

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)

NAME OF COMMITTEE <i>(Provide Complete Name as Registered with Filing Repository)</i>			TYPE OF REPORT	
Bobby Valentine for Stamford			July 10 filing	
L1. Event Information				
Event #	Description	Was this a fundraising event?		
Date of Event 06/17/2021	Letter a <i>House Party</i>	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
Location: Street Address 17 Prince Pl		City Stamford	State CT	Zip Code 06905-4824
Subpart 1: (All Committees)				
Was this event hosted at a personal residence?		<input checked="" type="checkbox"/> Yes <i>(If yes, go to Section L5 In-Kind Donations not Considered Contributions Associated with a House Party and complete required information for any purchases made by host(s) for food, beverage and invitations.)</i> <input type="checkbox"/> No		
Did this fundraiser include goods or services donated by a business entity of up to \$200 or items donated by an individual of up to \$100?		<input type="checkbox"/> Yes <i>(If yes, go to Section L4 In-Kind Donations not Considered Contributions and complete required information.)</i> <input checked="" type="checkbox"/> No		
Was this fundraiser a tag sale, auction, or other sale of donated items with purchases by an individual of up to \$100?		<input type="checkbox"/> Yes <i>(If yes, enter Total Receipts here.)</i> <input checked="" type="checkbox"/> No 		
Subpart 2: (Party Committees, Municipal Candidates and Political Committees other than Exploratory Committees)				
Were there purchases of advertising space in a program book or on a sign associated with this fundraiser?		<input type="checkbox"/> Yes <i>(If yes, go to Section L3 Purchases of Advertising Space in a Program Book or on a Sign and complete required information.)</i> <input checked="" type="checkbox"/> No		
Subpart 3: (Town Committees ONLY)				
Did your committee sell food or beverage at a fair or similar mass gathering held within the state?		<input type="checkbox"/> Yes <i>(If yes, enter Total Receipts here.)</i> <input checked="" type="checkbox"/> No 		

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)

NAME OF COMMITTEE <i>(Provide Complete Name as Registered with Filing Repository)</i>			TYPE OF REPORT	
Bobby Valentine for Stamford			July 10 filing	
L1. Event Information				
Event #	Description		Was this a fundraising event?	
Date of Event 06/22/2021	Letter a	<i>House Party</i>	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Location: Street Address		City	State	Zip Code
262 Ocean Dr E		Stamford	CT	06902-8238
Subpart 1: (All Committees)				
Was this event hosted at a personal residence?		<input checked="" type="checkbox"/> Yes <i>(If yes, go to Section L5 In-Kind Donations not Considered Contributions Associated with a House Party and complete required information for any purchases made by host(s) for food, beverage and invitations.)</i> <input type="checkbox"/> No		
Did this fundraiser include goods or services donated by a business entity of up to \$200 or items donated by an individual of up to \$100?		<input type="checkbox"/> Yes <i>(If yes, go to Section L4 In-Kind Donations not Considered Contributions and complete required information.)</i> <input checked="" type="checkbox"/> No		
Was this fundraiser a tag sale, auction, or other sale of donated items with purchases by an individual of up to \$100?		<input type="checkbox"/> Yes <i>(If yes, enter Total Receipts here.)</i> <input checked="" type="checkbox"/> No 		
Subpart 2: (Party Committees, Municipal Candidates and Political Committees other than Exploratory Committees)				
Were there purchases of advertising space in a program book or on a sign associated with this fundraiser?		<input type="checkbox"/> Yes <i>(If yes, go to Section L3 Purchases of Advertising Space in a Program Book or on a Sign and complete required information.)</i> <input checked="" type="checkbox"/> No		
Subpart 3: (Town Committees ONLY)				
Did your committee sell food or beverage at a fair or similar mass gathering held within the state?		<input type="checkbox"/> Yes <i>(If yes, enter Total Receipts here.)</i> <input checked="" type="checkbox"/> No 		

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)

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)	TYPE OF REPORT
Bobby Valentine for Stamford	July 10 filing

L1. Event Information

Event # Date of Event 06/23/2021	Letter a	Description House Party	Was this a fundraising event? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Location: Street Address 7 Northwind Dr		City Stamford	State CT	Zip Code 06903-2927

Subpart 1: (All Committees)
Was this event hosted at a personal residence? Yes No (If yes, go to Section L5 **In-Kind Donations not Considered Contributions Associated with a House Party** and complete required information for any purchases made by host(s) for food, beverage and invitations.)

Did this fundraiser include goods or services donated by a business entity of up to \$200 or items donated by an individual of up to \$100? Yes No (If yes, go to Section L4 **In-Kind Donations not Considered Contributions** and complete required information.)

Was this fundraiser a tag sale, auction, or other sale of donated items with purchases by an individual of up to \$100? Yes No (If yes, enter **Total Receipts** here.)

Subpart 2: (Party Committees, Municipal Candidates and Political Committees other than Exploratory Committees)
Were there purchases of advertising space in a program book or on a sign associated with this fundraiser? Yes No (If yes, go to Section L3 **Purchases of Advertising Space in a Program Book or on a Sign** and complete required information.)

Subpart 3: (Town Committees ONLY)
Did your committee sell food or beverage at a fair or similar mass gathering held within the state? Yes No (If yes, enter **Total 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

NAME OF COMMITTEE <i>(Provide Complete Name as Registered with Filing Repository)</i>			TYPE OF REPORT	
Bobby Valentine for Stamford			July 10 filing	
L1. Event Information				
Event #		Description	Was this a fundraising event?	
Date of Event	Letter		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
06/23/2021	b	Meet & Greet at Tawa Indian Cuisine		
Location: Street Address		City	State	Zip Code
487 Glenbrook Rd		Stamford	CT	06906-1820
Subpart 1: (All Committees)				
Was this event hosted at a personal residence?		<input type="checkbox"/> Yes <i>(If yes, go to Section L5 In-Kind Donations not Considered Contributions Associated with a House Party and complete required information for any purchases made by host(s) for food, beverage and invitations.)</i> <input checked="" type="checkbox"/> No		
Did this fundraiser include goods or services donated by a business entity of up to \$200 or items donated by an individual of up to \$100?		<input type="checkbox"/> Yes <i>(If yes, go to Section L4 In-Kind Donations not Considered Contributions and complete required information.)</i> <input checked="" type="checkbox"/> No		
Was this fundraiser a tag sale, auction, or other sale of donated items with purchases by an individual of up to \$100?		<input type="checkbox"/> Yes <i>(If yes, enter Total Receipts here.)</i> <input checked="" type="checkbox"/> No		
		<input style="width: 150px; height: 20px;" type="text"/>		
Subpart 2: (Party Committees, Municipal Candidates and Political Committees other than Exploratory Committees)				
Were there purchases of advertising space in a program book or on a sign associated with this fundraiser?		<input type="checkbox"/> Yes <i>(If yes, go to Section L3 Purchases of Advertising Space in a Program Book or on a Sign and complete required information.)</i> <input checked="" type="checkbox"/> No		
Subpart 3: (Town Committees ONLY)				
Did your committee sell food or beverage at a fair or similar mass gathering held within the state?		<input type="checkbox"/> Yes <i>(If yes, enter Total Receipts here.)</i> <input checked="" type="checkbox"/> No		
		<input style="width: 150px; height: 20px;" type="text"/>		

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

NAME OF COMMITTEE <i>(Provide Complete Name as Registered with Filing Repository)</i>			TYPE OF REPORT	
Bobby Valentine for Stamford			July 10 filing	
L1. Event Information				
Event #	Description		Was this a fundraising event?	
Date of Event 06/26/2021	Letter a	Bobby V Darts Tournament at Brickhouse	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Location: Street Address		City	State	Zip Code
244 Bedford St		Stamford	CT	06901-1718
Subpart 1: (All Committees)				
Was this event hosted at a personal residence?		<input type="checkbox"/> Yes <i>(If yes, go to Section L5 In-Kind Donations not Considered Contributions Associated with a House Party and complete required information for any purchases made by host(s) for food, beverage and invitations.)</i> <input checked="" type="checkbox"/> No		
Did this fundraiser include goods or services donated by a business entity of up to \$200 or items donated by an individual of up to \$100?		<input type="checkbox"/> Yes <i>(If yes, go to Section L4 In-Kind Donations not Considered Contributions and complete required information.)</i> <input checked="" type="checkbox"/> No		
Was this fundraiser a tag sale, auction, or other sale of donated items with purchases by an individual of up to \$100?		<input type="checkbox"/> Yes <i>(If yes, enter Total Receipts here.)</i> <input checked="" type="checkbox"/> No 		
Subpart 2: (Party Committees, Municipal Candidates and Political Committees other than Exploratory Committees)				
Were there purchases of advertising space in a program book or on a sign associated with this fundraiser?		<input type="checkbox"/> Yes <i>(If yes, go to Section L3 Purchases of Advertising Space in a Program Book or on a Sign and complete required information.)</i> <input checked="" type="checkbox"/> No		
Subpart 3: (Town Committees ONLY)				
Did your committee sell food or beverage at a fair or similar mass gathering held within the state?		<input type="checkbox"/> Yes <i>(If yes, enter Total Receipts here.)</i> <input checked="" type="checkbox"/> No 		

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)

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)	TYPE OF REPORT
Bobby Valentine for Stamford	July 10 filing

L1. Event Information

Event # Date of Event 06/28/2021	Letter a	Description Meet & Greet at Tony's at the J house	Was this a fundraising event? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Location: Street Address 1114 E Putnam Ave		City Riverside	State CT	Zip Code 06878-1306
Subpart 1: (All Committees) Was this event hosted at a personal residence?		<input type="checkbox"/> Yes (If yes, go to Section L5 In-Kind Donations not Considered Contributions Associated with a House Party and complete required information for any purchases made by host(s) for food, beverage and invitations.) <input checked="" type="checkbox"/> No		
Did this fundraiser include goods or services donated by a business entity of up to \$200 or items donated by an individual of up to \$100?		<input type="checkbox"/> Yes (If yes, go to Section L4 In-Kind Donations not Considered Contributions and complete required information.) <input checked="" type="checkbox"/> No		
Was this fundraiser a tag sale, auction, or other sale of donated items with purchases by an individual of up to \$100?		<input type="checkbox"/> Yes (If yes, enter Total Receipts here.) <input checked="" type="checkbox"/> No		
Subpart 2: (Party Committees, Municipal Candidates and Political Committees other than Exploratory Committees) Were there purchases of advertising space in a program book or on a sign associated with this fundraiser?		<input type="checkbox"/> Yes (If yes, go to Section L3 Purchases of Advertising Space in a Program Book or on a Sign and complete required information.) <input checked="" type="checkbox"/> No		
Subpart 3: (Town Committees ONLY) Did your committee sell food or beverage at a fair or similar mass gathering held within the state?		<input type="checkbox"/> Yes (If yes, enter Total Receipts here.) <input checked="" type="checkbox"/> No		

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

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)	TYPE OF REPORT
Bobby Valentine for Stamford	July 10 filing

L1. Event Information

Event # Date of Event 06/29/2021	Letter a	Description House Party	Was this a fundraising event? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Location: Street Address 2285 Shippan Ave	City Stamford	State CT	Zip Code 06902-8207
Subpart 1: (All Committees) Was this event hosted at a personal residence?		<input checked="" type="checkbox"/> Yes (If yes, go to Section L5 In-Kind Donations not Considered Contributions Associated with a House Party and complete required information for any purchases made by host(s) for food, beverage and invitations.) <input type="checkbox"/> No	
Did this fundraiser include goods or services donated by a business entity of up to \$200 or items donated by an individual of up to \$100?		<input type="checkbox"/> Yes (If yes, go to Section L4 In-Kind Donations not Considered Contributions and complete required information.) <input checked="" type="checkbox"/> No	
Was this fundraiser a tag sale, auction, or other sale of donated items with purchases by an individual of up to \$100?		<input type="checkbox"/> Yes (If yes, enter Total Receipts here.) <input checked="" type="checkbox"/> No	
Subpart 2: (Party Committees, Municipal Candidates and Political Committees other than Exploratory Committees) Were there purchases of advertising space in a program book or on a sign associated with this fundraiser?		<input type="checkbox"/> Yes (If yes, go to Section L3 Purchases of Advertising Space in a Program Book or on a Sign and complete required information.) <input checked="" type="checkbox"/> No	
Subpart 3: (Town Committees ONLY) Did your committee sell food or beverage at a fair or similar mass gathering held within the state?		<input type="checkbox"/> Yes (If yes, enter Total Receipts here.) <input checked="" type="checkbox"/> No	

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

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)	TYPE OF REPORT
Bobby Valentine for Stamford	July 10 filing

L1. Event Information

Event #	Description		Was this a fundraising event?
Date of Event	Letter		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
06/30/2021	a	House Party	

Location: Street Address	City	State	Zip Code
15 Devonshire Dr	Darien	CT	06820-5006

Subpart 1: (All Committees)
 Was this event hosted at a personal residence? Yes No (If yes, go to Section L5 **In-Kind Donations not Considered Contributions Associated with a House Party** and complete required information for any purchases made by host(s) for food, beverage and invitations.)

Did this fundraiser include goods or services donated by a business entity of up to \$200 or items donated by an individual of up to \$100? Yes No (If yes, go to Section L4 **In-Kind Donations not Considered Contributions** and complete required information.)

Was this fundraiser a tag sale, auction, or other sale of donated items with purchases by an individual of up to \$100? Yes No (If yes, enter **Total Receipts** here.)

Subpart 2: (Party Committees, Municipal Candidates and Political Committees other than Exploratory Committees)
 Were there purchases of advertising space in a program book or on a sign associated with this fundraiser? Yes No (If yes, go to Section L3 **Purchases of Advertising Space in a Program Book or on a Sign** and complete required information.)

Subpart 3: (Town Committees ONLY)
 Did your committee sell food or beverage at a fair or similar mass gathering held within the state? Yes No (If yes, enter **Total 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)

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)			TYPE OF REPORT	
Bobby Valentine for Stamford			July 10 filing	
L5. In-Kind Donations Not Considered Contributions Associated with a House Party				
Name of Host James A Sabia Jr			Is this event supporting more than one candidate or committee? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, complete Itemization in Addendum L5	
Street Address 17 Prince Pl		City Stamford		State CT Zip Code 06905-4824
Description of Donation Food & Beverage			Fair Market Value of Donation	
			\$400.00	
Event # 061721a	Aggregate value of this Event - all hosts \$800.00	Aggregate Value of all Events—this host/candidate \$400.00		
Name of Host Michele A Sabia			Is this event supporting more than one candidate or committee? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, complete Itemization in Addendum L5	
Street Address 17 Prince Pl		City Stamford		State CT Zip Code 06905-4824
Description of Donation Food & Beverage			Fair Market Value of Donation	
			\$400.00	
Event # 061721a	Aggregate value of this Event - all hosts \$800.00	Aggregate Value of all Events—this host/candidate \$400.00		
Name of Host Jed Selkowitz			Is this event supporting more than one candidate or committee? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, complete Itemization in Addendum L5	
Street Address 279 Ocean Dr E		City Stamford		State CT Zip Code 06902-8219
Description of Donation Food & Beverage			Fair Market Value of Donation	
			\$250.00	
Event # 062221a	Aggregate value of this Event - all hosts \$250.00	Aggregate Value of all Events—this host/candidate \$250.00		
Name of Host Mary Ann O'Leary			Is this event supporting more than one candidate or committee? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, complete Itemization in Addendum L5	
Street Address 7 Northwind Dr		City Stamford		State CT Zip Code 06903-2927
Description of Donation Food & Beverage			Fair Market Value of Donation	
			\$400.00	
Event # 062321a	Aggregate value of this Event - all hosts \$800.00	Aggregate Value of all Events—this host/candidate \$400.00		
Name of Host Michael O'Leary			Is this event supporting more than one candidate or committee? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, complete Itemization in Addendum L5	
Street Address 7 Northwind Dr		City Stamford		State CT Zip Code 06903-2927
Description of Donation Food & Beverage			Fair Market Value of Donation	
			\$400.00	
Event # 062321a	Aggregate value of this Event - all hosts \$800.00	Aggregate Value of all Events—this host/candidate \$400.00		

SUBTOTAL Section L5 - This Page	\$1,850.00
TOTAL of Section L5 Pages	\$4,250.00
TOTAL OF ALL IN-KIND DONATIONS NOT CONSIDERED CONTRIBUTIONS ASSOCIATED WITH A HOUSE PARTY <i>(Enter total on Line 22, Column A of Summary Page Totals)</i>	\$4,250.00

II. EVENT ACTIVITY (Sections L1 - L5)

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)			TYPE OF REPORT	
Bobby Valentine for Stamford			July 10 filing	
L5. In-Kind Donations Not Considered Contributions Associated with a House Party				
Name of Host Andrew McAleer			Is this event supporting more than one candidate or committee? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, complete Itemization in Addendum L5	
Street Address 16 Roberta Ln		City Greenwich		State CT Zip Code 06830-3954
Description of Donation <i>Entered in error - Refunded in system 7-6-21 to reverse the entry</i>			Fair Market Value of Donation \$800.00	
Event # <i>no event. entered by mistake</i>	Aggregate value of this Event - all hosts \$800.00	Aggregate Value of all Events—this host/candidate \$0.00		
Name of Host Steven Loeb			Is this event supporting more than one candidate or committee? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, complete Itemization in Addendum L5	
Street Address 2241 Shippan Ave		City Stamford		State CT Zip Code 06902-8207
Description of Donation beverages			Fair Market Value of Donation \$400.00	
Event # 062921a	Aggregate value of this Event - all hosts \$800.00	Aggregate Value of all Events—this host/candidate \$400.00		
Name of Host Caron Bott			Is this event supporting more than one candidate or committee? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, complete Itemization in Addendum L5	
Street Address 15 Devonshire Dr		City Darien		State CT Zip Code 06820-5006
Description of Donation Food & Beverage			Fair Market Value of Donation \$400.00	
Event # 063021a	Aggregate value of this Event - all hosts \$800.00	Aggregate Value of all Events—this host/candidate \$400.00		
Name of Host John LeBoutillier			Is this event supporting more than one candidate or committee? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, complete Itemization in Addendum L5	
Street Address 2285 Shippan Ave		City Stamford		State CT Zip Code 06902-8207
Description of Donation beverages			Fair Market Value of Donation \$400.00	
Event # 062921a	Aggregate value of this Event - all hosts \$800.00	Aggregate Value of all Events—this host/candidate \$400.00		
Name of Host Dante I Terenzio			Is this event supporting more than one candidate or committee? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, complete Itemization in Addendum L5	
Street Address 85 Riverside Ave, Apt F5		City Stamford		State CT Zip Code 06905-4420
Description of Donation Food & Beverage			Fair Market Value of Donation \$400.00	
Event # 063021a	Aggregate value of this Event - all hosts \$800.00	Aggregate Value of all Events—this host/candidate \$400.00		

SUBTOTAL Section L5 - This Page	\$2,400.00
TOTAL of Section L5 Pages	\$4,250.00
TOTAL OF ALL IN-KIND DONATIONS NOT CONSIDERED CONTRIBUTIONS ASSOCIATED WITH A HOUSE PARTY <i>(Enter total on Line 22, Column A of Summary Page Totals)</i>	\$4,250.00

III. NONMONETARY RECEIPTS (Sections M-O)

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)				TYPE OF REPORT	
Bobby Valentine for Stamford				July 10 filing	
M. In-Kind Contributions					
Name Rissa Gerych					
Street Address 26 Arnold Dr			City Stamford		State CT Zip Code 06905-1301
Type of Contributor: <input type="checkbox"/> Committee <input checked="" type="checkbox"/> Individual / Sole Proprietorship <input type="checkbox"/> Other	Date Received 06/25/2021	Aggregate Contributions \$525.00	Description of In-Kind Contribution Office supplies & postage		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	If contribution is in excess of \$400 to a candidate 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? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			Fair Market Value of this Contribution \$25.00	
Is this contribution associated with an event reported in Section L1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>If yes, list Event #</i>	Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <i>If yes, indicate which branch or branches of government the contract is with:</i> <input type="checkbox"/> Executive <input type="checkbox"/> Legislative <input checked="" type="checkbox"/> No				

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

IV. EXPENDITURES (Sections P-T)

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)			TYPE OF REPORT	
Bobby Valentine for Stamford			July 10 filing	
P. Expenses Paid by Committee				
Name of Payee US Liability Insurance Company		Date of Payment 05/13/2021	Method of Payment <input checked="" type="checkbox"/> Check # 1001 starter <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 1190 Devon Park Dr		City Wayne	State PA	Zip Code 19087-2150
Purpose of Expenditure (by code) MISC	Description Event insurance for Booby V Birthday Party	Event # 051321a	Amount	
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked) <input checked="" type="checkbox"/> None of the below (does not involve another candidate or committee) <input type="checkbox"/> Independent <input type="checkbox"/> Coordinated with reimbursement sought (joint expenditure) <input type="checkbox"/> Organization: <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> Coordinated without reimbursement sought (in-kind contribution)		\$288.00	
Name of Payee Tommy Carlucci, DJ		Date of Payment 05/18/2021	Method of Payment <input checked="" type="checkbox"/> Check # 201 starter <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 40 Sutton Dr		City Stamford	State CT	Zip Code 06906-2105
Purpose of Expenditure (by code) MISC	Description DJ for Booby V Birthday Party	Event # 051321a	Amount	
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked) <input checked="" type="checkbox"/> None of the below (does not involve another candidate or committee) <input type="checkbox"/> Independent <input type="checkbox"/> Coordinated with reimbursement sought (joint expenditure) <input type="checkbox"/> Organization: <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> Coordinated without reimbursement sought (in-kind contribution)		\$1,200.00	
Name of Payee Jon Giraldo		Date of Payment 05/20/2021	Method of Payment <input checked="" type="checkbox"/> Check # 200 <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 11 Avery St		City Stamford	State CT	Zip Code 06902-6201
Purpose of Expenditure (by code) MISC	Description Banner for Bobby V Birthday Party	Event # 051321a	Amount	
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked) <input checked="" type="checkbox"/> None of the below (does not involve another candidate or committee) <input type="checkbox"/> Independent <input type="checkbox"/> Coordinated with reimbursement sought (joint expenditure) <input type="checkbox"/> Organization: <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> Coordinated without reimbursement sought (in-kind contribution)		\$250.00	
Name of Payee Paragon Payment Solutions		Date of Payment 06/02/2021	Method of Payment <input type="checkbox"/> Check # _____ <input type="checkbox"/> Debit Card <input checked="" type="checkbox"/> EFT	
Street Address 2141 E Broadway Rd		City Tempe	State AZ	Zip Code 85282-1892
Purpose of Expenditure (by code) WEB	Description Web payment processing	Event #	Amount	
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked) <input checked="" type="checkbox"/> None of the below (does not involve another candidate or committee) <input type="checkbox"/> Independent <input type="checkbox"/> Coordinated with reimbursement sought (joint expenditure) <input type="checkbox"/> Organization: <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> Coordinated without reimbursement sought (in-kind contribution)		\$3,116.87	

SUBTOTAL Section P - This Page	\$4,854.87
TOTAL of Section P Pages	\$38,000.07
TOTAL OF ALL EXPENSES PAID BY COMMITTEE (Enter total on Line 19, Column A of Summary Page Totals)	\$38,000.07

IV. EXPENDITURES (Sections P-T)

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)			TYPE OF REPORT	
Bobby Valentine for Stamford			July 10 filing	
P. Expenses Paid by Committee				
Name of Payee Nika Milburn		Date of Payment 06/11/2021	Method of Payment <input checked="" type="checkbox"/> Check # 202 <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 111 Towne St		City Stamford	State CT	Zip Code 06902-5967
Purpose of Expenditure (by code) CNSLT	Description Consultant	Event #		Amount
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked) <input checked="" type="checkbox"/> None of the below (does not involve another candidate or committee) <input type="checkbox"/> Independent <input type="checkbox"/> Coordinated with reimbursement sought (joint expenditure) <input type="checkbox"/> Organization: <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> Coordinated without reimbursement sought (in-kind contribution)			\$2,300.00
Name of Payee Alba Media LLC		Date of Payment 06/17/2021	Method of Payment <input checked="" type="checkbox"/> Check # 1002 <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 99 James St		City Greenwich	State CT	Zip Code 06830-6904
Purpose of Expenditure (by code) A-WEB	Description Launch video	Event #		Amount
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked) <input checked="" type="checkbox"/> None of the below (does not involve another candidate or committee) <input type="checkbox"/> Independent <input type="checkbox"/> Coordinated with reimbursement sought (joint expenditure) <input type="checkbox"/> Organization: <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> Coordinated without reimbursement sought (in-kind contribution)			\$4,000.00
Name of Payee Conscious Voter Contact, Inc.		Date of Payment 06/21/2021	Method of Payment <input type="checkbox"/> Check # _____ <input type="checkbox"/> Debit Card <input checked="" type="checkbox"/> EFT	
Street Address 30 Broad St		City New York	State NY	Zip Code 10004-2304
Purpose of Expenditure (by code) A-WEB	Description Digital advertising consultant	Event #		Amount
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked) <input checked="" type="checkbox"/> None of the below (does not involve another candidate or committee) <input type="checkbox"/> Independent <input type="checkbox"/> Coordinated with reimbursement sought (joint expenditure) <input type="checkbox"/> Organization: <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> Coordinated without reimbursement sought (in-kind contribution)			\$10,000.00
Name of Payee Dan Severance		Date of Payment 06/21/2021	Method of Payment <input checked="" type="checkbox"/> Check # 1002 <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 82 Fernwood Dr		City Stamford	State CT	Zip Code 06903-1920
Purpose of Expenditure (by code) A-OTH	Description Design services	Event #		Amount
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked) <input checked="" type="checkbox"/> None of the below (does not involve another candidate or committee) <input type="checkbox"/> Independent <input type="checkbox"/> Coordinated with reimbursement sought (joint expenditure) <input type="checkbox"/> Organization: <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> Coordinated without reimbursement sought (in-kind contribution)			\$380.00

SUBTOTAL Section P - This Page		\$16,680.00
TOTAL of Section P Pages		\$38,000.07
TOTAL OF ALL EXPENSES PAID BY COMMITTEE (Enter total on Line 19, Column A of Summary Page Totals)		\$38,000.07

IV. EXPENDITURES (Sections P-T)

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)			TYPE OF REPORT	
Bobby Valentine for Stamford			July 10 filing	
P. Expenses Paid by Committee				
Name of Payee Bob Capazzo Photography		Date of Payment 06/22/2021	Method of Payment <input checked="" type="checkbox"/> Check # 1003 <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address PO Box 4696		City Greenwich	State CT	Zip Code 06831-0412
Purpose of Expenditure (by code) A-OTH	Description Photography	Event #	Amount	
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked) <input checked="" type="checkbox"/> None of the below (does not involve another candidate or committee) <input type="checkbox"/> Independent <input type="checkbox"/> Coordinated with reimbursement sought (joint expenditure) <input type="checkbox"/> Organization: <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> Coordinated without reimbursement sought (in-kind contribution)		\$150.00	
Name of Payee Dan Severance		Date of Payment 06/22/2021	Method of Payment <input checked="" type="checkbox"/> Check # 1001 <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 82 Fernwood Dr		City Stamford	State CT	Zip Code 06903-1920
Purpose of Expenditure (by code) A-OTH	Description Design services	Event #	Amount	
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked) <input checked="" type="checkbox"/> None of the below (does not involve another candidate or committee) <input type="checkbox"/> Independent <input type="checkbox"/> Coordinated with reimbursement sought (joint expenditure) <input type="checkbox"/> Organization: <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> Coordinated without reimbursement sought (in-kind contribution)		\$160.00	
Name of Payee Nika Milburn		Date of Payment 06/23/2021	Method of Payment <input checked="" type="checkbox"/> Check # 204 <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 111 Towne St		City Stamford	State CT	Zip Code 06902-5967
Purpose of Expenditure (by code) CNSLT	Description Consultant	Event #	Amount	
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked) <input checked="" type="checkbox"/> None of the below (does not involve another candidate or committee) <input type="checkbox"/> Independent <input type="checkbox"/> Coordinated with reimbursement sought (joint expenditure) <input type="checkbox"/> Organization: <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> Coordinated without reimbursement sought (in-kind contribution)		\$1,550.00	
Name of Payee Alba Media LLC		Date of Payment 06/24/2021	Method of Payment <input checked="" type="checkbox"/> Check # 203 <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 99 James St		City Greenwich	State CT	Zip Code 06830-6904
Purpose of Expenditure (by code) A-OTH	Description Photography & videography	Event #	Amount	
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked) <input checked="" type="checkbox"/> None of the below (does not involve another candidate or committee) <input type="checkbox"/> Independent <input type="checkbox"/> Coordinated with reimbursement sought (joint expenditure) <input type="checkbox"/> Organization: <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> Coordinated without reimbursement sought (in-kind contribution)		\$6,000.00	

SUBTOTAL Section P - This Page	\$7,860.00
TOTAL of Section P Pages	\$38,000.07
TOTAL OF ALL EXPENSES PAID BY COMMITTEE (Enter total on Line 19, Column A of Summary Page Totals)	\$38,000.07

IV. EXPENDITURES (Sections P-T)

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)			TYPE OF REPORT	
Bobby Valentine for Stamford			July 10 filing	
P. Expenses Paid by Committee				
Name of Payee Brickhouse Bar & Grill		Date of Payment 06/26/2021	Method of Payment <input type="checkbox"/> Check # _____ <input checked="" type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 244 Bedford St		City Stamford	State CT	Zip Code 06901-1718
Purpose of Expenditure (by code) FNRD	Description Food	Event # 062621a	Amount	
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked) <input checked="" type="checkbox"/> None of the below (does not involve another candidate or committee) <input type="checkbox"/> Independent <input type="checkbox"/> Coordinated with reimbursement sought (joint expenditure) <input type="checkbox"/> Organization: <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> Coordinated without reimbursement sought (in-kind contribution)		\$780.00	
Name of Payee Bedford West Holdings, LLC		Date of Payment 06/27/2021	Method of Payment <input checked="" type="checkbox"/> Check # 2004 <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 300 Bedford St		City Stamford	State CT	Zip Code 06901-1720
Purpose of Expenditure (by code) OVHD	Description Campaign HQ Rent	Event #	Amount	
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked) <input checked="" type="checkbox"/> None of the below (does not involve another candidate or committee) <input type="checkbox"/> Independent <input type="checkbox"/> Coordinated with reimbursement sought (joint expenditure) <input type="checkbox"/> Organization: <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> Coordinated without reimbursement sought (in-kind contribution)		\$1,000.00	
Name of Payee Aaron Hagel		Date of Payment 06/27/2021	Method of Payment <input checked="" type="checkbox"/> Check # 1007 <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 1215 Post Rd		City Fairfield	State CT	Zip Code 06824-6022
Purpose of Expenditure (by code) REF	Description Refund contribution from business entity	Event #	Amount	
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked) <input checked="" type="checkbox"/> None of the below (does not involve another candidate or committee) <input type="checkbox"/> Independent <input type="checkbox"/> Coordinated with reimbursement sought (joint expenditure) <input type="checkbox"/> Organization: <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> Coordinated without reimbursement sought (in-kind contribution)		\$85.00	
Name of Payee Samantha Mauro		Date of Payment 06/27/2021	Method of Payment <input checked="" type="checkbox"/> Check # 1006 <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 251 E Main St		City Stratford	State CT	Zip Code 06614-5146
Purpose of Expenditure (by code) REF	Description Refund contribution from business entity	Event #	Amount	
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked) <input checked="" type="checkbox"/> None of the below (does not involve another candidate or committee) <input type="checkbox"/> Independent <input type="checkbox"/> Coordinated with reimbursement sought (joint expenditure) <input type="checkbox"/> Organization: <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> Coordinated without reimbursement sought (in-kind contribution)		\$300.00	

SUBTOTAL Section P - This Page	\$2,165.00
TOTAL of Section P Pages	\$38,000.07
TOTAL OF ALL EXPENSES PAID BY COMMITTEE (Enter total on Line 19, Column A of Summary Page Totals)	\$38,000.07

IV. EXPENDITURES (Sections P-T)

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)			TYPE OF REPORT	
Bobby Valentine for Stamford			July 10 filing	
P. Expenses Paid by Committee				
Name of Payee Melinda Carroll		Date of Payment 06/28/2021	Method of Payment <input type="checkbox"/> Check # _____ <input type="checkbox"/> Debit Card <input checked="" type="checkbox"/> EFT	
Street Address 276 Otter Rock Dr		City Greenwich	State CT	Zip Code 06830-7045
Purpose of Expenditure (by code) REF	Description Refund excess contribution	Event #	Amount	
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked) <input checked="" type="checkbox"/> None of the below (does not involve another candidate or committee) <input type="checkbox"/> Independent <input type="checkbox"/> Coordinated with reimbursement sought (joint expenditure) <input type="checkbox"/> Organization: <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> Coordinated without reimbursement sought (in-kind contribution)		\$1,000.00	
Name of Payee Tim Guzda		Date of Payment 06/28/2021	Method of Payment <input checked="" type="checkbox"/> Check # 1008 <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 1 Lloyd Rd		City Norwalk	State CT	Zip Code 06850-1907
Purpose of Expenditure (by code) A-OTH	Description Design services	Event #	Amount	
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked) <input checked="" type="checkbox"/> None of the below (does not involve another candidate or committee) <input type="checkbox"/> Independent <input type="checkbox"/> Coordinated with reimbursement sought (joint expenditure) <input type="checkbox"/> Organization: <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> Coordinated without reimbursement sought (in-kind contribution)		\$375.00	
Name of Payee Ashok Nichani		Date of Payment 06/28/2021	Method of Payment <input type="checkbox"/> Check # _____ <input type="checkbox"/> Debit Card <input checked="" type="checkbox"/> EFT	
Street Address 26 Mill River St		City Stamford	State CT	Zip Code 06902-3726
Purpose of Expenditure (by code) REF	Description Refund excess contribution	Event #	Amount	
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked) <input checked="" type="checkbox"/> None of the below (does not involve another candidate or committee) <input type="checkbox"/> Independent <input type="checkbox"/> Coordinated with reimbursement sought (joint expenditure) <input type="checkbox"/> Organization: <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> Coordinated without reimbursement sought (in-kind contribution)		\$1,000.00	
Name of Payee Thomas ODea		Date of Payment 06/28/2021	Method of Payment <input type="checkbox"/> Check # _____ <input type="checkbox"/> Debit Card <input checked="" type="checkbox"/> EFT	
Street Address 37 Holly Rd		City New Canaan	State CT	Zip Code 06840-6406
Purpose of Expenditure (by code) REF	Description Refund excess contribution	Event #	Amount	
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked) <input checked="" type="checkbox"/> None of the below (does not involve another candidate or committee) <input type="checkbox"/> Independent <input type="checkbox"/> Coordinated with reimbursement sought (joint expenditure) <input type="checkbox"/> Organization: <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> Coordinated without reimbursement sought (in-kind contribution)		\$150.00	

SUBTOTAL Section P - This Page	\$2,525.00
TOTAL of Section P Pages	\$38,000.07
TOTAL OF ALL EXPENSES PAID BY COMMITTEE (Enter total on Line 19, Column A of Summary Page Totals)	\$38,000.07

IV. EXPENDITURES (Sections P-T)

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)			TYPE OF REPORT	
Bobby Valentine for Stamford			July 10 filing	
P. Expenses Paid by Committee				
Name of Payee Anne Reilly		Date of Payment 06/28/2021	Method of Payment <input type="checkbox"/> Check # _____ <input type="checkbox"/> Debit Card <input checked="" type="checkbox"/> EFT	
Street Address 10 Tompkins Ave		City Jericho	State NY	Zip Code 11753-1920
Purpose of Expenditure (by code) REF	Description Refund excess contribution	Event #	Amount	
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked) <input checked="" type="checkbox"/> None of the below (does not involve another candidate or committee) <input type="checkbox"/> Independent <input type="checkbox"/> Coordinated with reimbursement sought (joint expenditure) <input type="checkbox"/> Organization: <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> Coordinated without reimbursement sought (in-kind contribution)		\$1,000.00	
Name of Payee Anthony Scaramucci		Date of Payment 06/28/2021	Method of Payment <input type="checkbox"/> Check # _____ <input type="checkbox"/> Debit Card <input checked="" type="checkbox"/> EFT	
Street Address 45 Plymouth Rd		City Manhasset	State NY	Zip Code 11030-1551
Purpose of Expenditure (by code) REF	Description Refund excess contribution	Event #	Amount	
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked) <input checked="" type="checkbox"/> None of the below (does not involve another candidate or committee) <input type="checkbox"/> Independent <input type="checkbox"/> Coordinated with reimbursement sought (joint expenditure) <input type="checkbox"/> Organization: <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> Coordinated without reimbursement sought (in-kind contribution)		\$1,065.20	
Name of Payee Andrew Wiener		Date of Payment 06/28/2021	Method of Payment <input type="checkbox"/> Check # _____ <input type="checkbox"/> Debit Card <input checked="" type="checkbox"/> EFT	
Street Address 125 Woodside Dr		City Greenwich	State CT	Zip Code 06830-6731
Purpose of Expenditure (by code) REF	Description Refund excess contribution	Event #	Amount	
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked) <input checked="" type="checkbox"/> None of the below (does not involve another candidate or committee) <input type="checkbox"/> Independent <input type="checkbox"/> Coordinated with reimbursement sought (joint expenditure) <input type="checkbox"/> Organization: <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> Coordinated without reimbursement sought (in-kind contribution)		\$1,000.00	
Name of Payee Frank Abbott		Date of Payment 06/30/2021	Method of Payment <input type="checkbox"/> Check # _____ <input type="checkbox"/> Debit Card <input checked="" type="checkbox"/> EFT	
Street Address 10 Linden Hts		City Norwalk	State CT	Zip Code 06851-1552
Purpose of Expenditure (by code) REF	Description Refund excess contribution	Event #	Amount	
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked) <input checked="" type="checkbox"/> None of the below (does not involve another candidate or committee) <input type="checkbox"/> Independent <input type="checkbox"/> Coordinated with reimbursement sought (joint expenditure) <input type="checkbox"/> Organization: <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> Coordinated without reimbursement sought (in-kind contribution)		\$300.00	

SUBTOTAL Section P - This Page	\$3,365.20
TOTAL of Section P Pages	\$38,000.07
TOTAL OF ALL EXPENSES PAID BY COMMITTEE (Enter total on Line 19, Column A of Summary Page Totals)	\$38,000.07

IV. EXPENDITURES (Sections P-T)

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)	TYPE OF REPORT
Bobby Valentine for Stamford	July 10 filing

P. Expenses Paid by Committee

Name of Payee Kelley Arnone		Date of Payment 06/30/2021	Method of Payment <input type="checkbox"/> Check # _____ <input type="checkbox"/> Debit Card <input checked="" type="checkbox"/> EFT
Street Address 133 White Birch Rd		City New Canaan	State CT Zip Code 06840-6723
Purpose of Expenditure (by code) REF	Description <i>Refund excess contribution</i>	Event #	Amount
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked) <input checked="" type="checkbox"/> None of the below (does not involve another candidate or committee) <input type="checkbox"/> Independent <input type="checkbox"/> Coordinated with reimbursement sought (joint expenditure) <input type="checkbox"/> Organization: <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> Coordinated without reimbursement sought (in-kind contribution)		\$500.00
Name of Payee Nancy J Cingari		Date of Payment 06/30/2021	Method of Payment <input type="checkbox"/> Check # _____ <input type="checkbox"/> Debit Card <input checked="" type="checkbox"/> EFT
Street Address 27 Hoyclo Rd		City Stamford	State CT Zip Code 06903-2931
Purpose of Expenditure (by code) REF	Description <i>Refund excess contribution</i>	Event #	Amount
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked) <input checked="" type="checkbox"/> None of the below (does not involve another candidate or committee) <input type="checkbox"/> Independent <input type="checkbox"/> Coordinated with reimbursement sought (joint expenditure) <input type="checkbox"/> Organization: <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> Coordinated without reimbursement sought (in-kind contribution)		\$50.00

SUBTOTAL Section P - This Page	\$550.00
TOTAL of Section P Pages	\$38,000.07
TOTAL OF ALL EXPENSES PAID BY COMMITTEE (Enter total on Line 19, Column A of Summary Page Totals)	\$38,000.07

IV. EXPENDITURES (Sections P-T)

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)	TYPE OF REPORT
Bobby Valentine for Stamford	July 10 filing

S. Expenses Incurred by Committee but Not Paid During this Period

Name of Creditor Dan Miller			Date Incurred 4/30/21
Street Address 70 Forest Street		City Stamford	State Zip Code CT 06901-1831
Purpose of Expenditure (by code) OVHD	Description Software for campaign administration	Event #	Amount Incurred (Estimate or Actual) \$151.50
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum S Required unless "None of the below" is checked) <input checked="" type="checkbox"/> None of the below (does not involve another candidate or committee) <input type="checkbox"/> Independent <input type="checkbox"/> Coordinated with reimbursement sought (joint expenditure) <input type="checkbox"/> Organization: <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> Coordinated without reimbursement sought (in-kind contribution)		
Name of Creditor Dan Miller			Date Incurred 04/28/2021
Street Address 70 Forest Street		City Stamford	State Zip Code CT 06901-1831
Purpose of Expenditure (by code) POST	Description P. O. Box rental	Event #	Amount Incurred (Estimate or Actual) \$113.00
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum S Required unless "None of the below" is checked) <input checked="" type="checkbox"/> None of the below (does not involve another candidate or committee) <input type="checkbox"/> Independent <input type="checkbox"/> Coordinated with reimbursement sought (joint expenditure) <input type="checkbox"/> Organization: <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> Coordinated without reimbursement sought (in-kind contribution)		
Name of Creditor Dan Miller			Date Incurred 5/3/21
Street Address 70 Forest Street		City Stamford	State Zip Code CT 06901-1831
Purpose of Expenditure (by code) OVHD	Description Software for campaign administration	Event #	Amount Incurred (Estimate or Actual) \$151.50
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum S Required unless "None of the below" is checked) <input checked="" type="checkbox"/> None of the below (does not involve another candidate or committee) <input type="checkbox"/> Independent <input type="checkbox"/> Coordinated with reimbursement sought (joint expenditure) <input type="checkbox"/> Organization: <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> Coordinated without reimbursement sought (in-kind contribution)		
Name of Creditor Dan Miller			Date Incurred 05/13/2021
Street Address 70 Forest Street		City Stamford	State Zip Code CT 06901-1831
Purpose of Expenditure (by code) MISC	Description Birthday celebration in Mill River Park	Event # 051321a	Amount Incurred (Estimate or Actual) \$161.75
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum S Required unless "None of the below" is checked) <input checked="" type="checkbox"/> None of the below (does not involve another candidate or committee) <input type="checkbox"/> Independent <input type="checkbox"/> Coordinated with reimbursement sought (joint expenditure) <input type="checkbox"/> Organization: <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> Coordinated without reimbursement sought (in-kind contribution)		

SUBTOTAL Section S - This Page	\$577.75
TOTAL of Section S Pages	\$16,111.15
TOTAL OF ALL EXPENSES INCURRED BY COMMITTEE DURING THIS PERIOD BUT NOT PAID (Enter total on Line 28, Column A of Summary Page Totals)	\$16,111.15
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)	\$16,111.15

IV. EXPENDITURES (Sections P-T)

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)			TYPE OF REPORT	
Bobby Valentine for Stamford			July 10 filing	
S. Expenses Incurred by Committee but Not Paid During this Period				
Name of Creditor Dan Miller			Date Incurred 05/13/2021	
Street Address 70 Forest Street		City Stamford	State CT	Zip Code 06901-1831
Purpose of Expenditure (by code) MISC	Description Birthday celebration in Mill River Park	Event # 051321a		Amount Incurred (Estimate or Actual) \$2,650.00
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum S Required unless "None of the below" is checked) <input checked="" type="checkbox"/> None of the below (does not involve another candidate or committee) <input type="checkbox"/> Independent <input type="checkbox"/> Coordinated with reimbursement sought (joint expenditure) <input type="checkbox"/> Organization: <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> Coordinated without reimbursement sought (in-kind contribution)			
Name of Creditor Dan Miller			Date Incurred 05/13/2021	
Street Address 70 Forest Street		City Stamford	State CT	Zip Code 06901-1831
Purpose of Expenditure (by code) FOOD	Description Birthday celebration in Mill River Park	Event # 051321a		Amount Incurred (Estimate or Actual) \$3,154.75
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum S Required unless "None of the below" is checked) <input checked="" type="checkbox"/> None of the below (does not involve another candidate or committee) <input type="checkbox"/> Independent <input type="checkbox"/> Coordinated with reimbursement sought (joint expenditure) <input type="checkbox"/> Organization: <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> Coordinated without reimbursement sought (in-kind contribution)			
Name of Creditor Dan Miller			Date Incurred 05/13/2021	
Street Address 70 Forest Street		City Stamford	State CT	Zip Code 06901-1831
Purpose of Expenditure (by code) MISC	Description Birthday celebration in Mill River Park	Event # 051321a		Amount Incurred (Estimate or Actual) \$80.03
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum S Required unless "None of the below" is checked) <input checked="" type="checkbox"/> None of the below (does not involve another candidate or committee) <input type="checkbox"/> Independent <input type="checkbox"/> Coordinated with reimbursement sought (joint expenditure) <input type="checkbox"/> Organization: <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> Coordinated without reimbursement sought (in-kind contribution)			
Name of Creditor Dan Miller			Date Incurred 05/19/2021	
Street Address 70 Forest Street		City Stamford	State CT	Zip Code 06901-1831
Purpose of Expenditure (by code) FOOD	Description Meeting to discuss campaign strategy	Event #		Amount Incurred (Estimate or Actual) \$70.12
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum S Required unless "None of the below" is checked) <input checked="" type="checkbox"/> None of the below (does not involve another candidate or committee) <input type="checkbox"/> Independent <input type="checkbox"/> Coordinated with reimbursement sought (joint expenditure) <input type="checkbox"/> Organization: <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> Coordinated without reimbursement sought (in-kind contribution)			

SUBTOTAL Section S - This Page	\$5,954.90
TOTAL of Section S Pages	\$16,111.15
TOTAL OF ALL EXPENSES INCURRED BY COMMITTEE DURING THIS PERIOD BUT NOT PAID <i>(Enter total on Line 28, Column A of Summary Page Totals)</i>	\$16,111.15
Previously reported Expenses Unpaid and still Outstanding	+ \$0.00
TOTAL OF ALL EXPENSES INCURRED BY COMMITTEE BUT NOT PAID <i>(Enter total on Line 28a, Column A of Summary Page Totals)</i>	\$16,111.15

IV. EXPENDITURES (Sections P-T)

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)		TYPE OF REPORT	
Bobby Valentine for Stamford		July 10 filing	
S. Expenses Incurred by Committee but Not Paid During this Period			
Name of Creditor Dan Miller		Date Incurred 05/21/2021	
Street Address 70 Forest Street		City Stamford	State Zip Code CT 06901-1831
Purpose of Expenditure (by code) FOOD	Description Meeting to discuss campaign strategy	Event #	Amount Incurred (Estimate or Actual) \$143.09
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum S Required unless "None of the below" is checked) <input checked="" type="checkbox"/> None of the below (does not involve another candidate or committee) <input type="checkbox"/> Independent <input type="checkbox"/> Coordinated with reimbursement sought (joint expenditure) <input type="checkbox"/> Organization: <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> Coordinated without reimbursement sought (in-kind contribution)		
Name of Creditor Dan Miller		Date Incurred 05/26/2021	
Street Address 70 Forest Street		City Stamford	State Zip Code CT 06901-1831
Purpose of Expenditure (by code) FOOD	Description Meeting to discuss campaign strategy	Event #	Amount Incurred (Estimate or Actual) \$171.31
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum S Required unless "None of the below" is checked) <input checked="" type="checkbox"/> None of the below (does not involve another candidate or committee) <input type="checkbox"/> Independent <input type="checkbox"/> Coordinated with reimbursement sought (joint expenditure) <input type="checkbox"/> Organization: <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> Coordinated without reimbursement sought (in-kind contribution)		
Name of Creditor Dan Miller		Date Incurred 05/26/2021	
Street Address 70 Forest Street		City Stamford	State Zip Code CT 06901-1831
Purpose of Expenditure (by code) PRNT	Description Business cards	Event #	Amount Incurred (Estimate or Actual) \$212.70
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum S Required unless "None of the below" is checked) <input checked="" type="checkbox"/> None of the below (does not involve another candidate or committee) <input type="checkbox"/> Independent <input type="checkbox"/> Coordinated with reimbursement sought (joint expenditure) <input type="checkbox"/> Organization: <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> Coordinated without reimbursement sought (in-kind contribution)		
Name of Creditor Dan Miller		Date Incurred 05/29/2021	
Street Address 70 Forest Street		City Stamford	State Zip Code CT 06901-1831
Purpose of Expenditure (by code) FOOD	Description Meeting to discuss campaign strategy	Event #	Amount Incurred (Estimate or Actual) \$58.02
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum S Required unless "None of the below" is checked) <input checked="" type="checkbox"/> None of the below (does not involve another candidate or committee) <input type="checkbox"/> Independent <input type="checkbox"/> Coordinated with reimbursement sought (joint expenditure) <input type="checkbox"/> Organization: <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> Coordinated without reimbursement sought (in-kind contribution)		

SUBTOTAL Section S - This Page	\$585.12
TOTAL of Section S Pages	\$16,111.15
TOTAL OF ALL EXPENSES INCURRED BY COMMITTEE DURING THIS PERIOD BUT NOT PAID (Enter total on Line 28, Column A of Summary Page Totals)	\$16,111.15
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)	\$16,111.15

IV. EXPENDITURES (Sections P-T)

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)		TYPE OF REPORT	
Bobby Valentine for Stamford		July 10 filing	
S. Expenses Incurred by Committee but Not Paid During this Period			
Name of Creditor Dan Miller		Date Incurred 06/01/2021	
Street Address 70 Forest Street		City Stamford	State Zip Code CT 06901-1831
Purpose of Expenditure (by code) OVHD	Description Software for campaign administration	Event #	Amount Incurred (Estimate or Actual) \$15.22
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum S Required unless "None of the below" is checked) <input checked="" type="checkbox"/> None of the below (does not involve another candidate or committee) <input type="checkbox"/> Independent <input type="checkbox"/> Coordinated with reimbursement sought (joint expenditure) <input type="checkbox"/> Organization: <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> Coordinated without reimbursement sought (in-kind contribution)		
Name of Creditor Dan Miller		Date Incurred 06/01/2021	
Street Address 70 Forest Street		City Stamford	State Zip Code CT 06901-1831
Purpose of Expenditure (by code) A-OTH	Description Custom pins	Event #	Amount Incurred (Estimate or Actual) \$420.00
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum S Required unless "None of the below" is checked) <input checked="" type="checkbox"/> None of the below (does not involve another candidate or committee) <input type="checkbox"/> Independent <input type="checkbox"/> Coordinated with reimbursement sought (joint expenditure) <input type="checkbox"/> Organization: <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> Coordinated without reimbursement sought (in-kind contribution)		
Name of Creditor Dan Miller		Date Incurred 06/01/2021	
Street Address 70 Forest Street		City Stamford	State Zip Code CT 06901-1831
Purpose of Expenditure (by code) FNDR	Description Food & Beverage	Event # 060121a	Amount Incurred (Estimate or Actual) \$553.25
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum S Required unless "None of the below" is checked) <input checked="" type="checkbox"/> None of the below (does not involve another candidate or committee) <input type="checkbox"/> Independent <input type="checkbox"/> Coordinated with reimbursement sought (joint expenditure) <input type="checkbox"/> Organization: <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> Coordinated without reimbursement sought (in-kind contribution)		
Name of Creditor Dan Miller		Date Incurred 06/03/2021	
Street Address 70 Forest Street		City Stamford	State Zip Code CT 06901-1831
Purpose of Expenditure (by code) PRNT	Description Design services	Event #	Amount Incurred (Estimate or Actual) \$12.99
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum S Required unless "None of the below" is checked) <input checked="" type="checkbox"/> None of the below (does not involve another candidate or committee) <input type="checkbox"/> Independent <input type="checkbox"/> Coordinated with reimbursement sought (joint expenditure) <input type="checkbox"/> Organization: <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> Coordinated without reimbursement sought (in-kind contribution)		

SUBTOTAL Section S - This Page	\$1,001.46
TOTAL of Section S Pages	\$16,111.15
TOTAL OF ALL EXPENSES INCURRED BY COMMITTEE DURING THIS PERIOD BUT NOT PAID (Enter total on Line 28, Column A of Summary Page Totals)	\$16,111.15
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)	\$16,111.15

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)			TYPE OF REPORT	
Bobby Valentine for Stamford			July 10 filing	
S. Expenses Incurred by Committee but Not Paid During this Period				
Name of Creditor Dan Miller			Date Incurred 06/03/2021	
Street Address 70 Forest Street		City Stamford	State CT	Zip Code 06901-1831
Purpose of Expenditure (by code) FOOD	Description Meeting to discuss campaign strategy	Event #		Amount Incurred (Estimate or Actual) \$76.08
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum S Required unless "None of the below" is checked) <input checked="" type="checkbox"/> None of the below (does not involve another candidate or committee) <input type="checkbox"/> Independent <input type="checkbox"/> Coordinated with reimbursement sought (joint expenditure) <input type="checkbox"/> Organization: <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> Coordinated without reimbursement sought (in-kind contribution)			
Name of Creditor Dan Miller			Date Incurred 06/04/2021	
Street Address 70 Forest Street		City Stamford	State CT	Zip Code 06901-1831
Purpose of Expenditure (by code) A-OTH	Description vinyl campaign stickers	Event #		Amount Incurred (Estimate or Actual) \$638.10
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum S Required unless "None of the below" is checked) <input checked="" type="checkbox"/> None of the below (does not involve another candidate or committee) <input type="checkbox"/> Independent <input type="checkbox"/> Coordinated with reimbursement sought (joint expenditure) <input type="checkbox"/> Organization: <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> Coordinated without reimbursement sought (in-kind contribution)			
Name of Creditor Dan Miller			Date Incurred 6/30/21	
Street Address 70 Forest Street		City Stamford	State CT	Zip Code 06901-1831
Purpose of Expenditure (by code) OVHD	Description Software for campaign administration	Event #		Amount Incurred (Estimate or Actual) \$151.50
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum S Required unless "None of the below" is checked) <input checked="" type="checkbox"/> None of the below (does not involve another candidate or committee) <input type="checkbox"/> Independent <input type="checkbox"/> Coordinated with reimbursement sought (joint expenditure) <input type="checkbox"/> Organization: <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> Coordinated without reimbursement sought (in-kind contribution)			
Name of Creditor Dan Miller			Date Incurred 06/08/2021	
Street Address 70 Forest Street		City Stamford	State CT	Zip Code 06901-1831
Purpose of Expenditure (by code) FNDR	Description Food & Beverage	Event # 060821a		Amount Incurred (Estimate or Actual) \$626.75
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum S Required unless "None of the below" is checked) <input checked="" type="checkbox"/> None of the below (does not involve another candidate or committee) <input type="checkbox"/> Independent <input type="checkbox"/> Coordinated with reimbursement sought (joint expenditure) <input type="checkbox"/> Organization: <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> Coordinated without reimbursement sought (in-kind contribution)			

SUBTOTAL Section S - This Page	\$1,492.43
TOTAL of Section S Pages	\$16,111.15
TOTAL OF ALL EXPENSES INCURRED BY COMMITTEE DURING THIS PERIOD BUT NOT PAID (Enter total on Line 28, Column A of Summary Page Totals)	\$16,111.15
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)	\$16,111.15

IV. EXPENDITURES (Sections P-T)

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)			TYPE OF REPORT	
Bobby Valentine for Stamford			July 10 filing	
S. Expenses Incurred by Committee but Not Paid During this Period				
Name of Creditor Belle Haven Club			Date Incurred 06/11/2021	
Street Address 100 Harbor Dr		City Greenwich	State CT	Zip Code 06830-7018
Purpose of Expenditure (by code) FNDR	Description Reserve space for fundraising event	Event # 061121a		Amount Incurred (Estimate or Actual) \$100.00
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum S Required unless "None of the below" is checked) <input checked="" type="checkbox"/> None of the below (does not involve another candidate or committee) <input type="checkbox"/> Independent <input type="checkbox"/> Coordinated with reimbursement sought (joint expenditure) <input type="checkbox"/> Organization: <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> Coordinated without reimbursement sought (in-kind contribution)			
Name of Creditor Dan Miller			Date Incurred 06/13/2021	
Street Address 70 Forest Street		City Stamford	State CT	Zip Code 06901-1831
Purpose of Expenditure (by code) FOOD	Description Meeting to discuss campaign strategy	Event #		Amount Incurred (Estimate or Actual) \$79.25
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum S Required unless "None of the below" is checked) <input checked="" type="checkbox"/> None of the below (does not involve another candidate or committee) <input type="checkbox"/> Independent <input type="checkbox"/> Coordinated with reimbursement sought (joint expenditure) <input type="checkbox"/> Organization: <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> Coordinated without reimbursement sought (in-kind contribution)			
Name of Creditor Dan Miller			Date Incurred 06/16/2021	
Street Address 70 Forest Street		City Stamford	State CT	Zip Code 06901-1831
Purpose of Expenditure (by code) FOOD	Description Meeting to discuss campaign strategy	Event #		Amount Incurred (Estimate or Actual) \$37.57
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum S Required unless "None of the below" is checked) <input checked="" type="checkbox"/> None of the below (does not involve another candidate or committee) <input type="checkbox"/> Independent <input type="checkbox"/> Coordinated with reimbursement sought (joint expenditure) <input type="checkbox"/> Organization: <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> Coordinated without reimbursement sought (in-kind contribution)			
Name of Creditor Dan Miller			Date Incurred 06/21/2021	
Street Address 70 Forest Street		City Stamford	State CT	Zip Code 06901-1831
Purpose of Expenditure (by code) A-WEB	Description Use of music for videos	Event #		Amount Incurred (Estimate or Actual) \$15.00
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum S Required unless "None of the below" is checked) <input checked="" type="checkbox"/> None of the below (does not involve another candidate or committee) <input type="checkbox"/> Independent <input type="checkbox"/> Coordinated with reimbursement sought (joint expenditure) <input type="checkbox"/> Organization: <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> Coordinated without reimbursement sought (in-kind contribution)			

SUBTOTAL Section S - This Page	\$231.82
TOTAL of Section S Pages	\$16,111.15
TOTAL OF ALL EXPENSES INCURRED BY COMMITTEE DURING THIS PERIOD BUT NOT PAID (Enter total on Line 28, Column A of Summary Page Totals)	\$16,111.15
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)	\$16,111.15

IV. EXPENDITURES (Sections P-T)

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)	TYPE OF REPORT
Bobby Valentine for Stamford	July 10 filing

S. Expenses Incurred by Committee but Not Paid During this Period

Name of Creditor Dan Miller		Date Incurred 06/23/2021
Street Address 70 Forest Street	City Stamford	State Zip Code CT 06901-1831
Purpose of Expenditure (by code) A-OTH	Description Walk cards	Event #
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum S Required unless "None of the below" is checked) <input checked="" type="checkbox"/> None of the below (does not involve another candidate or committee) <input type="checkbox"/> Coordinated with reimbursement sought (joint expenditure) <input type="checkbox"/> Coordinated without reimbursement sought (in-kind contribution)	Amount Incurred (Estimate or Actual) \$228.65
		Organization: <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D
Name of Creditor Tawa Indian Cuisine		Date Incurred 06/23/2021
Street Address 487 Glenbrook Rd	City Stamford	State Zip Code CT 06906-1820
Purpose of Expenditure (by code) FNDR	Description Reserve space for fundraising event	Event #
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum S Required unless "None of the below" is checked) <input checked="" type="checkbox"/> None of the below (does not involve another candidate or committee) <input type="checkbox"/> Coordinated with reimbursement sought (joint expenditure) <input type="checkbox"/> Coordinated without reimbursement sought (in-kind contribution)	Amount Incurred (Estimate or Actual) \$100.00
		Organization: <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D
Name of Creditor Rissa Gerych		Date Incurred 06/28/2021
Street Address 26 Arnold Dr	City Stamford	State Zip Code CT 06905-1301
Purpose of Expenditure (by code) POST	Description Postage	Event #
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum S Required unless "None of the below" is checked) <input checked="" type="checkbox"/> None of the below (does not involve another candidate or committee) <input type="checkbox"/> Coordinated with reimbursement sought (joint expenditure) <input type="checkbox"/> Coordinated without reimbursement sought (in-kind contribution)	Amount Incurred (Estimate or Actual) \$11.80
		Organization: <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D
Name of Creditor Tony's at The J House		Date Incurred 06/28/2021
Street Address 1114 E Putnam Ave	City Riverside	State Zip Code CT 06878-1306
Purpose of Expenditure (by code) FNDR	Description Reserve space for fundraising event	Event # 062821a
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum S Required unless "None of the below" is checked) <input checked="" type="checkbox"/> None of the below (does not involve another candidate or committee) <input type="checkbox"/> Coordinated with reimbursement sought (joint expenditure) <input type="checkbox"/> Coordinated without reimbursement sought (in-kind contribution)	Amount Incurred (Estimate or Actual) \$100.00
		Organization: <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D

SUBTOTAL Section S - This Page	\$440.45
TOTAL of Section S Pages	\$16,111.15
TOTAL OF ALL EXPENSES INCURRED BY COMMITTEE DURING THIS PERIOD BUT NOT PAID (Enter total on Line 28, Column A of Summary Page Totals)	\$16,111.15
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)	\$16,111.15

IV. EXPENDITURES (Sections P-T)

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)		TYPE OF REPORT	
Bobby Valentine for Stamford		July 10 filing	
S. Expenses Incurred by Committee but Not Paid During this Period			
Name of Creditor Andrew McAleer		Date Incurred 06/29/2021	
Street Address 16 Roberta Ln		City Greenwich	State Zip Code CT 06830-3954
Purpose of Expenditure (by code) REF	Description In-kind contribution entered into the system by mistake. Refund processed in system on 7/6/2021 to reverse original entry	Event #	Amount Incurred (Estimate or Actual) \$800.00
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum S Required unless "None of the below" is checked) <input checked="" type="checkbox"/> None of the below (does not involve another candidate or committee) <input type="checkbox"/> Independent <input type="checkbox"/> Coordinated with reimbursement sought (joint expenditure) <input type="checkbox"/> Organization: <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> Coordinated without reimbursement sought (in-kind contribution)		
Name of Creditor Dan Miller		Date Incurred 06/29/2021	
Street Address 70 Forest Street		City Stamford	State Zip Code CT 06901-1831
Purpose of Expenditure (by code) FNDR	Description Food	Event # 062921a	Amount Incurred (Estimate or Actual) \$250.00
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum S Required unless "None of the below" is checked) <input checked="" type="checkbox"/> None of the below (does not involve another candidate or committee) <input type="checkbox"/> Independent <input type="checkbox"/> Coordinated with reimbursement sought (joint expenditure) <input type="checkbox"/> Organization: <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> Coordinated without reimbursement sought (in-kind contribution)		
Name of Creditor Paragon Payment Solutions		Date Incurred 06/30/2021	
Street Address 2141 E Broadway Rd		City Tempe	State Zip Code AZ 85282-1892
Purpose of Expenditure (by code) WEB	Description Estimate web payment processing fees thru 6/30	Event #	Amount Incurred (Estimate or Actual) \$4,777.22
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum S Required unless "None of the below" is checked) <input checked="" type="checkbox"/> None of the below (does not involve another candidate or committee) <input type="checkbox"/> Independent <input type="checkbox"/> Coordinated with reimbursement sought (joint expenditure) <input type="checkbox"/> Organization: <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> Coordinated without reimbursement sought (in-kind contribution)		

SUBTOTAL Section S - This Page	\$5,827.22
TOTAL of Section S Pages	\$16,111.15
TOTAL OF ALL EXPENSES INCURRED BY COMMITTEE DURING THIS PERIOD BUT NOT PAID (Enter total on Line 28, Column A of Summary Page Totals)	\$16,111.15
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)	\$16,111.15