SEEC FORM 20

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

Town Clerk

Page 1 of 17

Do Not Mark in This Space For Official Use Only

COVER PAGE

1. NAME OF COMMITTEE									
Caroline sim	mons for m	ayor							
2. TREASURER NAME									
First Leah	МІ	Last Kagan	Suffix						
3. TREASURER ADDRESS									
Street Address 141 VINE ROQ	d	Stamford	State Zip Code 06965						
4. ELECTION/REFERENDUM DATE	5. OFFICE SOUGHT (Complete on	ly if Candidate Committee)	6. DISTRICT NUMBE						
(mm/dd/yyyy)	mayor		(if applicable)						
7. CANDIDATE NAME (Complete only if	Candidate or Exploratory Committee)								
Caroline	МІ	SIMMONS	Suffix						
8. TYPE OF REPORT (Check One Box)									
☐ January 10 filing	☐ 7th day preceding primary	☐ 7th day preceding referendum	☐ Initial Contribution or Disbursemen						
☐ April 10 filing	☐ 30 days following primary	☐ 45 days following referendum	☐ Amendment to						
July 10 filing	☐ 7th day preceding election	☐ Deficit	Type of Report:						
☐ October 10 filing	☐ 12th day preceding election (State Central Committees Only)	☐ Termination							
☐ 24 Hour Independent Expenditure O Primary O Election	☐ 45 days following election not held in November								
9. PERIOD COVERED									
	Beginning Date	Ending Date							
-	4/1/21	thru $\frac{6/30/21}{}$	_						
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 TREASURE	PRI (SIGNATURE)	LCah Kayan INT NAME OF SIGNER	DATE (mm/dd/yyyy)						
E WEREN									
A person who is		willfully violated any provisions of the enalty or imprisonment or both.	e campaign finance statutes						

SEEC FORM 20

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

SUMMARY PAGE TOTALS

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)	TYPE OF REPORT	
	COLUMNIA	COLUMN B
	COLUMN A This Period	Aggregate
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		
12. Balance on hand at the beginning of Reporting Period	\$148,107,44	
13. Contributions Received from Individuals (Sections A and B)	181,619	\$239,307
14. Receipts from Other Committees (Sections C1 and C2)	82,000	\$ 2,000
15. Other Monetary Receipts (Sections D through K)		
16a. Total Proceeds from Small Purchases (Section L1 Subpart 1 + Subpart 3)		
16b. Per Public Act 11-48, effective January 1, 2012 Section L2. removed		
16c. Total Purchases of Advertising—Program Book or Sign (Section L3)		
17. Total Monetary Receipts (add totals for Lines 13 through 16c)	183,619	\$8306 \$ 241,307
18. Subtotals (add totals in Line 12 + 17 in Column A; and in Line 11 + 17 in Column B)	\$83,619	\$8241,307
19. Expenses Paid by Committee (Section P)	\$56,369	665,949,56
20. Balance on hand at close of Reporting Period (Subtract Line 19 from Line 18 in both Columns)	\$175,356.44	\$175,356,44
21. In-Kind Donations not Considered Contributions Received (Section L4)		
22. In-Kind Donations not Considered Contributions — House Party (Section L5)		
23. In-Kind Contributions Received (Section M)	\$340	5340.
24. Refundable Deposit to Telephone Company (Section N)		
25. Loan Balance		
25a. + Loans Received (Section D)		
25b. + Interest and Penalties on Loan		
25c Payments on Loan		
25d. Total Outstanding Loan Amount		
26. Campaign Expenses Paid by Candidate (Section Q)		
27. Expenses Incurred on Committee Credit Card (Section R)		
28. Expenses Incurred by Committee During this Period but Not Paid (Section S)		
28a. Total Outstanding Expenses Incurred by Committee still Unpaid (Section S)		

I. MONETARY RECEIPTS (Sections A—K)

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)	TYPE OF REPORT			
capline simmon for mayor	July 10			
A. Total Contributions from Small Contributors-Received this Period ONLY (See instructions for definition of Small Contributor) SUBTOTAL SECTION A	\$			
B. Itemized Contributions from Indivi	iduals			
Last Name Stratt Wendy	MI			
Residential Street Address 29 VINCENT AVENUE Stam Ford	State Zip Code CT 06 905			
Principal Occupation Con Jy 1 + C1 n + Name of Employer NIG				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? If contribution is in excess of \$400 to a candidate for a chief executive does contributor or business he/she is associated with have a contract valued at more than \$5,000?	ve officer of a municipality, t with said municipality Amount of Contribution			
If yes, list Event #	☐ Legislative ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐			
Method of Contribution: □ Cash □ Personal Check □ Credit/Debit Card □ Payroll Deduction □ Money Order □ Date Received □ (\$\rho \bar{30} \bar{2} \bar{2}\$)	Aggregate Contributions 4 W			
Last Name FLEXTY First MGE	MI			
Residential Street Address 236 Walnut St. City Williman	to CT 06276			
Principal Occupation Legislatur Name of Employer State of State	f -CT			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? If contribution is in excess of \$400 to a candidate for a chief executive does contributor or business he/she is associated with have a contract valued at more than \$5,000?	ve officer of a municipality, t with said municipality Amount of Contribution			
Is this contribution associated with an event reported in Section L1? If yes, list Event # Is contributor a principal of a state contractor or prospective state fyes, indicate which branch or branches of government the contract is with: Executive	ate contractor? Yes No S 100			
Method of Contribution: □ Date Received □ Cash □ Personal Check □ Credit/Debit Card □ Payroll Deduction □ Money Order □ 130 2	Aggregate Contributions			
Last Name Lyons First David	MI			
Residential Street Address 252 Rh2060012 Kd Str1mfor	State Zip Code CT 0 6 9 0 3			
Principal Occupation Name of Employer Rethre	d			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? If contribution is in excess of \$400 to a candidate for a chief executive does contributor or business he/she is associated with have a contract valued at more than \$5,000?	ve officer of a municipality, twith said municipality Amount of Contribution			
	□ Legislative			
Method of Contribution: □ Cash □ Personal Check □ Credit/Debit Card □ Payroll Deduction □ Money Order □ Column □ Money Order	Aggregate Contributions			
SUBTOTAL Section B — This	s Page 236			
TOTAL of additional Section B	Pages 81619			
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections (Enter total on Line 13, Column A of Summary Page				

Section B ADDITIONAL PAGE 1 of 14

NAME OF COMMITTEE (Provide Complete Na				TYPE OF REPORT	40.511	
Caroline Simmons for				July	/ 10 fili	ng
A. Total Contributions from S (See instructions for definition of Small			nis Period ONLY OTAL SECTION A	\$	0.00)
	B. Itemized Co	ntrib	outions from Indivi	duals		
Last Name		Fi	irst			MI
Heckman			James			Taxaa
Residential Street Address 42 Forest St		City Unic	onville		State	Zip Code 06085
Principal Occupation			Name of Employer			
Attorney			CT Realtors			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	If contribution is in excess of \$400 does contributor or business he/she valued at more than \$5,000?				y. Amo	ount of Contribution
Is this contribution associated with an event reported in Section L1? If yes, list Event #	Yes Is contributor a principal of a No If yes, indicate which bra of government the contra	nch or	branches	e contractor?		\$50.00
Method of Contribution:			Date Received	Aggregate Contributions		
☐ Cash ☐ Personal Check ■ Credit/Debit (Card □ Payroll Deduction □ Money	y Order	4/1/2021	\$50.00		
Last Name		Fi	irst			MI
Lamont		L	indsay			
Residential Street Address		City			State	Zip Code
38 Leroy street, #3	38 Leroy street, #3 New York					10014
Principal Occupation			Name of Employer		•	
Product Manager			Slack			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	If contribution is in excess of \$400 does contributor or business he/she valued at more than \$5,000?				y, Amo	ount of Contribution
	Yes No Is contributor a principal of a If yes, indicate which bro of government the contre	ınch or	branches	te contractor? Yes No		\$150.00
Method of Contribution:			Date Received	Aggregate Contributions	7	
☐ Cash ☐ Personal Check ☐ Credit/Debit (Card Payroll Deduction Money	y Order	4/1/2021	\$150.00		
Last Name		- 1	irst			МІ
Manewal		E	Brook			
Residential Street Address		City			State	Zip Code
1104 Newfield Avenue		Star	mford		СТ	06905
Principal Occupation			Name of Employer	,		
Attorney			Lipsky Lowe			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	If contribution is in excess of \$400 does contributor or business he/she valued at more than \$5,000?				y, Ame	ount of Contribution
Is this contribution associated with an event reported in Section L1? If yes, list Event # Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: Executive Legislative						\$100.00
Method of Contribution:			Date Received	Aggregate Contributions		
☐ Cash ☐ Personal Check ☐ Credit/Debit (Card ☐ Payroll Deduction ☐ Money	y Order	4/2/2021	\$100.00		
	SUB	TOTA	AL Section B — This	Page	\$300.0	00
	TOTAL	L of a	dditional Section B I	Pages	tric	81619
TOTAL OF	ALL CONTRIBUTIONS FROM		DIVIDUALS (Sections A	A 1 TO	216	
	1-21ster 40 total Dill 128196	,	oj zaminary z uge		e y	()

Section B ADDITIONAL PAGE 2 of | U|

NAME OF COMMITTEE (Provide Complete Name as Registered with	Filing Repository)			TYPE	OF REPORT	- 27	
Caroline Simmons for Mayor				July 10 filing			
A. Total Contributions from Small Contributions for definition of Small Contributor)			nis Period ONLY OTAL SECTION A	\$		0.00)
	Itemized Co		utions from Indivi	duals	医新物理		
Last Name Malloy			William				MI
Residential Street Address 119 Ralsey Road		^{City} Stan	nford			State CT	Zip Code 06902
Principal Occupation Sales	•		Name of Employer Self				
	or business he/she		ndidate for a chief executive ciated with have a contract			/, Amo	ount of Contribution
Is this contribution associated with an Yes Is contribute event reported in Section L1? No If yes, in		ch or	ontractor or prospective stat branches		■ No		\$100.00
Method of Contribution: ☐ Cash ☐ Personal Check ☐ Credit/Debit Card ☐ Payroll Dec	duction Money	Order	Date Received 4/2/2021	Aggregat \$200.	e Contributions		
Last Name Mussafer			^{rst} ⁄lichael				MI
Residential Street Address 8 Rolling Lane	- 1	^{City} Wes	ton			State MA	Zip Code 2493
Principal Occupation Business development			Name of Employer Business develop	ment			
	or business he/she		ndidate for a chief executive ciated with have a contract Yes No			, Amo	ount of Contribution
event reported in Section L1? No If yes, in	or a principal of a andicate which brancement the contract	nch or			■ No		\$500.00
Method of Contribution: ☐ Cash ☐ Personal Check ☐ Credit/Debit Card ☐ Payroll Ded			Date Received		e Contributions		
Last Name			rst				MI
Bronin			Andrew				
Residential Street Address 21 Little Point Street		City Esse	ex			State	Zip Code 06426
Principal Occupation physician/dermatologist			Name of Employer				
Is contributor a lobbyist, spouse,	or business he/she		ndidate for a chief executive iciated with have a contract Yes No			, Amo	ount of Contribution
event reported in Section L1?	or a principal of a s ndicate which bran	ісһ от			■ No		\$1,000.00
Method of Contribution: ☐ Cash ☐ Personal Check ☐ Credit/Debit Card ☐ Payroll Dec	duction	Order	Date Received 4/5/2021	Aggregat \$1,00	e Contributions 0.00		
	SUBT	OTA	L Section B — This	Page	\$	1,600.	00
	TOTAL	of a	dditional Section B I	Pages	91	IBAU	à 81619
TOTAL OF ALL CONTRIBU			IVIDUALS (Sections A			619	2.0.1

Section B ADDITIONAL PAGE 3 of 141

NAME OF COMMITTEE (Provide Complete Nat	me as Registered with Filing Repository)			TYPE OF REPORT	IIV.	The second of the last	
Caroline Simmons for Mayor				April 10 filing			
A. Total Contributions from Small Contributors-Received this Period ONLY (See instructions for definition of Small Contributor) SUBTOTAL SECTION A			\$	0.0)		
	B. Itemized Co		outions from Indivi	duals	178		
Last Name Rubenstein			Andrew			MI	
Residential Street Address		City	_		State	Zip Code	
14 Pacific Bay Circle, #104	4	San	Bruno		CA	94066	
Principal Occupation Business Development			Name of Employer Playbook Inc				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	If contribution is in excess of \$400 does contributor or business he/she valued at more than \$5,000?				y, Ame	ount of Contribution	
Is this contribution associated with an event reported in Section L1? If yes, list Event #	Yes Is contributor a principal of a significant of government the contract of government of	nch or	branches	e contractor?		\$200.00	
Method of Contribution: ☐ Cash ☐ Personal Check ☐ Credit/Debit C	Card □ Payroll Deduction □ Money	Order	Date Received 4/5/2021	Aggregate Contributions \$200.00			
Lust Name Walker			Cyrus			MI	
Residential Street Address	00	City			State	Zip Code	
2020 North Bayshore Drive, Apt 41 Principal Occupation	02	Mian	Name of Employer		FL	33137	
Insurance broker			Dibble group				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	If contribution is in excess of \$400 does contributor or business he/she valued at more than \$5,000?				y, Amo	ount of Contribution	
Is this contribution associated with an event reported in Section L1? If yes, list Event #	Yes Is contributor a principal of a No If yes, indicate which bra of government the contra	nch or	branches	te contractor? Yes No		\$500.00	
Method of Contribution:			Date Received	Aggregate Contributions	7		
☐ Cash ☐ Personal Check ☐ Credit/Debit C	Card Payroll Deduction Money	Order	4/5/2021	\$500.00			
Last Name		- 1	irst			MI	
Dicker			George		La	Tax o 1	
Residential Street Address 942 Olympus Ct		City Suni	nyvale		State	Zip Code 94087	
Principal Occupation		- Curri	Name of Employer		071	1 0.00.	
Software Engineering			Apple				
ls contributor a lobbyist, spouse, or dependent child of a lobbyist?	If contribution is in excess of \$400 does contributor or business he/she valued at more than \$5,000?				y, Am	ount of Contribution	
	Yes No Is contributor a principal of a If yes, indicate which bra of government the contra	nch от	branches	e contractor? ☐ Yes ☐ No ☐ Legislative		\$250.00	
Method of Contribution:	Av.		Date Received	Aggregate Contributions			
☐ Cash ☐ Personal Check ☐ Credit/Debit C	Card Payroll Deduction Money	i Order	4/5/2021	\$250.00			
	SUBT	ГОТА	AL Section B — This	Page	\$950.0	00	
	TOTAL	Lofa	dditional Section B I	Pages BQ	8/6 9	81619	
TOTAL OF	ALL CONTRIBUTIONS FROM (Enter total on Line		DIVIDUALS (Sections A lumn A of Summary Page	4+B) (211			

Section B ADDITIONAL PAGE 4 of 4

NAME OF COMMITTEE (Provide Complete Nat				TYPE OF REPORT	1.40 EU.		
Caroline Simmons for Mayor				April 10 filing			
A. Total Contributions from Small Contributors-Received this Period ONLY (See instructions for definition of Small Contributor) SUBTOTAL SECTION A			\$	0.00			
	B. Itemized Co	ntrib	utions from Indivi	duals			
Last Name		Fir	rst Nick			MI	
Pinto Residential Street Address		City	INICK		State	Zip Code	
366 Round Hill Road			enwich		CT	06831	
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 does contributor or business he/she valued at more than \$5,000?				Amoi	unt of Contribution	
Is this contribution associated with an event reported in Section L1? If yes, list Event #	Yes Is contributor a principal of a No If yes, indicate which bra of government the contra	nch or b	branches	e contractor?		\$1,000.00	
Method of Contribution:			Date Received	Aggregate Contributions	1		
☐ Cash ☐ Personal Check ☐ Credit/Debit C	Card Payroll Deduction Money	Order	4/5/2021	\$1,000.00			
Last Name		Fir	st			MI	
Richman		В	rooke				
Residential Street Address		City			State	Zip Code	
11 Conyers Farm Drive		Gree	enwich		СТ	06831	
Principal Occupation			Name of Employer				
CEO & Founder			Self Employed - 0	Coop & Spree			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	If contribution is in excess of \$400 does contributor or business he/she valued at more than \$5,000?				Amoi	unt of Contribution	
Is this contribution associated with an event reported in Section L1? If yes, list Event #	Yes Is contributor a principal of a No If yes, indicate which bra of government the contra	nch or	branches	te contractor? ☐ Yes ☐ No ☐ Legislative		\$500.00	
Method of Contribution:	1		Date Received	Aggregate Contributions	-		
☐ Cash ☐ Personal Check ☐ Credit/Debit C	Card Payroll Deduction Money	Order (4/7/2021	\$500.00			
Last Name		Fi		\		MI	
Padilla		E	va				
Residential Street Address		City			State	Zip Code	
56 Maher Road		Starr	nford		СТ	06902	
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 does contributor or business he/she valued at more than \$5,000?				/, Amo	unt of Contribution	
	Yes ls contributor a principal of a If yes, indicate which bra of government the contra	nch or	branches	te contractor? Yes No Legislative		\$50.00	
Method of Contribution:			Date Received	Aggregate Contributions			
☐ Cash ☐ Personal Check ☐ Credit/Debit (Card Payroll Deduction Mone	y Order	4/7/2021	\$50.00			
	SUB	ГОТА	L Section B — This	Page	1,550.0)0	
	TOTA	L of a	dditional Section B I	Pages 46	36 S	31619	
TOTAL OF	ALL CONTRIBUTIONS FROM (Enter total on Line		IVIDUALS (Sections A Jumn A of Summary Page		619		

Section B ADDITIONAL PAGE 5 of U

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)			TYPE OF REPORT		
Caroline Simmons for Mayor	July 10 filing				
A. Total Contributions from Small Contributors-Rece (See instructions for definition of Small Contributor)		this Period ONLY TOTAL SECTION A	\$	0.00)
		12			
B. Itemized C		butions from Indivi	duals		
Last Name		First			MI
Lazgin		Jane			
Residential Street Address	City			State	Zip Code
62 Wellington Dr	Sta	mford		СТ	06903-3208
Principal Occupation		Name of Employer			
Adjunct Professor		Norwalk Commun	ity College		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes of Contribution is in excess of S44 does contributor or business he/s valued at more than \$5,000?				y, Amo	ount of Contribution
Is this contribution associated with an event reported in Section L1? If yes, list Event # Yes Is contributor a principal of If yes, indicate which be of government the cont	ranch o		e contractor? ☐ Yes ☐ No ☐ Legislative		\$25.00
Method of Contribution:		Date Received	Aggregate Contributions	-	
☐ Cash ☐ Personal Check ☐ Credit/Debit Card ☐ Payroll Deduction ☐ Mor	icy Orde	er 4/7/2021	\$75.00		W.
Last Name		First			MI
Duryea		Tina			
Residential Street Address	City			State	Zip Code
6 Deane Court	Nor	rwalk		CT	06853
Principal Occupation	11	Name of Employer			777
Artist painter		Self employed art	ist TL Duryea		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes If contribution is in excess of \$40 does contributor or business he/sl valued at more than \$5,000?				y, Amo	ount of Contribution
Is this contribution associated with an event reported in Section L1? Is contributor a principal of If yes, indicate which be of government the contributor associated with an event reported in Section L1? No If yes, indicate which be of government the contributor associated with an event reported in Section L1?	ranch c		te contractor? Yes No Legislative		\$10.00
Method of Contribution:		Date Received	Aggregate Contributions	_	
☐ Cash ☐ Personal Check ☐ Credit/Debit Card ☐ Payroll Deduction ☐ Mon	ey Ordo	er 4/7/2021	\$160.00		
Last Name		First			MI
Morson		Eric			
Residential Street Address	City			State	Zip Code
306 Dundee Road	Sta	amford		СТ	06903
Principal Occupation		Name of Employer			
Financial Advisor & Tax Advisor		Equitable Advisor	s LLC		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes does contribution is in excess of \$40 does contributor or business he/s valued at more than \$5,000?				y, Amo	ount of Contribution
Is this contribution associated with an event reported in Section L1? Yes Is contributor a principal of a state contractor or prospective state. If yes, indicate which branch or branches			☐ Legislative ☐ No		\$50.00
Method of Contribution:		Date Received	Aggregate Contributions		
☐ Cash ☐ Personal Check ☐ Credit/Debit Card ☐ Payroll Deduction ☐ Mor	ney Orde	ет 4/9/2021	\$50.00		
SUI	втот	AL Section B — This	Page	\$85.00	0
тот	AL of	additional Section B I	Pages 47A	RA	81619
TOTAL OF ALL CONTRIBUTIONS FRO		DIVIDUALS (Sections A Column A of Summary Page	A (D)	619	

Section B ADDITIONAL PAGE 6 of 14

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)			TYPE OF REPORT		
Caroline Simmons for Mayor			July	/ 10 filin	g
A. Total Contributions from Small Contributors-Receive (See instructions for definition of Small Contributor)		nis Period ONLY OTAL SECTION A	\$	0.00	
B. Itemized Co	ntrib	utions from Indivi	duals	15.3.0	
Last Name Adams	Fir				MI
Residential Street Address		Terry		State	Zip Code
15 Lipton Place	Starr	nford		CT	06902
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 does contributor or business he/she valued at more than \$5,000?				y, Amo	unt of Contribution
Is this contribution associated with an event reported in Section L1? If yes, list Event # Is contributor a principal of a lf yes, indicate which broad of government the contral of government the government the government the contral of government the gove	inch or l	branches	e contractor?		\$100.00
Method of Contribution:		Date Received	Aggregate Contributions	_	
☐ Cash ☐ Personal Check ☐ Credit/Debit Card ☐ Payroll Deduction ☐ Mone	y Order	4/11/2021	\$600.00		
Last Name	Fi				MI
Gellert	C	atherine			
Residential Street Address	City			State	Zip Code
151 East 79th Street	New	York		NY	10075
Principal Occupation Partner		Name of Employer Windcrest Partne	rs		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? No Ves If contribution is in excess of \$400 does contributor or business he/she valued at more than \$5,000?				/ Amo	unt of Contribution
Is this contribution associated with an event reported in Section L1? If yes, list Event # Yes Is contributor a principal of a lf yes, indicate which brof government the contributor of government the contributor apprincipal of a levent reported in Section L1?	anch or	branches	te contractor? Yes No Legislative		\$250.00
Method of Contribution:	act is wi	Date Received	Aggregate Contributions	-	
☐ Cash ☐ Personal Check ☐ Credit/Debit Card ☐ Payroll Deduction ☐ Mone	y Order	4/13/2021	\$250.00		
Last Name	Fi	rst			MI
Atwood	Т	om			
Residential Street Address	City		_	State	Zip Code
90 Jonathan Drive	Stan	nford		СТ	06903
Principal Occupation		Name of Employer		•	40
Economic Development & Marketing					
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? If contribution is in excess of \$400 does contributor or business he/sh valued at more than \$5,000?				y, Amo	unt of Contribution
event reported in Section L1?	Is this contribution associated with an event reported in Section L1? Yes Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches				\$25.00
Method of Contribution:		Date Received	Aggregate Contributions		
☐ Cash ☐ Personal Check ☐ Credit/Debit Card ☐ Payroll Deduction ☐ Mone	y Order	4/13/2021	\$25.00		
SUB	TOTA	AL Section B — This	Page	\$375.0	0
TOTA	L of a	dditional Section B I	Pages Q	del	81619
TOTAL OF ALL CONTRIBUTIONS FRO (Enter total on Line		OIVIDUALS (Sections A lumn A of Summary Page	4+B) (51)		

Section B ADDITIONAL PAGE 7 of |

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)		The English And Park	TYPE OF REPORT	HEIDE	
Caroline Simmons for Mayor			July	y 10 filir	ng
A. Total Contributions from Small Contributors-Receiv (See instructions for definition of Small Contributor)		this Period ONLY TOTAL SECTION A	\$ 0.00		
B. Itemized Co	ntri	butions from Indivi	duals		9 18 18
Last Name		First			MI
Ashe		John	4		
Residential Street Address	City			State	Zip Code
177 Ocean Drive East	Sta	amford		СТ	06902
Principal Occupation		Name of Employer			
Retired		Retired			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes If contribution is in excess of \$400 does contributor or business he/she valued at more than \$5,000?				y, Amo	ount of Contribution
Is this contribution associated with an event reported in Section L1? If yes, list Event # No If yes, indicate which bra of government the contra	nch o	or branches	e contractor?		\$100.00
Method of Contribution:		Date Received	Aggregate Contributions	-	
☐ Cash ☐ Personal Check ☐ Credit/Debit Card ☐ Payroll Deduction ☐ Money	y Ordo		\$100.00		
Last Name		First			MI
Scanlan		Elizabeth			
Residential Street Address	City			State	Zip Code
74 Winthrop Drive	Riv	verside		СТ	06878
Principal Occupation		Name of Employer			
Retired		Retired			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes If contribution is in excess of \$400 does contributor or business he/she valued at more than \$5,000?				y, Amo	unt of Contribution
Is this contribution associated with an event reported in Section L1? If yes, list Event # Is contributor a principal of a lifyes, indicate which brace of government the contral of government the government the contral of government the gove	anch o	or branches	te contractor? Yes No Legislative		\$250.00
Method of Contribution:		Date Received	Aggregate Contributions	7	
☐ Cash ☐ Personal Check ☐ Credit/Debit Card ☐ Payroll Deduction ☐ Mone	y Ordo	cr 4/15/2021	\$250.00		
Last Name	T	First			MI
Rockefeller		Valerie			
Residential Street Address	City			State	Zip Code
38 Highview Avenue	Olc	d Greenwich		СТ	06870-1704
Principal Occupation		Name of Employer			
Chair		Rockefeller Brothe	ers Fund		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes If contribution is in excess of \$400 does contributor or business he/she valued at more than \$5,000?				y, Amo	ount of Contribution
Is this contribution associated with an event reported in Section L1? If yes, list Event # No	anch c	or branches with: Executive	■ No □ Legislative		\$250.00
Method of Contribution:		Date Received	Aggregate Contributions		
☐ Cash ☐ Personal Check ■ Credit/Debit Card ☐ Payroll Deduction ☐ Mone	y Ord	ler 4/15/2021	\$250.00		
SUB	TOT	TAL Section B — This	Page	\$600.0	0
TOTA	L of	additional Section B I	Pages (A)	FINO	\$ 81619
TOTAL OF ALL CONTRIBUTIONS FRO			A+B) ¢R	1619	
(Enter total on Line	13, C	Column A of Summary Page	Zolais)	٠٦٢,	

Section B ADDITIONAL PAGE 8 of 141

Caroline Simmons for Mayor	Filing Repository			July	y 10 fili	ing
A. Total Contributions from Small Contrib				S	0.0	Λ
(See instructions for definition of Small Contributor)	S	UBT	OTAL SECTION A	Ş		
	Itemized Cor		utions from Indivi	duals		
Last Name Condon		Fir	Jane			Ml
Residential Street Address 38 Close Rd		City Gre e	nwich		State	Zip Code 06831
Principal Occupation Comedian			Name of Employer Brockton Producti	ons		
	or business he/she		ididate for a chief executive ciated with have a contract		y, Am	ount of Contribution
Is this contribution associated with an event reported in Section L1?		ich or t		e contractor?		\$250.00
Method of Contribution: ☐ Cash ☐ Personal Check ☐ Credit/Debit Card ☐ Payroll Dec	duction Money	Order	Date Received 4/16/2021	Aggregate Contributions \$250.00		
Last Name Blomstrom		Fir E	st leanor			MI
Residential Street Address 26 Coolidge Ave		^{City} Stam	ıford		State CT	Zip Code 06906
Principal Occupation Manager			Name of Employer			V/
	or business he/she		didate for a chief executive iated with have a contract Yes No		y, Am	ount of Contribution
event reported in Section L1? No If yes, i	tor a principal of a sindicate which brane ernment the contract	nch or		e contractor?		\$50.00
Method of Contribution: ☐ Cash ☐ Personal Check ☐ Credit/Debit Card ☐ Payroll Dec	duction Money	Order	Date Received 4/17/2021	Aggregate Contributions \$125.00		
Last Name		Fit	rst		!	MI
Gilfeather		M	laureen			
Residential Street Address		City			State	Zip Code
196 High Clear Drive		STAI	MFORD		СТ	06905-3107
Principal Occupation Retired			Name of Employer Retired			
	or business he/she		ndidate for a chief executive ciated with have a contract Yes No		y, Am	ount of Contribution
Is this contribution associated with an event reported in Section L1? Is contributor a principal of a state contractor or prospective state contributor aprincipal of a state contractor or prospective state contributor aprincipal of a state contractor or prospective state contributor aprincipal of a state contractor or prospective state contributor aprincipal of a state contractor or prospective state contributor aprincipal of a state contractor or prospective state contributor aprincipal of a state contractor or prospective state contributor aprincipal of a state contractor or prospective state contributor aprincipal of a state contractor or prospective state contributor aprincipal of a state contractor or prospective state contributor aprincipal of a state contractor or prospective state contributor aprincipal of a state contractor or prospective state contributor aprincipal of a state contractor or prospective state contributor aprincipal of a state contractor or prospective state contributor aprincipal of a state contractor or prospective state contributor aprincipal of a state contractor or prospective state contributor aprincipal of a state contractor or prospective state contributor aprincipal of a state contractor or prospective state contributor aprincipal of a state contractor or prospective state contributor aprincipal of a state contractor or prospective state contributor aprincipal of a state contractor or prospective state contributor aprincipal of a state contractor or prospective state contributor aprincipal of a state contributor aprincipal of a state contractor or prospective state contributor aprincipal of a state contributor				☐ Legislative		\$25.00
Method of Contribution: ☐ Cash ☐ Personal Check ☐ Credit/Debit Card ☐ Payroll De	duction Money	Order	Date Received 4/18/2021	Aggregate Contributions \$100.00		
	/	100	L Section B — This	128	\$325.	00
			dditional Section B I		7.5	81619
TOTAL OF ALL CONTRIB	UTIONS FROM	1 IND	IVIDUALS (Sections A	1 + R) +		JIWI 1
(E	nter total on Line	13, Col	umn A of Summary Page	Totals) \$ 8 (4	1 1	

Section B ADDITIONAL PAGE 9 of 14

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)			TYPE OF REPORT							
Caroline Simmons for Mayor			July 10 filing							
A. Total Contributions from Small Contributors-Recei			s Period ONLY TAL SECTION A	\$	0.00)				
B. Itemized Contributions from Individuals										
Last Name		Firs	t				MI			
Bande		S	Sharyu							
Residential Street Address	City				State	Zip	Code			
116 Frost Pond Rd	St	ami	ford		СТ		06903			
Principal Occupation			Name of Employer							
Physician			Soundview Medic	al Associates						
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes does contribution is in excess of \$40 does contributor or business he/sl valued at more than \$5,000?					Amo	unt o	f Contribution			
Is this contribution associated with an event reported in Section L1? Yes Is contributor a principal of event reported in Section L1? No If yes, indicate which by of government the contributor.	anch	or bi	ranches	e contractor?		\$2	25.00			
If yes, list Event # of government the contribution:	uct 13	1	Date Received	Aggregate Contributions	-					
☐ Cash ☐ Personal Check ☐ Credit/Debit Card ☐ Payroll Deduction ☐ Mon	ev Or	der	4/18/2021	\$25.00						
Last Name	_	Firs			_		MI			
Earls		Ar	ndrew							
Residential Street Address	City	,			State	Zip	Code			
29 Cliffdale Road	5000		nwich		СТ		06831			
Principal Occupation			Name of Employer							
Finance			Morgan Stanley							
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes does contribution is in excess of \$40 does contributor or business he/sl valued at more than \$5,000?					/, Amo	unt o	f Contribution			
Is this contribution associated with an event reported in Section L1? Solution associated with an event reported in Section L1? No event reported in Section L1? If yes, list Event # of government the contributor a principal of the section L1?	ranch	ı or b	ranches	te contractor? Yes No Legislative		\$2	50.00			
Method of Contribution:			Date Received	Aggregate Contributions						
☐ Cash ☐ Personal Check ☐ Credit/Debit Card ☐ Payroll Deduction ☐ Mon	ey Or	der	4/19/2021	\$250.00						
Last Name		Firs	st				MI			
Frattaroli		Ca	ayla							
Residential Street Address	City	y			State	Zip	Code			
36 Diamondcrest Lane	St	tam	ford		СТ		06903			
Principal Occupation			Name of Employer							
Student			Student							
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? If contribution is in excess of \$44 does contributor or business he/s valued at more than \$5,000?					y, Ame	ount o	of Contribution			
Is this contribution associated with an event reported in Section L1? If yes, list Event # Yes Is contributor a principal of If yes, indicate which be of government the contributor.	ranch	or b	ranches	te contractor? Yes No Legislative		\$	50.00			
Method of Contribution:			Date Received	Aggregate Contributions						
☐ Cash ☐ Personal Check ☐ Credit/Debit Card ☐ Payroll Deduction ☐ Mor	iey Or	rder	4/20/2021	\$50.00						
SU	вто	TA	L Section B — This	Page	\$325.0	00				
TOTA	AL o	f ad	ditional Section B l	Pages (6)	1419	81	619			
TOTAL OF ALL CONTRIBUTIONS FRO			VIDUALS (Sections and A of Summary Page		1619					

Section B ADDITIONAL PAGE 9 of 141

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)	3 5 11		TYPE OF REPORT		
Caroline Simmons for Mayor			July 10 filing		
A. Total Contributions from Small Contributors-Receiv (See instructions for definition of Small Contributor)		is Period ONLY OTAL SECTION A	\$	0.00	
B. Itemized Co	ntrib	utions from Indivi	duals		
Last Name Bande	Fin	sı Sharyu			MI
Residential Street Address 116 Frost Pond Rd	City Stam	nford		State	Zip Code 06903
Principal Occupation Physician		Name of Employer Soundview Medica	al Associates		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes If contribution is in excess of \$400 does contributor or business he/she valued at more than \$5,000?				Amou	nt of Contribution
Is this contribution associated with an event reported in Section L1? If yes, list Event # Yes Is contributor a principal of a If yes, indicate which bra of government the contraction.	nch or t	oranches	c contractor? Yes No		\$25.00
Method of Contribution: □ Cash □ Personal Check ■ Credit/Debit Card □ Payroll Deduction □ Money	y Order	Date Received 4/18/2021	Aggregate Contributions \$25.00		
Last Name Earls	Fin A I	ndrew ndrew			MI
Residential Street Address 29 Cliffdale Road	City Gree	nwich		State CT	Zip Code 06831
Principal Occupation Name of Employer Finance Morgan Stanley					
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes If contribution is in excess of \$400 does contributor or business he/she valued at more than \$5,000?				/, Amou	nt of Contribution
Is this contribution associated with an event reported in Section L1? If yes, list Event # Yes Is contributor a principal of a fyes, indicate which bra of government the contra	anch or l	branches	te contractor? Yes No Legislative		\$250.00
Method of Contribution:		Date Received	Aggregate Contributions		
☐ Cash ☐ Personal Check ☐ Credit/Debit Card ☐ Payroll Deduction ☐ Money	y Order	4/19/2021	\$250.00		
Last Name	Fir				MI
Frattaroli		Sayla			
Residential Street Address 36 Diamondcrest Lane	City Stam	oford		State	Zip Code 06903
	Stall	4		СТ	00903
Principal Occupation Student		Name of Employer Student			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Solution Is contribution is in excess of \$400 does contributor or business he/she valued at more than \$5,000?				y, Amou	ınt of Contribution
this contribution associated with an ST Vac II. and though a principal of a data and tractar and tract			\$50.00		
Method of Contribution:		Date Received	Aggregate Contributions		
☐ Cash ☐ Personal Check ☐ Credit/Debit Card ☐ Payroll Deduction ☐ Mone	y Order	4/20/2021	\$50.00		
SUB	ТОТА	L Section B — This	Page	\$325.00)
TOTAL	L of ac	dditional Section B F	Pages (du	M	81619
TOTAL OF ALL CONTRIBUTIONS FROM (Enter total on Line		IVIDUALS (Sections A umn A of Summary Page		1619	

Section B ADDITIONAL PAGE 10 of 141

Caroline Simmons for				July	10 filin	ıg
A. Total Contributions from S	mall Contributors-Receiv		A STATE OF THE PARTY OF THE PAR	\$	0.00	
(See instructions for definition of Small	Contributor)	SUBTO	OTAL SECTION A			
	B. Itemized Co		utions from Indivi	duals	Call.	
Last Name Lyons		Fir	nst David			Ml
Residential Street Address 252 Brookdale Road		City Stam	nford		State CT	Zip Code 06903
Principal Occupation Self- Attorney	,		Name of Employer Self			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	If contribution is in excess of \$400 does contributor or business he/she valued at more than \$5,000?				/. Amo	unt of Contribution
Is this contribution associated with an event reported in Section L1? If yes, list Event #	Yes Is contributor a principal of a No If yes, indicate which bra of government the contract	nch or t	branches	e contractor? Yes No		\$50.00
Method of Contribution: ☐ Cash ☐ Personal Check ☐ Credit/Debit C	Card □ Payroll Deduction □ Money	Order (Date Received 4/20/2021	Aggregate Contributions \$50.00		
Last Name		Fir	rst	<u> </u>		MI
Strom		Li	isa			
Residential Street Address 19 Merriman Road		City Stam	nford		State CT	Zip Code 06905
Principal Occupation Teacher Name of Employer Norwalk public schools						
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	If contribution is in excess of \$400 does contributor or business he/she valued at more than \$5,000?				/, Amo	unt of Contribution
	Yes Is contributor a principal of a No If yes, indicate which bra of government the contra	nch or	branches	te contractor? Yes No Legislative		\$25.00
Method of Contribution:			Date Received	Aggregate Contributions	7	
☐ Cash ☐ Personal Check ☐ Credit/Debit C	Card ☐ Payroll Deduction ☐ Money	Order (4/20/2021	\$75.00		
Last Name		Fi				MI
Kelly			Sarah			
Residential Street Address 1075 Park Avenue, 7B		City	York		State	Zip Code 10128
		New	Name of Employer		INT	10120
Principal Occupation Homemaker			Homemaker			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	If contribution is in excess of \$400 does contributor or business he/she valued at more than \$5,000?				y, Amo	ount of Contribution
event reported in Section L1? If yes, list Event #	event reported in Section L1? No If yes, indicate which branch or branches No \$250				\$250.00	
Method of Contribution:	Card Dayrall Daduation DM	u Ordon	Date Received 4/20/2021	Aggregate Contributions \$250.00		
☐ Cash ☐ Personal Check ☐ Credit/Debit ©	Card Payron Deduction PilMone	y Order	712012021	Ψ200.00	1	
	SUB'	ГОТА	AL Section B — This		\$325.0	
			dditional Section B l	Pages 69	196	8/6/9
TOTAL OF	ALL CONTRIBUTIONS FROM (Enter total on Line		IVIDUALS (Sections A Jumn A of Summary Page	A + B) Totals)	1619	

Section B ADDITIONAL PAGE 11 of |U|

Caroline Simmons for Mayor	a wan rung keposuory)			July	/ 10 filin	ıg
A. Total Contributions from Small Con			is Period ONLY	\$	0.00	
(See instructions for definition of Small Contributor) SUBTOTAL SECTION A			DIAL SECTION A			
	D. Itamirad Cor	. éuile	utions from Indivi	duals	SE 0 1840	
Last Name	B. Itemized Cor	I tribi Fir	utions from Indivi	duats		IMI
Tedesco		- (Camille			
Residential Street Address 95 Intervale Rd, Unit 28		City Stam	nford		State CT	Zip Code 06905
Principal Occupation retired insurance account manager			Name of Employer retired			
or dependent child of a lobbyist?			ididate for a chief executive stated with have a contract Yes No		y, Amou	unt of Contribution
event reported in Section L1?	tributor a principal of a styes, indicate which brand government the contract	ich or b		e contractor? Yes No Legislative		\$100.00
Method of Contribution: □ Cash □ Personal Check ■ Credit/Debit Card □ Payro	oll Deduction Money	Order	Date Received 4/21/2021	Aggregate Contributions \$100.00		
Last Name		Fin		•		MI
Kaufman		D	erek 			
Residential Street Address 98 Round Hill Road	I	^{City} Gree	nwich		State CT	Zip Code 06831
Principal Occupation Name of Employer						
Retired	Retired Retired					
or dependent child of a lobbyist? No does contril			didate for a chief executive stated with have a contract Yes No		/. Amoi	unt of Contribution
event reported in Section L1?	ntributor a principal of a structure of a structure of a structure of government the contracture of government the contracture of government the contracture of government the contracture of the structure of the	nch or		te contractor? Yes No Legislative		\$500.00
Method of Contribution:			Date Received	Aggregate Contributions		
☐ Cash ☐ Personal Check ☐ Credit/Debit Card ☐ Payro	all Deduction Money	Order	4/21/2021	\$500.00		
Last Name		Fir				MI
Fichtel			rederick		La	Ta: Cul
Residential Street Address 8 Half Moon Way		City Stam	nford		State CT	Zip Code 06902
Principal Occupation		Otan	Name of Employer			
Retired			retired			
or dependent child of a lobbyist?			ndidate for a chief executive ciated with have a contract Yes No		y, Amo	unt of Contribution
Is this contribution associated with an event reported in Section L1? If yes, list Event # Section L1? Is contributor a principal of a state contractor or prospective state contractor? Section L1? If yes, indicate which branch or branches of government the contract is with: Executive Legislative				\$25.00		
Method of Contribution:			Date Received	Aggregate Contributions		
☐ Cash ☐ Personal Check ■ Credit/Debit Card ☐ Payro	oll Deduction	Order	4/21/2021	\$25.00		
	SUBT	OTA	L Section B — This	Page	\$625.0	0
	TOTAL	of ac	dditional Section B 1	Pages U	olety	81619
TOTAL OF ALL CONT			IVIDUALS (Sections A umn A of Summary Page		(6/9	

Section B ADDITIONAL PAGE 12 of |U|

NAME OF COMMITTEE (Provide Complete Nat	me as Registered with Filing Repository)			TYPE OF REPORT			A
Caroline Simmons for	Mayor			July 10 filing			
A. Total Contributions from S (See instructions for definition of Small			his Period ONLY TOTAL SECTION A	\$	(0.00	
	B. Itemized Co		outions from Indivi	duals			
Last Name		F	irst				MI
Miller			Gregory				
Residential Street Address		City			State		Cip Code
30 Boxwood Drive		Star	mford		C	T	06906
Principal Occupation			Name of Employer				
Attorney							
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes No	If contribution is in excess of \$400 does contributor or business he/she valued at more than \$5,000?				ity.	Amoun	t of Contribution
Is this contribution associated with an event reported in Section L1? If yes, list Event #	Yes No Is contributor a principal of a If yes, indicate which braid of government the contract	nch or	branches	e contractor?		ľ	\$36.00
Method of Contribution:			Date Received	Aggregate Contributions	-		
☐ Cash ☐ Personal Check ☐ Credit/Debit C	Card □ Payroll Deduction □ Money	Orde	r 4/21/2021	\$36.00			
Last Name		- 1	First				MI
Rust		-	Janine				
Residential Street Address		City			State		ip Code
164 Van Rensselaer Avenue		Star	mford		C	Т	06902
Principal Occupation			Name of Employer				
Homemaker Homemaker							
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?					t of Contribution		
Is this contribution associated with an event reported in Section L1? If yes, list Event #	Yes Is contributor a principal of a No If yes, indicate which bra of government the contra	nch o	r branches	te contractor? Y Legislative		\$	\$250.00
Method of Contribution:	or government the contra	01 10 11	Date Received	Aggregate Contributions	-		
☐ Cash ☐ Personal Check ☐ Credit/Debit C	Card Payroll Deduction Money	Orde	г 4/21/2021	\$250.00			
Last Name		_	First				Тмі
Friedman		- 1	Keith				
Residential Street Address		City			Stat	. 17	Zip Code
11 Redmont road, suite 203			mford			T I	06903
Principal Occupation		Otal					
· '			Name of Employer	1.0			
Insurance Planning	-		FBO Strategies Li				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes No	If contribution is in excess of \$400 does contributor or business he/she valued at more than \$5,000?				lity,	Amoun	nt of Contribution
Is this contribution associated with an event reported in Section L1? If yes, list Event # Is contributor a principal of a state contractor or prospective state contractor If yes, indicate which branch or branches If yes, list Event # Executive Legisla			■ N		5	\$500.00	
Method of Contribution:			Date Received	Aggregate Contributions			
☐ Cash ☐ Personal Check ☐ Credit/Debit (Card Payroll Deduction Money	Orde	r 4/21/2021	\$500.00			
	SUB	гот	AL Section B — This	Page	\$78	86.00	
	TOTAL	Lofa	additional Section B l	Pages	341	DA	81619
TOTAL OF	ALL CONTRIBUTIONS FROM (Enter total on Line		DIVIDUALS (Sections and olumn A of Summary Page	4 4 773	816		

Section B ADDITIONAL PAGE 13 of 141

NAME OF COMMITTEE (Provide Complete Name as Registere	ed with Filing Repository)			TYPE OF REPORT	to VE S	III WILLIAM BILL	
Caroline Simmons for Mayor				July 10 filing			
A. Total Contributions from Small Con (See instructions for definition of Small Contributor)			oral Section A	\$	0.00		
	B. Itemized Con	trib	utions from Indivi	duals			
Last Name		Fi	rst			Ml	
Jacobson			Lauren				
Residential Street Address		City			State	Zip Code	
180 Glenbrook Road, Apt 61	;	Stan	nford		CT	06902	
Principal Occupation			Name of Employer				
Attorney			Maya Murphy, P.0	D			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? If contribution is in excess of \$400 to a candidate for a chief executive does contributor or business he/she is associated with have a contract valued at more than \$5,000?					, Amou	ınt of Contribution	
event reported in Section L1? No If	ntributor a principal of a st fyes, indicate which branch of government the contract	ch or		e contractor?		\$25.00	
Method of Contribution:	r go rottimont the contract	70 111	Date Received	Aggregate Contributions	-		
☐ Cash ☐ Personal Check ☐ Credit/Debit Card ☐ Payro	roll Deduction Money (Order	1/01/0001	\$75.00			
Last Name		Fi	rst			Тмі	
Bande		A	mit				
Residential Street Address		City			State	Zip Code	
116 Frost Pond Rd	I	-	nford		СТ	06903	
Principal Occupation Name of Employer							
Software Engineer Opentext							
or dependent child of a lobbyist? No does contri		xcess of \$400 to a candidate for a chief executive officer of a municipality, usiness he/she is associated with have a contract with said municipality \$5,000?				ınt of Contribution	
event reported in Section L1?	ntributor a principal of a sifyes, indicate which bran of government the contract	ch or		te contractor? Yes No Legislative		\$25.00	
Method of Contribution:			Date Received	Aggregate Contributions	1		
☐ Cash ☐ Personal Check ☐ Credit/Debit Card ☐ Payro	oll Deduction	Order	4/22/2021	\$25.00			
Last Name		Fi	irst			MI	
Goetzel			Daniel				
Residential Street Address		City			State	Zip Code	
7920 Robison Road		Beth	nesda		MD	20817	
Principal Occupation			Name of Employer				
Executive Director			Columbia Univers	ity			
or dependent child of a lobbyist? No does contri			ndidate for a chief executive ciated with have a contract Yes No		, Amo	unt of Contribution	
Is this contribution associated with an event reported in Section L1? Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: Executive Legislative Legisla				\$50.00			
Method of Contribution:	_		Date Received	Aggregate Contributions			
☐ Cash ☐ Personal Check ☐ Credit/Debit Card ☐ Payr	roll Deduction Money	Order	4/22/2021	\$50.00			
	SUBT	OT A	AL Section B — This	Page	\$100.00)	
	TOTAL	of a	dditional Section B I	Pages 85	WY 81	619	
TOTAL OF ALL CONT			DIVIDUALS (Sections A		19		
	(Dille speed on Line 1	-, -0	of Daniella Lage	2 0 4	- 1		

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		TYPE OF REPORT			
		July 10 filing			
		\$	0.00		
ntribu	utions from Indivi	duals			
				M1	
- (Guy				
City			State	Zip Code	
Stam	nford		CT	06902	
	Name of Employer				
	Glencore Ltd				
			Amoi	unt of Contribution	
nch or b	oranches	■ No		\$100.00	
.Ct 13 WILL			-		
y Order	4/22/2021	\$200.00			
Fire	st			MI	
Jo	oseph				
City			State	Zip Code	
Stam	ford		СТ	06906	
	Name of Employer				
	Retired				
			Amou	unt of Contribution	
anch or b	branches	■ No		\$25.00	
	Date Received	Aggregate Contributions	1		
y Order	4/22/2021	\$25.00			
Fir	est			MI	
R	obert				
City			State	Zip Code	
Stam	nford		СТ	06906	
	Name of Employer				
	Mead, Bromley &	Bishop			
			y, Amo	unt of Contribution	
valued at more than \$5,000? Yes No				\$25.00	
	Date Received	Aggregate Contributions			
y Order	4/22/2021	\$1,000.00			
тота	L Section B — This	Page	\$150.0	0	
L of ac	dditional Section B I	Pages OU	SA	81619	
			619		
	to a can is associate connect is with to a carries associate connect is with the acarries associate connect is acarried to a carried associate connect is acarried to a carried to a carrie	City Stamford Name of Employer Glencore Ltd to a candidate for a chief executive is associated with have a contract Yes No Name of Employer Executive Order	ritributions from Individuals First Guy	July 10 filing the period ONLY SUBTOTAL SECTION A Subtotal Section A Subtotal Section A State Carl Section B State Carl Section	

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NAME OF COMMITTEE (Provide Complete Na	me as Re	gistered with Filing Repository)			TYPE OF REPORT		
Caroline Simmons for	Mayo	r			July 10 filing		
A. Total Contributions from S (See instructions for definition of Small				nis Period ONLY OTAL SECTION A	\$	0.0)0
	all gard	B. Itemized Con		outions from Indivi	duals	Smill.	
Last Name Plumb			F	^{irst} Allan			MI
Residential Street Address 195 High Clear Drive			^{City} Star	nford		State CT	Zip Code 06905
Principal Occupation Real Estate Broker				Name of Employer William Pitt Real E	Estate, Broker		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes No	does	ntribution is in excess of \$400 contributor or business he/she at at more than \$5,000?				y, An	nount of Contribution
Is this contribution associated with an event reported in Section L1? If yes, list Event #		Is contributor a principal of a s If yes, indicate which brain of government the contract	nch or	branches	e contractor?		\$25.00
Method of Contribution: ☐ Cash ☐ Personal Check ☐ Credit/Debit of Contribution:	Card □	Payroll Deduction Money	Order	Date Received 4/23/2021	Aggregate Contributions \$25.00		
Last Name Quesada				irst Elizabeth			MI
Residential Street Address 26 Blue Rock Drive			^{City} Star	mford		State CT	Zip Code 06903
Principal Occupation Retired				Name of Employer Retired			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	does	ntribution is in excess of \$400 contributor or business he/she d at more than \$5,000?				y, An	nount of Contribution
Is this contribution associated with an event reported in Section L1? If yes, list Event #	Yes No	Is contributor a principal of a If yes, indicate which bra of government the contra	nch or	branches	te contractor? Yes No		\$25.00
Method of Contribution: ☐ Cash ☐ Personal Check ☐ Credit/Debit (Card 🗆	Payroll Deduction Money	Order	Date Received 4/23/2021	Aggregate Contributions \$25.00		
Last Name Edwards			- 1	irst Karen			MI
Residential Street Address 132 BLACKBERRY DR			City STA	MFORD		State	Zip Code 06903-1206
Principal Occupation Retired Physician				Name of Employer Retired		<u>, </u>	
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	does	ntribution is in excess of \$400 contributor or business he/she ed at more than \$5,000?				y, Ar	mount of Contribution
event reported in Section L1? If yes, list Event #	Yes No	Is contributor a principal of a If yes, indicate which bra of government the contra	nch or	branches Executive	Legislative No		\$100.00
Method of Contribution: ☐ Cash ☐ Personal Check ☐ Credit/Debit	Card 🗆	Payroll Deduction Money	· Ordei	Date Received 4/23/2021	Aggregate Contributions \$100.00		
		SUBT	TOT.	AL Section B — This	Page	\$150	.00
		TOTAL	Lofa	dditional Section B 1	Pages	BS	DA81619
TOTAL OF	ALL C	CONTRIBUTIONS FROM (Enter total on Line		DIVIDUALS (Sections a Jumn A of Summary Page	A + B) Totals) \$\int \(\begin{array}{ccc} \pi & \left(\frac{1}{2} \right) & \pi & \	3161	

Section B ADDITIONAL PAGE 16 of 141

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)	W.		TYPE OF REPORT	-5773		
Caroline Simmons for Mayor			July 10 filing			
A. Total Contributions from Small Contributors-Receiv (See instructions for definition of Small Contributor)		this Period ONLY TOTAL SECTION A	\$	0.00		
B. Itemized Contributions from Individuals						
Last Name	T	First			MI	
Nagurney		Elizabeth				
Residential Street Address	City			State	Zip Code	
190 High Clear Drive	Sta	mford		CT	06905	
Principal Occupation		Name of Employer			,	
retired		retired				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes If contribution is in excess of \$400 does contributor or business he/she valued at more than \$5,000?				Amou	unt of Contribution	
Is this contribution associated with an cvent reported in Section L1? If yes, list Event # No If yes, indicate which bra of government the contra	nch o	r branches	e contractor?		\$25.00	
Method of Contribution:		Date Received	Aggregate Contributions	-		
☐ Cash ☐ Personal Check ☐ Credit/Debit Card ☐ Payroll Deduction ☐ Money	y Orde	er 4/23/2021	\$100.00			
Last Name	J	First			MI	
Kaiko		Jackie				
Residential Street Address	City			State	Zip Code	
76 Mill Road	Sta	mford		CT	06903	
Principal Occupation Name of Employer						
Retired Retired						
	No does contributor or business he/she is associated with have a contract with said municipality				unt of Contribution	
Is this contribution associated with an event reported in Section L1? If yes, list Event # Yes Is contributor a principal of a lfyes, indicate which brace of government the contraction.	nch o	or branches	te contractor? Yes Legislative		\$25.00	
Method of Contribution:		Date Received	Aggregate Contributions	7		
☐ Cash ☐ Personal Check ☐ Credit/Debit Card ☐ Payroll Deduction ☐ Money	y Ordc	er 4/26/2021	\$550.00			
Last Name		First			MI	
Demorest Hayes		Kristin				
Residential Street Address	City			State	Zip Code	
832 Holly Rd	Cad	dillac		MI =	49601	
Principal Occupation		Name of Employer				
Disabled - (Physician)		None				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes does contribution is in excess of \$400 does contributor or business he/she valued at more than \$5,000?				/, Amo	unt of Contribution	
event reported in Section L1? No If yes, indicate which bra	s this contribution associated with an Yes Is contributor a principal of a state contractor or prospective state contractor? Yes event reported in Section L1? If yes, indicate which branch or branches				\$100.00	
Method of Contribution:		Date Received	Aggregate Contributions			
☐ Cash ☐ Personal Check ☐ Credit/Debit Card ☐ Payroll Deduction ☐ Mone	y Ordo	er 4/27/2021	\$100.00			
SUB	тот	AL Section B — This	Page	\$150.00	0	
TOTA	L of	additional Section B I	Pages 890	J 81	1619	
TOTAL OF ALL CONTRIBUTIONS FROM		DIVIDUALS (Sections A	4+B) \$\forall 1			

Section B ADDITIONAL PAGE 17 of 141

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Rep	pository)			TYPE OF REPORT		
Caroline Simmons for Mayor				July	y 10 fili	ng
A. Total Contributions from Small Contributors- (See instructions for definition of Small Contributor)			is Period ONLY OTAL SECTION A	\$	0.0	0
B. Itemiz	zed Con	trib	utions from Indivi	duals		
Last Name		Fir				Ml
Rullman Residential Street Address			Donald ————————————————————————————————————		Loui	Zip Code
100 Toms Road		^{City} Stam	nford		State	06906
Principal Occupation	1		Name of Employer			
Retired			Retired			
	ess he/she i		ididate for a chief executive ciated with have a contract Yes No		y, Am	ount of Contribution
Is this contribution associated with an event reported in Section L1? If yes, list Event # Yes Is contributor a princ If yes, indicate we of government to the section II is the section II is contributor and II is contr	which bran	ch or t		te contractor?		\$50.00
Method of Contribution:			Date Received	Aggregate Contributions		
☐ Cash ☐ Personal Check ☐ Credit/Debit Card ☐ Payroll Deduction	□Money	Order	4/24/2021	\$75.00		
Last Name		Fir		.1		MI
Mannis		D	avid			
Residential Street Address 34 Greenbrier Lane		City Stam	aford		State	Zip Code 06903
Principal Occupation		Stan	Name of Employer		01	06903
Retired			Retired			
	bysist? No does contributor or business he/she is associated with have a contract with said municipality				ount of Contribution	
Is this contribution associated with an event reported in Section L1? If yes, list Event # Is contributor a print of government of governmen	which brar	ich or		te contractor? Yes No Legislative		\$25.00
Method of Contribution:			Date Received	Aggregate Contributions	7	
☐ Cash ☐ Personal Check ☐ Credit/Debit Card ☐ Payroll Deduction	□Money	Order	4/28/2021	\$125.00		
Last Name		Fit			"	МІ
Abt			1ichelle			
Residential Street Address 150 June Road		^{City} Starr	nford		State	Zip Code 06903
Principal Occupation		Otan	Name of Employer			00000
Writer			Self			
	ess he/she		ndidate for a chief executive ciated with have a contract Yes No		y, Am	ount of Contribution
Is this contribution associated with an Ves Is contribute a acid size of a state contractor or accompating state contractor?				\$500.00		
Method of Contribution:			Date Received	Aggregate Contributions		
☐ Cash ☐ Personal Check ☐ Credit/Debit Card ☐ Payroll Deduction	□Money	Order	4/28/2021	\$600.00		
	SUBT	OTA	L Section B — This	Page	\$575.0	00
	TOTAL	of ac	dditional Section B 1	Pages QS31	8161	19
TOTAL OF ALL CONTRIBUTION (Enter total			IVIDUALS (Sections Aumin A of Summary Page	A + B)	619	

Section B ADDITIONAL PAGE 18 of 141

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)			TYPE OF REPORT			
Caroline Simmons for Mayor			July 10 filing			
A. Total Contributions from Small Contributors-Receiv (See instructions for definition of Small Contributor)		is Period ONLY OTAL SECTION A	\$	0.00		
B. Itemized Co	ntribu	itions from Indivi	duals	II.		
Last Name	Firs				MI	
Reed		Ann				
Residential Street Address	City			State	Zip Code	
15 Libby Lane	Darie			СТ	06820	
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 does contributor or business he/she valued at more than \$5,000?				Amou	int of Contribution	
Is this contribution associated with an Yes Is contributor a principal of a					ΦEO 00	
event reported in Section L1? If yes, list Event # No If yes, indicate which bra of government the contra			☐ Legislative ☐ No		\$50.00	
Method of Contribution:		Date Received	Aggregate Contributions			
☐ Cash ☐ Personal Check ☐ Credit/Debit Card ☐ Payroll Deduction ☐ Money	y Order	4/28/2021	\$225.00	8		
Last Name	Firs	st			Ml	
Adams	Τe	erry				
Residential Street Address	City			State	Zip Code	
15 Lipton Place	Stam	ford		CT	06902	
Principal Occupation Name of Employer						
Retired Retired						
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes If contribution is in excess of \$400 does contributor or business he/she valued at more than \$5,000?				Amou	int of Contribution	
Is this contribution associated with an event reported in Section L1? If yes, list Event # Yes Is contributor a principal of a If yes, indicate which bra of government the contra	inch or b	oranches	e contractor? Yes No Legislative		\$50.00	
Method of Contribution:		Date Received	Aggregate Contributions	-		
☐ Cash ☐ Personal Check ■ Credit/Debit Card ☐ Payroll Deduction ☐ Money	Order	4/28/2021	\$600.00			
Last Name	Fire	st			MI	
Heller	Al	lexandra				
Residential Street Address	City			State	Zip Code	
8715 1st Avenue, Apt 404D	Silve	r Spring		MD	20910	
Principal Occupation		Name of Employer				
Legislative Correspondent		US Senate				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes of S400 does contributor or business he/she valued at more than \$5,000?				/, Amou	unt of Contribution	
Is this contribution associated with an event reported in Section L1? If yes, list Event # Is contributor a principal of a state contractor or prospective state contractor or prospe			☐ Legislative		\$5.00	
Method of Contribution:		Date Received	Aggregate Contributions			
☐ Cash ☐ Personal Check ☐ Credit/Debit Card ☐ Payroll Deduction ☐ Money	y Order	4/29/2021	\$5.00			
SUB.	гота	L Section B — This	Page	\$105.00)	
TOTAL	L of ad	Iditional Section B I	ages Obbit	8161	9	
TOTAL OF ALL CONTRIBUTIONS FROM (Enter total on Line		IVIDUALS (Sections A umn A of Summary Page	(+ B)	619		

Section B ADDITIONAL PAGE 19 of 141

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)	. 1921		TYPE OF REPORT		المناقب بالمسائلة
Caroline Simmons for Mayor			July	/ 10 filin	ıg
A. Total Contributions from Small Contributors-Receiv (See instructions for definition of Small Contributor)		is Period ONLY OTAL SECTION A	\$	0.00	
			_		
		utions from Indivi	duals		raile a made
Last Name	Fir				MI
Husain		Zareen			
Residential Street Address	City			State	Zip Code
18 Bertmor Drive	Starr			СТ	06905
Principal Occupation		Name of Employer			
Decorator		Self employed			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? No life contribution is in excess of \$400 does contributor or business he/she valued at more than \$5,000?				y, Amou	unt of Contribution
Is this contribution associated with an event reported in Section L1? If yes, list Event # Yes Is contributor a principal of a lf yes, indicate which broad of government the control of government the go	anch or b	branches	e contractor? Yes Legislative		\$500.00
Method of Contribution:		Date Received	Aggregate Contributions	-	
☐ Cash ☐ Personal Check ■ Credit/Debit Card ☐ Payroll Deduction ☐ Mone	y Order	4/29/2021	\$500.00		
Last Name	Fir	rst			MI
McCullough	В	rianna			
Residential Street Address	City			State	Zip Code
9101 Peartree Landing	Alexa	andria		VA	22309
Principal Occupation		Name of Employer			<u></u>
Consultant		Acquia, Inc.			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes does contributor or business he/shu valued at more than \$5,000?				/, Amou	unt of Contribution
Is this contribution associated with an event reported in Section L1? If yes, list Event # Yes Is contributor a principal of a lfyes, indicate which brof government the contributor of government the contributor.	anch or	branches	te contractor? Yes No Legislative		\$250.00
Method of Contribution:		Date Received	Aggregate Contributions	_	
☐ Cash ☐ Personal Check ☐ Credit/Debit Card ☐ Payroll Deduction ☐ Mone	y Order	5/3/2021	\$250.00		
Lust Name	Fi	rst			MI
Lee	s	sze-Yian			
Residential Street Address	City			State	Zip Code
200 K Street Northeast, #1343	Was	hington		DC	20002
Principal Occupation		Name of Employer			
Consultant		Consultant			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes If contribution is in excess of \$400 does contributor or business he/sh valued at more than \$5,000?				y, Amo	unt of Contribution
Is this contribution associated with an event reported in Section L1? Is contributor a principal of a state contractor or prospective state contractor or pro			No No		\$50.00
Method of Contribution:		Date Received	Aggregate Contributions	7	
☐ Cash ☐ Personal Check ■ Credit/Debit Card ☐ Payroll Deduction ☐ Mone	ey Order	5/3/2021	\$50.00		
SUB	TOTA	L Section B — This	Page	\$800.00	0
TOTA	L of a	dditional Section B I	Pages doubt	814	019
TOTAL OF ALL CONTRIBUTIONS FRO		IVIDUALS (Sections A lumn A of Summary Page		(e19	
			53 miles	- J	

SEEC FORM 20 Revised January 2015

Section B ADDITIONAL PAGE 20 of 191

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)	TYPE OF REP	ORT	/- Lock			
Caroline Simmons for Mayor		July 10 filing				
A. Total Contributions from Small Contributors-Received this Period (See instructions for definition of Small Contributor) SUBTOTAL SEC		(0.00			
B. Itemized Contributions from	om Individuals					
Last Name First				MI		
Cook Alexander	·		r			
Residential Street Address City 1.7 February Street		Star	CT Zip	Code 06905		
17 Fowler Street Stamford			J 1	00903		
Principal Occupation Name of Em	•					
Graphic Designer Unempl	•					
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? No If contribution is in excess of \$400 to a candidate for a does contributor or business he/she is associated with he valued at more than \$5,000?	we a contract with said munici	pality	Amount o	of Contribution		
Is this contribution associated with an event reported in Section L1? Yes Is contributor a principal of a state contractor or principal or princ		☐ Yes ■ No	\$2	20.00		
	Executive Legislative	-				
Method of Contribution: □ Cash □ Personal Check ■ Credit/Debit Card □ Payroll Deduction □ Money Order 5/4/	Aggregate Contrib	outions				
Last Name First				Тмі		
Sharma Emma						
Residential Street Address City		Stat	te Zip	Code		
141 Club Road Stamford			CT	06905		
Principal Occupation Name of Employer						
Unemployed Unempl	oyed					
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? No If contribution is in excess of \$400 to a candidate for a does contributor or business he/she is associated with he valued at more than \$5,000?	ive a contract with said munici		Amount o	f Contribution		
Is this contribution associated with an event reported in Section L1? Yes Is contributor a principal of a state contractor or providing the section of the	-	☐ Yes ■ No	\$1	00.00		
If yes, list Event # of government the contract is with: Method of Contribution: Date Receive	☐ Executive ☐ Legislative d Aggregate Contrib	outions				
	2021 \$100.00					
Last Name Fitst		ــنابــــــــــا		MI		
Acker Jordan						
Residential Street Address City		Sta	te Zip	Code		
26654 Humber Street Huntington We	oods		мі і	48070		
Principal Occupation Name of Em	ployer					
Attorney Goodma	an Acker					
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? No If contribution is in excess of \$400 to a candidate for a does contributor or business he/she is associated with his valued at more than \$5,000?	ave a contract with said munici		Amount o	of Contribution		
Is this contribution associated with an event reported in Section L1? Yes Is contributor a principal of a state contractor or prospective state contractor? If yes, list Event # Section L1? If yes, indicate which branch or branches of government the contract is with: Executive Legislative			\$1	00.00		
Method of Contribution: Date Receive	•••	outions				
☐ Cash ☐ Personal Check ■ Credit/Debit Card ☐ Payroll Deduction ☐ Money Order 5/4/	2021 \$100.00					
SUBTOTAL Section	B — This Page	\$22	20.00			
TOTAL of additional s	Section B Pages	usny ^q	816	19		
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Enter total on Line 13, Column A of Su	(Sections A + B)	88161	19			

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NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)			TYPE OF REPORT			
Caroline Simmons for Mayor			Jul	y 10 filir	ng	
A. Total Contributions from Small Contributors-Receive (See instructions for definition of Small Contributor)		his Period ONLY OTAL SECTION A	\$	0.00)	
B. Itemized Co	ntrib	outions from Indivi	duals			
Last Name Hearn	F	irst Paul			MI	
Residential Street Address	City			State	Zip Code	
31 Center Drive	3.00	Greenwich		СТ	06870	
Principal Occupation		Name of Employer		-		
Consultant		Baralmar Advisors	s LLC			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes If contribution is in excess of \$400 does contributor or business he/she valued at more than \$5,000?				y, Amo	ount of Contribution	
Is this contribution associated with an event reported in Section L1? If yes, list Event # No If yes, indicate which brain of government the contract	nch or	branches	e contractor? Yes No Legislative		\$100.00	
Method of Contribution:		Date Received	Aggregate Contributions			
☐ Cash ☐ Personal Check ☐ Credit/Debit Card ☐ Payroll Deduction ☐ Money	Order	r 5/4/2021	\$300.00			
Last Name	F	irst		1	MI	
Kelly	L	₋auren				
Residential Street Address	City			State	Zip Code	
87 Dolores St, #202 San Francisco CA 94103						
Principal Occupation Name of Employer						
Outreach and Engagement Manager Google						
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes If contribution is in excess of \$400 does contributor or business he/she valued at more than \$5,000?				y, Amo	ount of Contribution	
Is this contribution associated with an event reported in Section L1? If yes, list Event # Yes Is contributor a principal of a If yes, indicate which bra of government the contra	nch or	r branches	te contractor? Ye		\$100.00	
Method of Contribution:		Date Received	Aggregate Contributions			
☐ Cash ☐ Personal Check ☐ Credit/Debit Card ☐ Payroll Deduction ☐ Money	Order	5/4/2021	\$100.00			
Last Name	- 1	First			MI	
Matos	1	Miriam				
Residential Street Address	City			State	Zip Code	
114 Oaklawn Avenue	Star	mford		СТ	06905	
Principal Occupation		Name of Employer				
Legal Assistant		Pitney Bowes Inc				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? No If contribution is in excess of \$400 does contributor or business he/she valued at more than \$5,000?				ty, Ame	ount of Contribution	
Is this contribution associated with an event reported in Section L1? If yes, list Event # Section L1? Yes No If yes, indicate which bra of government the contra-	nch or	branches	te contractor?		\$25.00	
Method of Contribution:		Date Received	Aggregate Contributions			
☐ Cash ☐ Personal Check ☐ Credit/Debit Card ☐ Payroll Deduction ☐ Money	/ Orde	5/4/2021	\$25.00			
SUB	гота	AL Section B — This	Page	\$225.0	00	
TOTAL	Lofa	additional Section B 1	Pages 40.8	180 8	3/6/9	
TOTAL OF ALL CONTRIBUTIONS FROM		DIVIDUALS (Sections A column A of Summary Page	(A+B)	1619		

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NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)			TYPE OF REPORT					
Caroline Simmons for I	Mayor			July	July 10 filing			
A. Total Contributions from Small Contributors-Received this Period ONLY (See instructions for definition of Small Contributor) SUBTOTAL SECTION A			\$	0.00)			
B. Itemized Contributions from Individuals								
Last Name		F	First			MI		
Goldberg			Phyllis					
Residential Street Address		City			State	Zip Code		
168 Belltown Rd, Unit 16		Star	mford		СТ	06905		
Principal Occupation			Name of Employer					
Office Assistant								
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	If contribution is in excess of \$400 does contributor or business he/she valued at more than \$5,000?				/, Amo	ount of Contribution		
event reported in Section L1?	Yes Is contributor a principal of a s No If yes, indicate which bran of government the contrac	ich or	r brunches	e contractor?		\$20.00		
If yes, list Event #	or government the contrac	- 10 PF	Date Received	Aggregate Contributions	-			
Cash Personal Check Credit/Debit C	Card ☐ Payroll Deduction ☐ Money	Orde	5/4/2004	\$20.00				
Last Name		- 1	First			[M]		
Adams		- 1	Terry			"		
Residential Street Address		City			State	Zip Code		
The state of the s					06902			
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 does contributor or business he/she valued at more than \$5,000?				y, Amo	ount of Contribution		
Is this contribution associated with an event reported in Section L1? If yes, list Event #	Yes Is contributor a principal of a If yes, indicate which bra of government the contract	nch o	r branches	te contractor? ☐ Yes ☐ No ☐ Legislative		\$100.00		
Method of Contribution:			Date Received	Aggregate Contributions				
☐ Cash ☐ Personal Check ☐ Credit/Debit C	Card ☐ Payroll Deduction ☐ Money	Orde	r 5/4/2021	\$600.00				
Last Name		- 1	First			MI		
Eisenberg			Alexandra					
Residential Street Address		City			State	Zip Code		
49 Eden Road		Sta	mford		СТ	06907		
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 does contributor or business he/she valued at more than \$5,000?				y, Am	ount of Contribution		
Is this contribution associated with an event reported in Section L1? If yes, list Event # 1			\$500.00					
Method of Contribution:			Date Received	Aggregate Contributions				
☐ Cash ☐ Personal Check ☐ Credit/Debit C	Card Payroll Deduction Money	Orde	er 5/5/2021	\$500.00				
	SUBT	гот	AL Section B — This	s Page	\$620.0	00		
TOTAL of additional Section B Pages QUSIUR & 6 9				31619				
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B) (Enter total on Line 13, Column A of Summary Page Totals)								

Section B ADDITIONAL PAGE 23 of 14/

NAME OF COMMITTEE (Provide Complete Name a	as Registered with Filing Repository)	47		TYPE OF REPORT			
Caroline Simmons for Mayor			July 10 filing				
A. Total Contributions from Small (See instructions for definition of Small Co.			nis Period ONLY OTAL SECTION A	\$	0.00		
·							
B. Itemized Contributions from Individuals							
Last Name			irst			MI	
Simonds			Anne				
Residential Street Address		City	1 121		State	Zip Code	
13977 Aubrey Road		Beve	erly Hills		CA	90210	
Principal Occupation			Name of Employer				
Homemaker			Homemaker				
or dependent child of a lobbyist?	f contribution is in excess of \$400 those contributor or business he/she valued at more than \$5,000?				y. Amoi	unt of Contribution	
Is this contribution associated with an event reported in Section L1?		ch or	branches	e contractor? Yes No		\$100.00	
Method of Contribution:	or government me contrac	t 13 W1	Date Received	Aggregate Contributions			
☐ Cash ☐ Personal Check ☐ Credit/Debit Card	d □ Payroll Deduction □ Money	Order		\$100.00			
Last Name		Fi	irst	h.	-	MI	
Simonds		В	Bob				
Residential Street Address	1	City			State	Zip Code	
13977 Aubrey Road		Beve	erly Hills		CA	90210	
Principal Occupation Name of Employer							
Entertainment company Eros STX							
or dependent child of a lobbyist?	f contribution is in excess of \$400 to loes contributor or business he/she valued at more than \$5,000?				y, Amou	unt of Contribution	
Is this contribution associated with an event reported in Section L1? No If yes, list Event #		nch or	branches	te contractor?		\$100.00	
Method of Contribution:			Date Received	Aggregate Contributions	7		
☐ Cash ☐ Personal Check ☐ Credit/Debit Card	d Payroll Deduction Money	Order	5/5/2021	\$100.00			
Last Name		Fi	irst		il.	MI	
Schley			Daniel				
Residential Street Address		City			State	Zip Code	
186 Pine Creek Ave		Fair	field		СТ	06824-6388	
Principal Occupation			Name of Employer		ļ.		
Business			Dolphin II, LLC				
or dependent child of a lobbyist?	f contribution is in excess of \$400 to does contributor or business he/she valued at more than \$5,000?				y, Amo	unt of Contribution	
Is this contribution associated with an event reported in Section L1? Is contributor a principal of a state contractor or prospective state contractor?				\$25.00			
Method of Contribution:			Date Received	Aggregate Contributions			
☐ Cash ☐ Personal Check ☐ Credit/Debit Card	d □ Payroll Deduction □ Money	Order	5/5/2021	\$25.00			
	SUBTOTAL Section B — This Page \$225.00						
	TOTAL	of a	dditional Section B 1	Pages ODE	8213	81619	
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B) (Enter total on Line 13, Column A of Summary Page Totals)							

NAME OF COMMITTEE (Provide Complete Nan	ne as Registered with Filing Repository)			TYPE OF REPORT	Bushin			
Caroline Simmons for Mayor				July	/ 10 filin	ıg		
A. Total Contributions from S (See instructions for definition of Small			this Period ONLY TOTAL SECTION A	\$	0.00			
·								
	B. Itemized Co.	ntri	butions from Indivi	duals				
Last Name		T	First			MI		
Palkimas			Lauren					
Residential Street Address		City			State	Zip Code		
21 Pine Hill Terrace		Sta	mford		СТ	06903		
Principal Occupation			Name of Employer					
HR Director			Intentionally Omit	ted				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	If contribution is in excess of \$400 does contributor or business he/she valued at more than \$5,000?				/, Amo	unt of Contribution		
Is this contribution associated with an event reported in Section L1?	Yes Is contributor a principal of a s No If yes, indicate which bran of government the contrac	nch o	r branches	e contractor? Yes No Legislative		\$20.00		
Method of Contribution:			Date Received	Aggregate Contributions				
☐ Cash ☐ Personal Check ☐ Credit/Debit C	Card Payroll Deduction Money	Orde		\$20.00				
Last Name		Ti	First			IMI		
Daniels			Daniel					
Residential Street Address		City			State	Zip Code		
64 West Brother Drive	1		enwich		СТ	06830		
Principal Occupation	4		Name of Employer					
Lawyer			Wiggin and Dana	9				
Is contributor a lobbyist, spouse,	If contribution is in excess of \$400 to				, Amo	unt of Contribution		
or dependent child of a lobbyist?	does contributor or business he/she valued at more than \$5,000?	is ass	sociated with have a contract Yes No	with said municipality				
Is this contribution associated with an						\$250.00		
event reported in Section L1? If yes, list Event #	No If yes , indicate which bran of government the contract			■ No □ Legislative		Ψ200.00		
Method of Contribution:			Date Received	Aggregate Contributions	-			
☐ Cash ☐ Personal Check ☐ Credit/Debit C	Card Payroll Deduction Money	Orde	5/6/2021	\$250.00				
Last Name		T	First			MI		
Cooper			John					
Residential Street Address		City			State	Zip Code		
26 The Ridgeway		Gre	enwich		СТ	06831		
Principal Occupation			Name of Employer			1		
Retired			Retired					
Is contributor a lobbyist, spouse,	If contribution is in excess of \$400	to a c	andidate for a chief executive	e officer of a municipalit	y, Amo	unt of Contribution		
or dependent child of a lobbyist?	does contributor or business he/she valued at more than \$5,000?	is ass	sociated with have a contract Yes No	with said municipality				
Is this contribution associated with an	-	state o		te contractor?	7	4		
event reported in Section L1? No If yes, indicate which branch or branches No \$100.00					\$100.00			
Method of Contribution:	of government the contract	Ct is w	vith: Executive	Legislative Aggregate Contributions	-			
☐ Cash ☐ Personal Check ☐ Credit/Debit C	Card ☐ Payroll Deduction ☐ Money	/ Orde		\$400.00				
第二人的	QE DO	COT	Al Socier D. Thi	Page	\$370.0	0		
SUBTOTAL Section B — This Page \$370.00								
TOTAL of additional Section B Pages Q1019								
TOTAL OF	ALL CONTRIBUTIONS FROM (Enter total on Line		DIVIDUALS (Sections A	Y Y I	619	1		

Section B ADDITIONAL PAGE 25 of /4/

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)	gfw.		TYPE OF REPORT			
Caroline Simmons for Mayor			July	/ 10 filir	ng	
A. Total Contributions from Small Contributors-Receiv (See instructions for definition of Small Contributor)		this Period ONLY FOTAL SECTION A	\$	0.00)	
			lt.			
B. Itemized Con	ntril	butions from Indivi	duals			
Last Name	I	First				MI
Shaw		Ramya				
	City			State	Zip C	
62 Mayflower Avenue	Sta	mford		CT		06906
Principal Occupation		Name of Employer				
Senior Manager		D&T				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes If contribution is in excess of \$400 does contributor or business he/she valued at more than \$5,000?				/, Amo	unt of	Contribution
Is this contribution associated with an event reported in Section L1? If yes, list Event # Is contributor a principal of a section If yes, indicate which bran of government the contract.	nch oi	r branches	e contractor?		\$50	00.00
Method of Contribution:	-	Date Received	Aggregate Contributions	-		
☐ Cash ☐ Personal Check ■ Credit/Debit Card ☐ Payroll Deduction ☐ Money	Orde	5/6/2021	\$500.00			
Last Name	F	First		-10/11		MI
Alexander		Brian				
Residential Street Address	City			State	Zip C	ode
54 Bedford Road	Lind	coln		MA		01773
Principal Occupation		Name of Employer				
Self		Self				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? If contribution is in excess of \$400 does contributor or business he/she valued at more than \$5,000?				/, Amo	unt of	Contribution
Is this contribution associated with an event reported in Section L1? If yes, list Event # Yes Is contributor a principal of a If yes, indicate which bra of government the contra-	nch o	or branches	te contractor? Yes No Legislative		\$10	0.00
Method of Contribution:		Date Received	Aggregate Contributions			
☐ Cash ☐ Personal Check ☐ Credit/Debit Card ☐ Payroll Deduction ☐ Money	Orde	er 5/7/2021	\$100.00			
Last Name	I	First				MI
Brown		Kim				
Residential Street Address	City			State	Zip C	ode
194 Ocean Drive West	Sta	mford		СТ	'	06902
Principal Occupation		Name of Employer			I	
Baker		Kimmycakes				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? If contribution is in excess of \$400 does contributor or business he/she valued at more than \$5,000?		andidate for a chief executiv		y, Amo	unt of	Contribution
Is this contribution associated with an event reported in Section L1? If yes, list Event # Yes Is contributor a principal of a lifyes, indicate which braid of government the contract	nch o	contractor or prospective stater branches	e contractor? Yes No Legislative		\$10	00.00
Method of Contribution:		Date Received	Aggregate Contributions			
☐ Cash ☐ Personal Check ☐ Credit/Debit Card ☐ Payroll Deduction ☐ Money	Orde	er 5/7/2021	\$100.00			
SUBT	гот	AL Section B — This	Page	\$700.0	0	
TOTAL	L of	additional Section B F	Pages 12 7	'9Ur	8/1	619
TOTAL OF ALL CONTRIBUTIONS FROM (Enter total on Line)		DIVIDUALS (Sections A	A+B) 8911			

Section B ADDITIONAL PAGE 26 of 14/

NAME OF COMMITTEE (Provide Complete Name				TYPE OF REPORT	. 40 EII	
Caroline Simmons for Mayor			July 10 filing			
A. Total Contributions from Small Contributors-Received this Period ONLY (See instructions for definition of Small Contributor) SUBTOTAL SECTION A			\$	0.0	Э	
	B. Itemized Co		outions from Indivi	duals	7 18	
Last Name Weinstein			Paul	_		MI
Residential Street Address 397 Pepper Ridge Road		City Stan	mford		State	Zip Code 06905
Principal Occupation Chiropractor			Name of Employer Dr. Paul Weinsteil	n, P.C.		
or dependent child of a lobbyist?	If contribution is in excess of \$400 does contributor or business he/she valued at more than \$5,000?				/. Am	ount of Contribution
Is this contribution associated with an event reported in Section L1?	Yes Is contributor a principal of a serior of government the contract	nch or	branches	e contractor? Yes No		\$100.00
Method of Contribution: ☐ Cash ☐ Personal Check ☐ Credit/Debit Ca	ard □Payroll Deduction □Money	Order	Date Received 5/9/2021	Aggregate Contributions \$100.00		
Last Name Ecker			Charlesanna		- III	MI
Residential Street Address 226 Dundee Road	,	City Stan	nford		State	Zip Code 06903
Principal Occupation Name of Employer Retired Retired						
or dependent child of a lobbyist?	If contribution is in excess of \$400 does contributor or business he/she valued at more than \$5,000?				/, Amo	ount of Contribution
Is this contribution associated with an event reported in Section L1?		nch or	branches	te contractor? Yes		\$25.00
Method of Contribution:	07 60 10111110111 1110 0011111		Date Received	Aggregate Contributions		
☐ Cash ☐ Personal Check ☐ Credit/Debit Car	ard □ Payroll Deduction □ Money	Order	5/10/2021	\$550.00		
Last Name		- 1	irst			MI
Morris			Gwendolyn			
Residential Street Address 2435 Bedford Street, 1H		City Star	nford		State	Zip Code 06905
Principal Occupation			Name of Employer	_		<u> </u>
Broadcast Media Executive (formerly	y)		Retired			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	If contribution is in excess of \$400 does contributor or business he/she valued at more than \$5,000?				y, Am	ount of Contribution
Is this contribution associated with an event reported in Section L1? If yes, list Event #	Is contributor a principal of a If yes, indicate which bra of government the contra	nch or	branches	e contractor? ☐ Yes ☐ No ☐ Legislative		\$100.00
Method of Contribution:			Date Received	Aggregate Contributions	7	
☐ Cash ☐ Personal Check ☐ Credit/Debit Ca	ard Payroll Deduction Money	Order (5/10/2021	\$1,350.00		
	SUB	TOTA	AL Section B — This	Page	\$225.0	00
	TOTAL	L of a	dditional Section B I	Pages	ELE.	8/10/9
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B) (Enter total on Line 13, Column A of Summary Page Totals)						

Section B ADDITIONAL PAGE 27 of 141

Caroline Simmons for Mayor A. Total Contributions from Small Contributors-Received this Period ONLY (See instructions for definition of Small Contributor) SUBTOTAL SECTION A 9 0.00									
B. Itemized Contributions from Individuals	B. Itemized Contributions from Individuals								
Last Name First MI									
Kaiko Jackie									
Residential Street Address City State Zip Code									
76 Mill road Stamford CT 06903	3								
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 for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000?	bution								
Is this contribution associated with an event reported in Section L1? Yes No If yes, indicate which branch or branches Yes No \$500.00									
The state of the s									
Beam Brossmarencer = ordinabetic early Brossmarence Brossey order									
Last Name First MI Maxner Jodi									
Residential Street Address City State Zip Code									
145 Guinea Rd Stamford CT 06903	3								
Principal Occupation Name of Employer									
VIP Coordinator Westchester Jewish Community Services									
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? Amount of Contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000?	bution								
Is this contribution associated with an event reported in Section L1? Yes Sociated with an event reported in Section L1? Is contributor a principal of a state contractor or prospective state contractor? Yes No Sociated with an event reported in Section L1?									
If yes, list Event # Of government the contract is with: Executive Legislative Method of Contribution: Date Received Aggregate Contributions									
Last Name First MI									
Druckman Robin									
Residential Street Address City State Zip Code									
94 Fieldstone terrace Stamford CT 06903									
Principal Occupation Name of Employer									
Retired Retired									
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes	bution								
Is this contribution associated with an event reported in Section L1? Yes Is contributor a principal of a state contractor or prospective state contractor? Yes									
Method of Contribution: Date Received Aggregate Contributions									
☐ Cash ☐ Personal Check ☐ Credit/Debit Card ☐ Payroll Deduction ☐ Money Order 5/10/2021 \$200.00									
SUBTOTAL Section B — This Page \$543.00									
TOTAL of additional Section B Pages & SIGN	7								
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B) (Enter total on Line 13, Column A of Summary Page Totals)									

Section B ADDITIONAL PAGE 28 of 14/

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)			TYPE OF REPORT				
Caroline Simmons for Mayor			Jul	July 10 filing			
A. Total Contributions from Small (See instructions for definition of Small Contri			nis Period ONLY OTAL SECTION A	\$	0.00		
	B. Itemized Cor	ıtrib	utions from Indivi	duals	180	ASSTRUCTION OF THE PARTY OF THE	
Last Name	2	Fi	rst			MI	
Redmon			Tene				
Residential Street Address	The state of the s	City			State	Zip Code	
132 Hope Street, Apt M		Stan	nford		CT	06906	
Principal Occupation			Name of Employer		***		
Unemployed			Unemployed				
or dependent child of a lobbyist?	ntribution is in excess of \$400 to contributor or business he/she ed at more than \$5,000?	to a car is asso	ndidate for a chief executive ciated with have a contract Yes	e officer of a municipality with said municipality	y, Amo	unt of Contribution	
Is this contribution associated with an event reported in Section L1? No If yes, list Event #	Is contributor a principal of a s If yes, indicate which bran of government the contrac	ch or	branches	e contractor?		\$25.00	
Method of Contribution:			Date Received	Aggregate Contributions			
☐ Cash ☐ Personal Check ☐ Credit/Debit Card ☐	Payroll Deduction Money	Order	5/10/2021	\$25.00			
Last Name		Fi	irst		T.	MI	
Sternlicht		V	Villiam				
Residential Street Address	•	City			State	Zip Code	
121 Old Mill Road		Gree	enwich		СТ	06831	
Principal Occupation			Name of Employer				
student			Pallet Shelter				
or dependent child of a lobbyist? No does	ntribution is in excess of \$400 t contributor or business he/she ed at more than \$5,000?	to a car is asso	ndidate for a chief executive ciated with have a contract Yes No	e officer of a municipalit with said municipality	y, Amo	unt of Contribution	
Is this contribution associated with an event reported in Section L1? No If yes, list Event #	Is contributor a principal of a surface of government the contract	nch or	branches	te contractor? Ye		\$25.00	
Method of Contribution:			Date Received	Aggregate Contributions			
☐ Cash ☐ Personal Check ■ Credit/Debit Card ☐	Payroll Deduction Money	Order	5/10/2021	\$25.00			
Last Name		Fi	irst			MI	
Gwozdziowski		J	Ioanna				
Residential Street Address		City			State	Zip Code	
191 Van Rensselaer Ave		Stan	nford		СТ	06902	
Principal Occupation			Name of Employer			#	
nonprofit management consultant			unemployed				
or dependent child of a lobbyist? No does	entribution is in excess of \$400 contributor or business he/she ed at more than \$5,000?				ty, Amo	ount of Contribution	
Is this contribution associated with an event reported in Section L1? If yes, list Event #	ls contributor a principal of a s If yes, indicate which bran of government the contract	ıch or	branches	☐ Legislative		\$25.00	
Method of Contribution:	_		Date Received	Aggregate Contributions			
☐ Cash ☐ Personal Check ☐ Credit/Debit Card ☐	Payroll Deduction ☐ Money	Order	5/11/2021	\$125.00			
	SUBT	OTA	AL Section B — This	Page	\$75.00)	
TOTAL of additional Section B Pages Blogs 8 69					[69		
TOTAL OF ALL O	CONTRIBUTIONS FROM	1 IND	DIVIDUALS (Sections .	(A+B)	1619	· VII	
	(Enter total on Line)	13, Cal	lumn A of Summary Page	I OTAIS)	. /		

Section B ADDITIONAL PAGE 29 of 141

NAME OF COMMITTEE (Provide Complete Nat	ne as Registered with Filing Repository)			TYPE OF REPORT		
Caroline Simmons for	Mayor			July	/ 10 filir	ng
A. Total Contributions from S (See instructions for definition of Small			his Period ONLY OTAL SECTION A	\$	0.00)
	B. Itemized Co	ntrib	outions from Indivi	duals		
Last Name Bradford		F	Phillip			MI
Residential Street Address 38 Yale Court		_{City} Star	mford		State CT	Zip Code 06905
Principal Occupation Professor/consultant			Name of Employer University of Conf	necticut, Stamford		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	If contribution is in excess of \$400 does contributor or business he/she valued at more than \$5,000?				y, Amo	ount of Contribution
Is this contribution associated with an event reported in Section L1? If yes, list Event # Method of Contribution:	Yes Is contributor a principal of a If yes, indicate which braid of government the contract	nch or	branches ith:	Legislative No Aggregate Contributions		\$25.00
☐ Cash ☐ Personal Check ☐ Credit/Debit C	Card ☐ Payroll Deduction ☐ Money			\$175.00		
Barney	11	- 1	_{irst} Sheila			MI
Residential Street Address 74 Ludlow Street		^{City} Star	mford		State CT	Zip Code 06902
Principal Occupation Name of Employer Portfolio Specialist Quadient Inc						***
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	If contribution is in excess of \$400 does contributor or business he/she valued at more than \$5,000?				/, Amo	ount of Contribution
Is this contribution associated with an event reported in Section L1? If yes, list Event #	Yes Is contributor a principal of a No If yes, indicate which bra of government the contra	nch or	r branches	te contractor? Yes No Legislative		\$10.00
Method of Contribution:	allin		Date Received	Aggregate Contributions		
☐ Cash ☐ Personal Check ☐ Credit/Debit C	Card Payroll Deduction Money		4	\$10.00		l) a
Last Name Halpern		- 1	_{iist} Susan			MI
Residential Street Address		City			State	Zip Code
30 Elmcroft Road		Star	mford		СТ	06902
Principal Occupation			Name of Employer			
Nurse			Villa at Stamford			
ls contributor a lobbyist, spouse, or dependent child of a lobbyist?	If contribution is in excess of \$400 does contributor or business he/she valued at more than \$5,000?				y, Amo	ount of Contribution
sthis contribution associated with an vent reported in Section L1? If yes, list Event # Security Se			\$25.00			
Method of Contribution: ☐ Cash ☐ Personal Check ☐ Credit/Debit C	Card Payroll Deduction DMona	Orde	Date Received 5/11/2021	Aggregate Contributions \$25.00		
Cashi		- 100			\$60.00	
			AL Section B — This			
	All Sales and a House and a line		additional Section B I	Pillio	* 810	017
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B) (Enter total on Line 13, Column A of Summary Page Totals) \$\frac{\lambda}{8} \big \big \big \frac{\lambda}{9}						

Section B ADDITIONAL PAGE 30 of 141

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)			TYPE OF REPORT			
Caroline Simmons for Mayor			July 10 filing			
A. Total Contributions from Small Contributors-Receive (See instructions for definition of Small Contributor) S		Period ONLY AL SECTION A	\$	0.00		
B. Itemized Cor	ntributio	ons from Individ	duals		york or ago	
Last Name Sabreen	First Sus	ean			MI	
	City			State	Zip Code	
	Stamfor	d		CT	06903	
Principal Occupation		me of Employer				
Producer	S	elf				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes If contribution is in excess of \$400 to does contributor or business he/she valued at more than \$5,000?				, Amou	int of Contribution	
Is this contribution associated with an event reported in Section L1? If yes, list Event # Yes Is contributor a principal of a s If yes, indicate which bran of government the contrac	nch or bran	ches	e contractor?		\$25.00	
Method of Contribution:		te Received	Aggregate Contributions	-		
☐ Cash ☐ Personal Check ■ Credit/Debit Card ☐ Payroll Deduction ☐ Money	Order	5/11/2021	\$125.00			
Last Name	First				MI	
Winkler	Rach	nel				
Residential Street Address	City			State	Zip Code	
194 Kel-Wen Circle	Destin			FL	32541	
Principal Occupation		nie of Employer				
Attorney	N	lixon Peabody Ll	_P			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes If contribution is in excess of \$400 to does contributor or business he/she valued at more than \$5,000?				, Amou	ant of Contribution	
Is this contribution associated with an event reported in Section L1? If yes, list Event # Section L1? No If yes, indicate which brain of government the contract of government the contract of government.	nch or bran	iches	e contractor? Yes No		\$500.00	
Method of Contribution:	Da	te Received	Aggregate Contributions			
☐ Cash ☐ Personal Check ☐ Credit/Debit Card ☐ Payroll Deduction ☐ Money	Order	5/12/2021	\$500.00			
Last Name	First	N .			MI	
Tarantino	Shira	a				
Residential Street Address	City			State	Zip Code	
455 Hope Street, 4D	Stamfor	rd		СТ	06906	
Principal Occupation	Na	me of Employer				
Homemaker Homemaker						
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? If contribution is in excess of \$400 to does contributor or business he/she valued at more than \$5,000?				/, Amou	unt of Contribution	
Is this contribution associated with an event reported in Section L1? If yes, list Event # _ 1				\$500.00		
Method of Contribution:	Da	te Received	Aggregate Contributions			
☐ Cash ☐ Personal Check ☐ Credit/Debit Card ☐ Payroll Deduction ☐ Money	Order	5/12/2021	\$600.00			
SUBT	TOTAL S	Section B — This	Page	1,025.0	00	
TOTAL	L of addit	tional Section B P	ages 6UN AZS	\$ 811	619	
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B) (Enter total on Line 13, Column A of Summary Page Totals)						

Section B ADDITIONAL PAGE 31 of 14

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)			TYPE OF REPORT	OFFI		
Caroline Simmons for Mayor			July	July 10 filing		
A. Total Contributions from Small Contributors-Receiv (See instructions for definition of Small Contributor)		nis Period ONLY OTAL SECTION A	\$	0.00		
		,				
pulling a series of the series		outions from Indivi	duals	per la		
Last Name Maloney	F	irst Daniel			MI	
Residential Street Address 120 Woodridge Dr S	^{City} Star	mford		State CT	Zip Code 06902	
Principal Occupation Product manager		Name of Employer Virgin pulse				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? If contribution is in excess of \$400 does contributor or business he/she valued at more than \$5,000?		indidate for a chief executive		y. Amor	unt of Contribution	
Is this contribution associated with an event reported in Section L1? If yes, list Event # Yes Is contributor a principal of a section L1? No If yes, indicate which branch of government the contract	nch or	branches	☐ Legislative		\$25.00	
Method of Contribution: ☐ Cash ☐ Personal Check ☐ Credit/Debit Card ☐ Payroll Deduction ☐ Money	/ Order	Date Received 5/13/2021	Aggregate Contributions \$50.00			
Last Name Arzeno		irst Hector			MI	
Residential Street Address 215 Valley Road	City Gree	enwich		State CT	Zip Code 06807	
Principal Occupation Retired		Name of Employer Retired				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? If contribution is in excess of \$400 does contributor or business he/she valued at more than \$5,000?				/, Amoi	unt of Contribution	
Is this contribution associated with an event reported in Section L1? If yes, list Event # Yes Is contributor a principal of a ff yes, indicate which bra of government the contra	nch or	branches	te contractor? Yes No Legislative		\$250.00	
Method of Contribution: ☐ Cash ☐ Personal Check ☐ Credit/Debit Card ☐ Payroll Deduction ☐ Money	/ Order	Date Received 5/13/2021	Aggregate Contributions \$250.00			
Last Name	- 1	irst			MI	
O'Sullivan		Aileen		T _a	Ta: 0.1	
Residential Street Address 35 Twin Brook Dr	City	mford		State CT	Zip Code 06907	
Principal Occupation		Name of Employer			Į.	
TITLE EXAMINER		BRACKEN ABST	RACT			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Solution Is contribution is in excess of \$400 does contributor or business he/she valued at more than \$5,000?				y, Amo	unt of Contribution	
Is this contribution associated with an event reported in Section L1? If yes, list Event # _ 1	nch or	branches	Legislative No		\$50.00	
Method of Contribution: ☐ Cash ☐ Personal Check ☐ Credit/Debit Card ☐ Payroll Deduction ☐ Money	y Ordei	Date Received 5/14/2021	Aggregate Contributions \$50.00			
SUBT	TOT.	AL Section B — This	Page	\$325.0	0	
				1619		
TOTAL of additional Section B Pages TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B) (Enter total on Line 13, Column A of Summary Page Totals)						

Section B ADDITIONAL PAGE 32 of 4

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)			TYPE OF REPORT		A THE PERSON NAMED IN	
Caroline Simmons for Mayor			July 10 filing			
A. Total Contributions from Small Contributors-Receiv (See instructions for definition of Small Contributor)		nis Period ONLY OTAL SECTION A	\$	0.00)	
B. Itemized Con	ntrib	outions from Indivi	duals			
Last Name Newquist	Fi	irst Deborah			Ml	
Residential Street Address	City			State	Zip Code	
20 Urey Court	Irvin	ie		CA	92617	
Principal Occupation		Name of Employer				
retired		retired				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes If contribution is in excess of \$400 does contributor or business he/she valued at more than \$5,000?	to a ca is asso	indidate for a chief executive ociated with have a contract	e officer of a municipali with said municipality	ty, Amo	ount of Contribution	
Is this contribution associated with an event reported in Section L1? If yes, list Event # No If yes, indicate which brate of government the contract	nch or	branches	e contractor?		\$25.00	
Method of Contribution		Date Received	Aggregate Contributions			
☐ Cash ☐ Personal Check ☐ Credit/Debit Card ☐ Payroll Deduction ☐ Money	Order	5/14/2021	\$25.00			
Last Name	Fi	irst			MI	
Williamson	K	Katie				
Residential Street Address	City			State	Zip Code	
474 Woodbine Road	Stan	nford		СТ	06903	
Principal Occupation		Name of Employer				
Stay at Home Mother		Stay at home Mot	ther			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes				ty, Amo	ount of Contribution	
Is this contribution associated with an event reported in Section L1? If yes, list Event # 1 Yes Is contributor a principal of a If yes, indicate which bra of government the contra-	nch or	branches	te contractor? Ye		\$50.00	
Method of Contribution:		Date Received	Aggregate Contributions			
☐ Cash ☐ Personal Check ☐ Credit/Debit Card ☐ Payroll Deduction ☐ Money	Order	5/14/2021	\$100.00			
Last Name	- 1	irst			MI	
Sherlock		Sara				
Residential Street Address	City			State	Zip Code	
26 Wake Robin Lane	Star	mford		СТ	06903	
Principal Occupation		Name of Employer				
Homemaker		Homemaker				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? No If contribution is in excess of \$400 does contributor or business he/she valued at more than \$5,000?				ty, Ame	ount of Contribution	
Is this contribution associated with an event reported in Section L1? If yes, list Event # 1 No If yes, indicate which brain of government the contract of government the government the government of governme	nch or	branches	e contractor? Ye		\$50.00	
Method of Contribution:		Date Received	Aggregate Contributions			
☐ Cash ☐ Personal Check ☐ Credit/Debit Card ☐ Payroll Deduction ☐ Money	Order (5/14/2021	\$150.00			
SUBI	TOT!	AL Section B — This	Page	\$125.0	00	
TOTAL of additional Section B Pages WALLES &1619						
TOTAL OF ALL CONTRIBUTIONS FROM (Enter total on Line)		DIVIDUALS (Sections A	A + B) Totals)	31619		

Section B ADDITIONAL PAGE 33 of 14

Schager Catherine Catheri	NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)		A PART OF THE PART	TYPE OF REPORT		
See Instructions of Mental Contributions Substitution Substi	Caroline Simmons for Mayor			July	/ 10 filin	ıg
Schaffer Catherine Cathe				\$	0.00)
Schaffer Catherine Cathe						
Schager Catherine Cathorine Stam ord Stam ord Cathorine Stam ord Stam ord Stam ord Stam ord Cathorine Stam ord Cathorine Stam ord Stam ord Stam ord Stam ord Stam ord Stam ord Cathorine Stam ord Stam ord Stam ord Stam ord Stam ord Stam ord Cathorine Stam ord	B. Itemized Co	ntri	ibutions from Indivi	duals		
Residential Street Address 17 A Join Street 18 Stamford 18 Stamford 19 Stamfor	Last Name					MI
Table			Catherine		-	
Name of Employer Westport Public Schools Security		1				
Teachers	<u></u>	Sta				00905
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? No valued at more than \$5,000? Yes If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality of the sevent reported in Section 1.17 Yes Scontributor a principal of a state contractor? Yes Yes Yes If contribution approached a state contractor or prospective state contractor? Yes				ala a a la		
does contribution associated with an event reported in Section L12 of Society Personal Check The contribution associated with an event reported in Section L12 of Society Personal Check The contribution associated with an event reported in Section L12 of Society Personal Check The contribution associated with an event reported in Section L12 of Society Personal Check The contribution associated with an event reported in Section L12 of Society Personal Check The contribution associated with an event reported in Section L12 of Society Personal Check The contribution associated with an event reported in Section L12 of Society Personal Check The contribution associated with an event reported in Section L12 of Society Personal Check The contribution associated with an event reported in Section L12 of Society Personal Check The contribution associated with an event reported in Section L12 of Society Personal Check The contribution associated with an event reported in Section L12 of Society Personal Check The contribution associated with an event reported in Section L12 of Society Personal Check The contribution associated with an event reported in Section L12 of Society Personal Check The contribution associated with an event reported in Section L12 of Society Personal Check The contribution associated with an event reported in Section L12 of Society Personal Check The contribution associated with an event reported in Section L12 of Society Personal Check The contribution associated with an event reported in Section L12 of Society Personal Check The contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality of Society Personal Check The contribution associated with an event reported in Section L12 of Society Personal Check The contribution associated with an event reported in Section L12 of Society Personal Check The contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality of Society Personal Check The contribution is in						
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Stephanie Stephanie Stephanie Stephanie State CT State CT O6906 O6906		y Ord(
Residential Street Address 9 Norman Road Stamford	Last Name	T	First			MI
9 Norman Road Stamtor S	O'Shea		Stephanie			
Principal Occupation Unemployed Scontributor a lobbyist, spouse, or dependent child of a lobbyist or dependent child of a lobbyist, spouse, or dependent child of a lobbyist, spouse, or dependent child of a lobbyist, spouse, or dependent child of a lobbyist or depende	Residential Street Address	City			State	Zip Code
Unemployed Secontributor a lobbyist, spouse, or dependent child of a lobbyist, spouse, or spouse, spouse, spouse, spouse, spouse, spouse, or dependent child of a lobbyist, spouse, or spouse, spouse	9 Norman Road	Sta	amford		CT	06906
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Is this contribution associated with an event reported in Section L1? Is this contribution associated with an event reported in Section L1? Is this contribution associated with an event reported in Section L1? Is this contribution associated with an event reported in Section L1? Is this contribution associated with an event reported in Section L1? Is this contribution associated with an event reported in Section L1? Is this contribution: Cash Personal Check Credit/Debit Card Payroll Deduction Money Order	Principal Occupation		Name of Employer		lo-	
or dependent child of a lobbyist? No does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? Is this contribution associated with an event reported in Section L1? No No Section L1? No No Section L1? No No Section L1? No No Section L2 No No Section L2 No No Section L2 No No No Section L2 No No No Section L2 No No No No No No No N	Unemployed		Unemployed			
event reported in Section L1? No If yes, indicate which branch or branches of government the contract is with: Executive Legislative Method of Contributions Cash Personal Check Credit/Debit Card Payroll Deduction Money Order S/15/2021 \$75.00 S75.00 Last Name Moon Jessica State State Size State Size State Size	or dependent child of a lobbyist?	or dependent child of a lobbyist? No does contributor or business he/she is associated with have a contract with said municipality				
Method of Contribution: Cash Personal Check Credit/Debit Card Payroll Deduction Money Order S/15/2021 \$75.00 \$75.00 Cash Personal Check Credit/Debit Card Payroll Deduction Money Order S/15/2021 \$75.00 Cash Personal Check Credit/Debit Card Payroll Deduction Money Order S/15/2021 \$75.00 City Jessica State St	event reported in Section L1? 1	inch d	or branches	■ No		\$50.00
Last Name Moon Jessica Jessica MI Miles Moon Jessica Miles Moon Moon Moon Moon Moon Jessica Miles Miles Moon Mo					7	
Residential Street Address 73 Albin Road Stamford Stamford Stamford State 75 Albin Road State 76 O6902 Principal Occupation Freelance Writer State State To No O6902 Principal Occupation Freelance Writer Is contributor a lobbyist, spouse, or dependent child of a lobbyist? No of government than \$5,000? Yes No Is contributor a principal of a state contractor or prospective state contractor? Yes No If yes, indicate which branch or branches of government the contract is with: Date Received Aggregate Contributions Substitute Aggregate Contributions Substitute State Aggregate	☐ Cash ☐ Personal Check ☐ Credit/Debit Card ☐ Payroll Deduction ☐ Money	y Orde	er 5/15/2021	\$75.00		
Residential Street Address 73 Albin Road Stamford Stamford State City Stamford State City Stamford State City Stamford State City O6902 Principal Occupation Freelance Writer Is contributor a lobbyist, spouse, or dependent child of a lobbyist? No State State State State City O6902 Name of Employer Jessica Moon Agency LLC Is contributor a lobbyist, spouse, or dependent child of a lobbyist? No State Stat	Last Name		First			MI
73 Albin Road Principal Occupation Freelance Writer Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Is this contribution associated with an event reported in Section L1? Yes Scontributor a principal of a state contractor or prospective state contractor? Yes No	Moon		Jessica			
Principal Occupation Freelance Writer Sessica Moon Agency LLC	Residential Street Address	City			State	Zip Code
Secontributor a lobbyist, spouse, or dependent child of a lobbyist? No No No No No No No N	73 Albin Road	Sta	amford		СТ	06902
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	Principal Occupation		Name of Employer			
or dependent child of a lobbyist?	Freelance Writer		Jessica Moon Age	ency LLC		
event reported in Section L1? No	or dependent child of a lobbyist? No does contributor or business he/she		sociated with have a contract		y, Amo	ount of Contribution
□ Cash □ Personal Check ■ Credit/Debit Card □ Payroll Deduction □ Money Order 5/16/2021 \$125.00 SUBTOTAL Section B — This Page \$175.00 TOTAL of additional Section B Pages \$1619	Is this contribution associated with an event reported in Section L1? Yes Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches			■ No		\$75.00
SUBTOTAL Section B — This Page \$175.00 TOTAL of additional Section B Pages \$81619						
TOTAL of additional Section B Pages 535 81619	☐ Cash ☐ Personal Check ☐ Credit/Debit Card ☐ Payroll Deduction ☐ Money	y Ord	ler 5/16/2021	\$125.00		
	SUB	TOT	TAL Section B — This	Page	\$175.0	0
	TOTA	L of	additional Section B 1	Pages 1525	w 8	1619

Section B ADDITIONAL PAGE 34 of 141

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)	Hit 6		TYPE OF REPORT		The state of the s
Caroline Simmons for Mayor			July	10 filin	ıg
A. Total Contributions from Small Contributors-Receiv (See instructions for definition of Small Contributor)		his Period ONLY OTAL SECTION A	\$	0.00	ı
B. Itemized Co	ntrib	outions from Individ	duals	April 1	
Last Name	F	irst			Ml
Moon		Jessica			
Residential Street Address	City			State	Zip Code
73 Albin Road	Star	mford		CT	06902
Principal Occupation		Name of Employer			
Freelance Writer		Jessica Moon Age	ency LLC		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes If contribution is in excess of \$400 does contributor or business he/she valued at more than \$5,000?				, Amoi	unt of Contribution
Is this contribution associated with an event reported in Section L1? If yes, list Event # No If yes, list Event # No If yes, list Event #	nch or	branches	e contractor? Yes No		\$50.00
Method of Contribution:		Date Received	Aggregate Contributions	-	
☐ Cash ☐ Personal Check ☐ Credit/Debit Card ☐ Payroll Deduction ☐ Money	y Order		\$125.00		
Last Name	F	irst			MI
Schenck	F	Kim			
Residential Street Address	City			State	Zip Code
35 Saint George Avenue	Star	mford		CT	06905
Principal Occupation		Name of Employer			Li-
Self Employed - media planning consultant		Atrium/Viatris			
	or dependent child of a lobbyist? No does contributor or business he/she is associated with have a contract with said municipality				
Is this contribution associated with an event reported in Section L1? If yes, list Event # Yes Is contributor a principal of a fyes, indicate which brace of government the contract.	anch or	r branches	e contractor? Yes No		\$50.00
Method of Contribution:		Date Received	Aggregate Contributions	7	
☐ Cash ☐ Personal Check ☐ Credit/Debit Card ☐ Payroll Deduction ☐ Mone	v Order	5/16/2021	\$50.00		
Last Name		irst			MI
Strom		Lisa			
Residential Street Address	City			State	Zip Code
19 Merriman Road	1	mford		СТ	06905
Principal Occupation		Name of Employer			
School administration, department leader		Norwalk public sc	hools		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes If contribution is in excess of \$400 does contributor or business he/she valued at more than \$5,000?				/, Amo	unt of Contribution
Is this contribution associated with an event reported in Section L1? If yes, list Event # 1 Yes Is contributor a principal of a If yes, list Event # 0 No If yes, indicate which broof government the contral of government the government the contral of government the contral of government the government	inch or	branches	e contractor? Yes No Legislative		\$50.00
Method of Contribution:		Date Received	Aggregate Contributions		
☐ Cash ☐ Personal Check ☐ Credit/Debit Card ☐ Payroll Deduction ☐ Mone	y Order	т 5/16/2021	\$75.00		
SUB	тот	AL Section B — This	Page	\$150.00	0
TOTA	L of a	additional Section B I	Pages Samo	1810	2/9
TOTAL OF ALL CONTRIBUTIONS FRO				1619	
(Enter total on Line	13, Co	olumn A of Summary Page	rorais) 4' ()	1611	

Section B ADDITIONAL PAGE 35 of 41

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Report	sitory)			TYPE OF REPO	ORT		
Caroline Simmons for Mayor					July	10 filing	9
A. Total Contributions from Small Contributors-R (See instructions for definition of Small Contributor)			is Period ONLY OTAL SECTION A	\$		0.00	
B. Itemize	ed Cont	tribu	itions from Indivi	duals	K W		
Last Name		Firs	st				MI
Amsellem		^	Marni ————————				
Residential Street Address	Ci	,	_			State	Zip Code
30 Eliot Lane	5	Stam	ford			CT	06903
Principal Occupation			Name of Employer				
psychologist			crossover health				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes If contribution is in excess of does contributor or business valued at more than \$5,000'	s he/she is					Amou	ınt of Contribution
Is this contribution associated with an event reported in Section L1? If yes, list Event # Yes Is contributor a princip No If yes, indicate wh of government the	ich branc	h or b		e contractor?	☐ Yes ■ No		\$75.00
Method of Contribution:			Date Received	Aggregate Contrib	utions	-	
☐ Cash ☐ Personal Check ☐ Credit/Debit Card ☐ Payroll Deduction ☐	∃Money C	Order	5/16/2021	\$75.00			
Last Name		Fire	st			J.	MI
Shafir		Te	eresa				
Residential Street Address	Ici	ity			T	State	Zip Code
156 Clay Hill Road		 Stam	ford			CT	06905
Principal Occupation			Name of Employer				
Homemaker			Homemaker				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes If contribution is in excess of does contributor or business valued at more than \$5,000'	s he/she is					Amou	int of Contribution
Is this contribution associated with an event reported in Section L1? If yes, list Event # 1 No If yes, indicate who of government the	hich branc	ch or b		te contractor?	☐ Yes ■ No		\$50.00
Method of Contribution:			Date Received	Aggregate Contrib	utions	1	
☐ Cash ☐ Personal Check ☐ Credit/Debit Card ☐ Payroll Deduction ☐	Money O)rder	5/16/2021	\$50.00			
Last Name		Fir	st				MI
Zacharewicz		Vi	ictoria				
Residential Street Address	Ci	ity				State	Zip Code
239 Hubbard Ave.	s	ATE	MFORD			СТ	06905
Principal Occupation			Name of Employer				
Homemaker			none				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? No lf contribution is in excess does contributor or business valued at more than \$5,000	s he/she is					Amou	unt of Contribution
Is this contribution associated with an event reported in Section L1? If yes, list Event # 1 Security No Is contributor a principal of a state contractor or prospective state contractor? If yes, list Event # 1 Executive Legislative			□Yes ■ No		\$50.00		
Method of Contribution:			Date Received	Aggregate Contrib	utions		
☐ Cash ☐ Personal Check ☐ Credit/Debit Card ☐ Payroll Deduction ☐	Money C)rde r	5/16/2021	\$110.00			
	SUBTO	OTA	L Section B — This	Page	4	\$175.00)
т	OTAL	of ac	Iditional Section B 1	Pages	18	\$ 866	019
TOTAL OF ALL CONTRIBUTIONS (Enter total of			IVIDUALS (Sections Auman A of Summary Page	A + B) Totals)	814	219	

Section B ADDITIONAL PAGE 36 of 44

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)			TYPE OF REPORT		47 THE 18 YEAR
Caroline Simmons for Mayor			July	y 10 filin	ıg
A. Total Contributions from Small Contributors-Recei (See instructions for definition of Small Contributor)		this Period ONLY TOTAL SECTION A	\$	0.00	,
B. Itemized Co	ontri	butions from Indivi	duals		
Last Name		First			Ml
Zacharewicz		Victoria			
Residential Street Address 239 HUBBARD AVE	City	AMFORD		State	Zip Code 06905
Principal Occupation		Name of Employer			
Homemaker		none			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes does contribution is in excess of \$400 does contributor or business he/sh valued at more than \$5,000?	0 to a c e is ass	candidate for a chief executive sociated with have a contract	e officer of a municipality with said municipality	y, Amo	unt of Contribution
Is this contribution associated with an event reported in Section L1? If yes, list Event # Yes Is contributor a principal of a fifyes, indicate which broad of government the control of government the government th	anch o	r branches	e contractor? Yes No Legislative		\$50.00
Method of Contribution:		Date Received	Aggregate Contributions	7	
☐ Cash ☐ Personal Check ■ Credit/Debit Card ☐ Payroll Deduction ☐ Mone	ey Orde	er 5/16/2021	\$110.00		
Last Name	Ti	First			MI
Baker	- 1	Theresa			
Residential Street Address	City			State	Zip Code
50 Westover Avenue	Sta	mford		СТ	06902
Principal Occupation		Name of Employer			
Banker		Webster Bank			
	contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, es contributor or business he/she is associated with have a contract with said municipality lued at more than \$5,000?				
Is this contribution associated with an event reported in Section L1? If yes, list Event # Is contributor a principal of a lf yes, indicate which broof government the contributor of government the contributor.	anch o		te contractor? Yes No Legislative		\$75.00
Method of Contribution:		Date Received	Aggregate Contributions	7	
☐ Cash ☐ Personal Check ☐ Credit/Debit Card ☐ Payroll Deduction ☐ Mone	y Orde	er 5/16/2021	\$175.00		
Last Name	T	First			MI
Apfel		Audry			
Residential Street Address	City			State	Zip Code
10 Black Rock Road		amford		СТ	06903
Principal Occupation		Name of Employer			
Ombuds		Gartner inc			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes If contribution is in excess of \$400 does contributor or business he/sh valued at more than \$5,000?				y, Amo	unt of Contribution
Is this contribution associated with an event reported in Section L1? If yes, list Event # 1 Yes					\$50.00
Method of Contribution:		Date Received	Aggregate Contributions		
☐ Cash ☐ Personal Check ☐ Credit/Debit Card ☐ Payroll Deduction ☐ Mone	y Orde	er 5/17/2021	\$50.00		
SUB	тот	AL Section B — This	Page	\$175.00	0
TOTA	L of	additional Section B I	Pages &	5 8	1619
TOTAL OF ALL CONTRIBUTIONS FRO			A+B) S P	161	9
(Enter total on Line	2 13, C	Column A of Summary Page	Totals)	101	J

Section B ADDITIONAL PAGE 37 of 191

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)			TYPE OF REPORT		
Caroline Simmons for Mayor			July	/ 10 filin	g
A. Total Contributions from Small Contributors-Recei		this Period ONLY TOTAL SECTION A	\$	0.00	
B. Itemized Co		ibutions from Indivi	duals	V P	field (4), (4), (4), (4)
Last Name Pereira		First Caitlin			Ml
Residential Street Address 1375 S Pine Creek Rd	City Fai	irfield		State CT	Zip Code 06824
Principal Occupation		Name of Employer			
Executive Director		GVPedia, Inc.			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes If contribution is in excess of \$40 does contributor or business he/sh valued at more than \$5,000?				y, Amou	unt of Contribution
Is this contribution associated with an event reported in Section L1? If yes, list Event # Yes Is contributor a principal of the section L1? No If yes, indicate which be of government the contributor.	anch o		e contractor?		\$50.00
Method of Contribution:		Date Received	Aggregate Contributions	-	
☐ Cash ☐ Personal Check ☐ Credit/Debit Card ☐ Payroll Deduction ☐ Mon	ey Ord	er 5/17/2021	\$50.00		
Last Name	\neg	First			MI
Jacobson		Lauren			l li
Residential Street Address	City			State	Zip Code
180 Glenbrook Road, Apt 61	Sta	amford		СТ	06902
Principal Occupation Attorney	11411	Name of Employer Maya Murphy			
	f contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, loes contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000?				
Is this contribution associated with an event reported in Section L1? If yes, list Event # No If yes, indicate which be of government the contribution.	ranch (te contractor? Yes No Legislative		\$50.00
Method of Contribution:		Date Received	Aggregate Contributions	7	
□ Cash □ Personal Check ■ Credit/Debit Card □ Payroll Deduction □ Mon	ey Ord	er 5/17/2021	\$75.00		
Last Name	\neg	First			MI
Sarner		Sharyn			
Residential Street Address	City			State	Zip Code
122 Frost Pond Road	Sta	amford		СТ	06903
Principal Occupation Retired		Name of Employer Retired			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? No If contribution is in excess of \$40 does contributor or business he/st valued at more than \$5,000?	0 to a one is as	candidate for a chief executive sociated with have a contract Yes No	e officer of a municipality with said municipality	y, Amoi	unt of Contribution
this contribution associated with an Vay Is contributed a principal of a state contractor or prospective state contractor?				\$75.00	
Method of Contribution: □ Cash □ Personal Check □ Credit/Debit Card □ Payroll Deduction □ Mon	ey Ord	Date Received 5/17/2021	Aggregate Contributions \$175.00		
SUI	3 T 07	TAL Section B — This	Page	\$175.00	0
TOTA	L of	additional Section B F	Pages	£ 81	1619
TOTAL OF ALL CONTRIBUTIONS FRO		NDIVIDUALS (Sections A Column A of Summary Page	A + B) Totals) \$\int \gamma\{\begin{subarray}{c} \begin{subarray}{c} \begin{subarray} \begin{subarray}{c}	'llel	1619

Section B ADDITIONAL PAGE 38 of 4

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository	y)		TYPE OF REPORT		
Caroline Simmons for Mayor			July	y 10 filir	ıg
A. Total Contributions from Small Contributors-Reco		this Period ONLY BTOTAL SECTION A	\$	0.00)
B. Itemized (Contr	ibutions from Indivi	duals		
Last Name Nieves		First Carmen			A A
Residential Street Address	City			State	Zip Code
672 Atlantic Street	Br	idgeport		СТ	06604
Principal Occupation Manager		Name of Employer The WorkPlace			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes If contribution is in excess of \$4 does contributor or business he/valued at more than \$5,000?				y, Amo	ount of Contribution
	branch :		e contractor? Yes No	7	\$50.00
Method of Contribution:		Date Received	Aggregate Contributions	-	
☐ Cash ☐ Personal Check ☐ Credit/Debit Card ☐ Payroll Deduction ☐ Mo	ney Oro	der 5/17/2021	\$50.00		
Last Name		First			MI
Branca		Marcella			
Residential Street Address	City			State	Zip Code
5 Verplank Avenue	Sta	amford		СТ	06902
Principal Occupation Freelance translator		Name of Employer Self			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? No Ves does contributor or business he/s valued at more than \$5,000?				/, Amo	unt of Contribution
Is this contribution associated with an event reported in Section L1? If yes, list Event # 1	branch		te contractor? Yes No		\$50.00
Method of Contribution:		Date Received	Aggregate Contributions	7	
☐ Cash ☐ Personal Check ☐ Credit/Debit Card ☐ Payroll Deduction ☐ Mo	ney Ord	ler 5/17/2021	\$150.00		
Last Name		First			MI
Skratt		Wendy			
Residential Street Address 29 Vincent Avenue	City			State	Zip Code 06905
Principal Occupation	31	amford Name of Employer		СТ	00903
Unemployed		Unemployed			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes does contribution is in excess of \$4 does contributior or business he/valued at more than \$5,000?		candidate for a chief executiv		y, Amo	ount of Contribution
	branch	e contractor or prospective stat or branches	te contractor? Yes No Legislative		\$50.00
Method of Contribution:		Date Received	Aggregate Contributions		
☐ Cash ☐ Personal Check ☐ Credit/Debit Card ☐ Payroll Deduction ☐ Mo	ney Or	der 5/17/2021	\$300.00		
SU	вто	TAL Section B — This	Page	\$150.0	0
ТОТ	AL of	f additional Section B I	Pages +	<u>: 8</u> 1	1619
TOTAL OF ALL CONTRIBUTIONS FR (Enter total on Li		NDIVIDUALS (Sections A Column A of Summary Page	4 X 1 /	019	J.S.

Section B ADDITIONAL PAGE 39 of 14

NAME OF COMMITTEE (Provide Complete Name as Registered with Filin	ng Repository)	3		TYPE OF REPORT	2011	Add to the Piet
Caroline Simmons for Mayor				July	y 10 filin	ıg
A. Total Contributions from Small Contribute (See instructions for definition of Small Contributor)			is Period ONLY OTAL SECTION A	\$	0.00)
	emized Con	-	utions from Indivi	duals		
Last Name Smit		Fir	rst Caroline			MI
Residential Street Address		ity			State	Zip Code
109 Silver Hill Lane		Stam	nford		СТ	06905
Principal Occupation			Name of Employer			
Not employed			Not employed			
	ousiness he/she is		ndidate for a chief executive ciated with have a contract		y, Amo	ount of Contribution
event reported in Section L1?	principal of a state which branchent the contract	ch or t		e contractor? ☐ Yes No ☐ Legislative		\$150.00
Method of Contribution:	Tent the contract	15 111.	Date Received	Aggregate Contributions	_	
☐ Cash ☐ Personal Check ☐ Credit/Debit Card ☐ Payroll Deduct	tion	Order	5/17/2021	\$150.00		
Last Name		Fir	st			MI
Duffy		М	legan			i i
Residential Street Address	С	ity			State	Zip Code
195 Southfield Avenue		Stam	nford		CT	06902
Principal Occupation			Name of Employer			
Manger, Programming Aqcusition			Charter Commun	ications		
	ousiness he/she is		ndidate for a chief executive ciated with have a contract Yes No		y, Amo	unt of Contribution
event reported in Section L1?	principal of a st cate which bran- ment the contract	ch or		te contractor? Yes No Legislative		\$50.00
Method of Contribution:			Date Received	Aggregate Contributions		
☐ Cash ☐ Personal Check ☐ Credit/Debit Card ☐ Payroll Deduct	tion	Order	5/17/2021	\$50.00		
Last Name		Fir	ter			MI
Skratt		١٧	Vendy			
Residential Street Address		`ity			State	Zip Codc
29 Vincent Avenue		Stam	nford		СТ	06905
Principal Occupation			Name of Employer			
Unemployed			Unemployed			
	ousiness he/she is		ndidate for a chief executive ciated with have a contract Yes No		y, Amo	ount of Contribution
event reported in Section L1?	principal of a st cate which branc nent the contract	ch or l		te contractor? Yes No Legislative		\$150.00
Method of Contribution:			Date Received	Aggregate Contributions	7	
☐ Cash ☐ Personal Check ☐ Credit/Debit Card ☐ Payroll Deduct	tion	Order	5/17/2021	\$300.00		
	SUBT	OTA	L Section B — This	Page	\$350.0	0
	TOTAL	of a	dditional Section B I	Pages	is &	1619
TOTAL OF ALL CONTRIBUT (Enter			IVIDUALS (Sections Aummary Page	X X	165	

Section B ADDITIONAL PAGE 40 of 41

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)	¥ 1.		TYPE OF REPORT		II WELL THE THE	
Caroline Simmons for Mayor			July	July 10 filing		
A. Total Contributions from Small Contributors-Receiv (See instructions for definition of Small Contributor)		otal Section A	\$	0.00	1	
B. Itemized Con	ntrib	utions from Indivi	duals			
Lost Name	Fi	rst			MI	
Tang		Emily				
Residential Street Address	City			State	Zip Code	
604 Hope Street, Apt 1	Stan	nford		CT	06907	
Principal Occupation		Name of Employer				
Senior Manager, Diversity & Inclusion		Charter Communi	cations			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes If contribution is in excess of \$400 does contributor or business he/she valued at more than \$5,000?				y, Amo	unt of Contribution	
Is this contribution associated with an event reported in Section L1? Section L1? No If yes, list Event # Is contributor a principal of a section L1? No of government the contraction of government the contraction.	nch or	branches	e contractor? Yes No		\$500.00	
Method of Contribution:		Date Received	Aggregate Contributions	-		
☐ Cash ☐ Personal Check ☐ Credit/Debit Card ☐ Payroll Deduction ☐ Money	Order	5/17/2021	\$500.00			
Last Name	Fi	rst			MI	
Tuttle	l _v	Villiam				
Residential Street Address	City			State	Zip Code	
	Fairf	ield		СТ	06824	
Principal Occupation		Name of Employer			L	
Firefighter		Town of Fairfield				
	endent child of a lobbyist? No does contributor or business he/she is associated with have a contract with said municipality					
Is this contribution associated with an event reported in Section L1? If yes, list Event # Section L1? No If yes, indicate which bra of government the contraction of government the contraction.	nch or	branches	te contractor? Yes No Legislative		\$50.00	
Method of Contribution:		Date Received	Aggregate Contributions			
☐ Cash ☐ Personal Check ■ Credit/Debit Card ☐ Payroll Deduction ☐ Money	Order	5/17/2021	\$50.00			
Last Name	Fi	rst			MI	
Hicks	B	Barbara				
Residential Street Address	City			State	Zip Code	
248 Loveland Road	Stan	nford		СТ	06905	
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 does contributor or business he/she valued at more than \$5,000?				y, Amo	unt of Contribution	
Is this contribution associated with an event reported in Section L1? If yes, list Event # Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: Executive Legislative Legislative			\$25.00			
Method of Contribution:		Date Received	Aggregate Contributions			
☐ Cash ☐ Personal Check ☐ Credit/Debit Card ☐ Payroll Deduction ☐ Money	Order	5/19/2021	\$50.00			
SUBI	COTA	AL Section B — This	Page	\$575.0	0	
TOTAL	ofa	dditional Section B I	Pages	21	1019	
TOTAL OF ALL CONTRIBUTIONS FROM (Enter total on Line		DIVIDUALS (Sections A	A + B) \$ 8	619	Mala	

Section B ADDITIONAL PAGE 41 of 141

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)	1000	THE PARTY OF THE PARTY	TYPE OF REPORT	Heronia.	
Caroline Simmons for Mayor			July	/ 10 filir	ng
A. Total Contributions from Small Contributors-Receiv (See instructions for definition of Small Contributor)		is Period ONLY OTAL SECTION A	\$	0.00	1
B. Itemized Co.	ntrib	utions from Indivi	duals		
Last Name Yu	Fir	_{rst} Eun Ju			MI
Residential Street Address 6 Fieldstone Lane	^{City} Stam	nford		State CT	Zip Code 06902
Principal Occupation	-	Name of Employer			
Homemaker		Homemaker			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes If contribution is in excess of \$400 does contributor or business he/she valued at more than \$5,000?				y, Amo	unt of Contribution
Is this contribution associated with an event reported in Section L1? If yes, list Event # Yes Is contributor a principal of a: If yes, indicate which brain of government the contract	nch or l	branches	e contractor?		\$50.00
Method of Contribution:		Date Received	Aggregate Contributions	_	
☐ Cash ☐ Personal Check ■ Credit/Debit Card ☐ Payroll Deduction ☐ Money	Order Order	5/18/2021	\$50.00		
Last Name	Fir	rst			MI
Guite	A	nn			
Residential Street Address	City			State	Zip Code
1185 Park Avenue	New	York		NY	10128
Principal Occupation		Name of Employer			
Art consultant		Self employed			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes If contribution is in excess of \$400 does contributor or business he/she valued at more than \$5,000?				y, Amo	unt of Contribution
Is this contribution associated with an event reported in Section L1? If yes, list Event # Yes Is contributor a principal of a If yes, indicate which bra of government the contra	nch or	branches	te contractor? Yes No Legislative		\$25.00
Method of Contribution:		Date Received	Aggregate Contributions		
☐ Cash ☐ Personal Check ☐ Credit/Debit Card ☐ Payroll Deduction ☐ Money	Order	5/19/2021	\$75.00		
Lust Name	Fi	rst			MI
Skiendziel	В	Beata			
Residential Street Address	City			State	Zip Code
211 Cedar Heights Road	Stan	nford		СТ	06905
Principal Occupation		Name of Employer			
Dental lab technician		Beata dental lab			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes does contribution is in excess of \$400 does contributor or business he/she valued at more than \$5,000?				y, Amo	ount of Contribution
Is this contribution associated with an event reported in Section L1? If yes, list Event # Yes Is contributor a principal of a If yes, indicate which bra of government the contra	nch or	branches	te contractor?		\$50.00
Method of Contribution:		Date Received	Aggregate Contributions		
☐ Cash ☐ Personal Check ☐ Credit/Debit Card ☐ Payroll Deduction ☐ Money	Order	5/19/2021	\$50.00		
SUB	ГОТА	AL Section B — This	Page	\$125.0	0
TOTAL	Lofa	dditional Section B 1	Pages	18	619
TOTAL OF ALL CONTRIBUTIONS FROM		IVIDUALS (Sections A	A + B) Totals)	1619	<i>x</i>

Section B ADDITIONAL PAGE 42 of 141

NAME OF COMMITTEE (Provide Complete Name	as Registered with Filing Repository)	348		TYPE OF REPORT			
Caroline Simmons for M	layor			July	/ 10 filir	ng	
A. Total Contributions from Sm (See instructions for definition of Small Co			nis Period ONLY OTAL SECTION A	\$	0.00)	
	B. Itemized Cor	ıtrib	outions from Indivi	duals			
Last Name		F	irst			MI	
Latif-Scully			Jacquelene				
Residential Street Address		City			State	Zip Code 06905-2900	
166 Joffre Avenue		Star	nford		СТ	00903-2900	
Principal Occupation			Name of Employer				
n/a			n/a				
or dependent child of a lobbyist?	If contribution is in excess of \$400 t does contributor or business he/she valued at more than \$5,000?				/. Amo	ount of Contribution	
_	Yes Is contributor a principal of a s No If yes, indicate which bran of government the contrac	ch or	branches	e contractor?		\$50.00	
Method of Contribution:			Date Received	Aggregate Contributions	-		
☐ Cash ☐ Personal Check ☐ Credit/Debit Car	rd □ Payroll Deduction □ Money	Order	5/19/2021	\$50.00			
Last Name		Fi	irst			MI	
Feighan		V	Michael				
Residential Street Address		City			State	Zip Code	
101 Maple Tree Ave, 2L		Star	nford		CT	06906	
Principal Occupation			Name of Employer				
Retired			Retired				
or dependent child of a lobbyist?						ount of Contribution	
Is this contribution associated with an event reported in Section L1?		nch or	branches	te contractor? Yes No Legislative		\$100.00	
Method of Contribution:	1		Date Received	Aggregate Contributions			
☐ Cash ☐ Personal Check ☐ Credit/Debit Car	rd Payroll Deduction Money	Order	5/19/2021	\$150.00			
Last Name		F	irst		1	MI	
Shanahan		1	Nicole				
Residential Street Address		City			State	Zip Code	
41 BENSTONE ST		STA	MFORD		СТ	06905	
Principal Occupation		-	Name of Employer		-		
Teacher			NYC DOE				
or dependent child of a lobbyist?	If contribution is in excess of \$400 does contributor or business he/she valued at more than \$5,000?				y, Amo	ount of Contribution	
	ociated with an Yes Is contributor a principal of a state contractor or prospective state contractor?					\$25.00	
Method of Contribution:			Date Received	Aggregate Contributions			
☐ Cash ☐ Personal Check ☐ Credit/Debit Can	rd □ Payroll Deduction □ Money	Order	5/19/2021	\$25.00			
	SUBT	OTA	AL Section B — This	Page	\$175.0	0	
	TOTAL	ofa	dditional Section B l	Pages 1	811	619	
TOTAL OF A	LL CONTRIBUTIONS FROM (Enter total on Line		DIVIDUALS (Sections A	A + B) Totals)	1619		

Section B ADDITIONAL PAGE 43 of 141

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository	.)			TYPE OF REPORT	TESTIN.	
Caroline Simmons for Mayor				Jul	y 10 filiı	ng
A. Total Contributions from Small Contributors-Reco			is Period ONLY OTAL SECTION A	\$	0.00)
B. Itemized (Conti	ribu	utions from Indivi	duals	"	
Last Name		Firs	at .			MI
Ward		K	Karyn			
Residential Street Address	City	у			State	Zip Code
27 Lindstrom Road, #7B	St	tam	ford		CT	06902
Principal Occupation			Name of Employer			
Executive Assistant			The Ashforth Com	npany		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? No Yes If contribution is in excess of S4					y, Amo	ount of Contribution
Is this contribution associated with an Yes Is contributor a principal o						\$100.00
event reported in Section L1? No If yes, indicate which I fyes, list Event # No of government the con				■ No □ Legislative		Φ100.00
Method of Contribution:			Date Received	Aggregate Contributions		
☐ Cash ☐ Personal Check ☐ Credit/Debit Card ☐ Payroll Deduction ☐ Mo	ney Or	rder	5/19/2021	\$350.00		
Last Name		Firs	st		_	MI
Meister		1	ichael			
Residential Street Address	City	_			State	Zip Code
15 White Birch Lane	1 '	, tami	ford		СТ	06905
Principal Occupation			Name of Employer		-	
Director of Design			The American Mu	seum of Natural H	listory	
Is contributor a lobbyist, spouse, Yes If contribution is in excess of \$4	100 to a	a cano	didate for a chief executive	e officer of a municipalit	y, Amo	ount of Contribution
or dependent child of a lobbyist? No does contributor or business he/s valued at more than \$5,000?	she is a	issoci	iated with have a contract Yes No	with said municipality		
Is this contribution associated with an Yes Is contributor a principal of	of a stat	te cor	ntractor or prospective stat	te contractor?	5	# 400.00
event reported in Section L1? No If yes, indicate which				■ No		\$100.00
If yes, list Event # of government the cor	Itract is	s with	Date Received	☐ Legislative Aggregate Contributions		
□ Cash □ Personal Check ■ Credit/Debit Card □ Payroll Deduction □ Mo	mey Or	rder	5/19/2021	\$600.00		
Last Name	ney or	Firs		4444		MI
Geils			atty			1300
Residential Street Address	City				State	Zip Code
21 Bertmor Drive		-	nford		CT	06905
Principal Occupation			Name of Employer			
Retired			Retired			
ls contributor a lobbyist, spouse,	100 to (1	a officer of a municipality		ount of Contribution
or dependent child of a lobbyist? No does contributor or business he/valued at more than \$5,000?					y, Ain	built of Contribution
Is this contribution associated with an event reported in Section L1? If yes, list Event # Yes Is contributor a principal of If yes, indicate which of government the cor	branch	ı or b	oranches	No		\$25.00
Method of Contribution:			Date Received	Aggregate Contributions		
☐ Cash ☐ Personal Check ■ Credit/Debit Card ☐ Payroll Deduction ☐ Mo	ney Or	rder	5/19/2021	\$50.00		
su	вто	TA	L Section B — This	Page	\$225.0)0
тот	'AL o	र्ग शर्व	Iditional Section B F	Pages	8/	619
TOTAL OF ALL CONTRIBUTIONS FR	0.00	22.00		11/2003		C('
			umn A of Summary Page	Totals)	619	

Section B ADDITIONAL PAGE 44 of 141

NAME OF COMMITTEE (Provide Complete Na	me as Registered with Filing Repository)			TYPE OF REPORT	Eco III	The state of the s
Caroline Simmons for	Mayor			July	/ 10 filir	ng
A. Total Contributions from S (See instructions for definition of Small			his Period ONLY OTAL SECTION A	\$	0.00)
	B. Itemized Co	ntrik	outions from Indivi	duals		
Last Name Glynn		F	rirst Rebecca			Ml
Residential Street Address 54 Shadow Ridge Road		^{City} Star	mford		State CT	Zip Code 06905
Principal Occupation			Name of Employer			
Business Manager	w		Biogen			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	If contribution is in excess of \$400 does contributor or business he/she valued at more than \$5,000?				y. Amo	ount of Contribution
Is this contribution associated with an event reported in Section L1? If yes, list Event #	Yes Is contributor a principal of a If yes, indicate which bra of government the contra	nch or	branches	te contractor?		\$50.00
Method of Contribution:			Date Received	Aggregate Contributions	-	
☐ Cash ☐ Personal Check ☐ Credit/Debit (Card □ Payroll Deduction □ Money	/ Order	5/19/2021	\$50.00		
Last Name			irst			MI
Adams		1	Terry			
Residential Street Address		City			State	Zip Code
15 Lipton Place		Star	mford		СТ	06902
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 does contributor or business he/she valued at more than \$5,000?				y, Amo	unt of Contribution
Is this contribution associated with an event reported in Section L1? If yes, list Event #	Yes Is contributor a principal of a If yes, indicate which bra of government the contra	nch or	r branches	te contractor? Yes No Legislative		\$100.00
Method of Contribution:	or government the contra	01 13 11	Date Received	Aggregate Contributions	-	
☐ Cash ☐ Personal Check ☐ Credit/Debit (Card Payroll Deduction Money	Order	5/19/2021	\$600.00		
Last Name		F	irst			MI
Scherer		(Daniel			
Residential Street Address		City			State	Zip Code
117 Flint Rock Road E		,	mford		СТ	06903
Principal Occupation			Name of Employer			1
Sales			Gimbal			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes No	If contribution is in excess of \$400 does contributor or business he/she valued at more than \$5,000?				y, Amo	ount of Contribution
Is this contribution associated with an event reported in Section L1? If ycs, list Event #	Yes No Is contributor a principal of a If yes, indicate which bra of government the contra	nch or	branches	te contractor? Yes No Legislative		\$100.00
Method of Contribution:	•		Date Received	Aggregate Contributions		
☐ Cash ☐ Personal Check ☐ Credit/Debit (Card ☐ Payroll Deduction ☐ Money	y Ordei	5/20/2021	\$200.00		
	SUB'	TOT.	AL Section B — This	Page	\$250.0	0
	TOTA	L of a	additional Section B 1	Pages 1383	81,	619
TOTAL OF	ALL CONTRIBUTIONS FROM (Enter total on Line		DIVIDUALS (Sections A	4 + D)	816	
		400	3	Harata III	. , ,	1

NAME OF COMMITTEE (Provide Complete Nat	ne as Registered with Filing Repository)	300		TYPE OF REPOR	T			
Caroline Simmons for	Mayor				July	10 filin	g	
A. Total Contributions from S (See instructions for definition of Small			nis Period ONLY OTAL SECTION A	\$		0.00		
	B. Itemized Cor	ıtrib	utions from Indivi	duals				
Last Name		Fi	rst				Ml	
Langston			David					
Residential Street Address		City				State	Zip Code	
224 Ocean Drive West		Stan	nford			CT	06902	
Principal Occupation			Name of Employer					
Marketing Consultant			EVOKE COMMUI	VICATIONS L	_C			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	If contribution is in excess of \$400 to does contributor or business he/she valued at more than \$5,000?					Amou	unt of Contribution	
Is this contribution associated with an event reported in Section L1? If yes, list Event #	Yes Is contributor a principal of a s No If yes, indicate which bran of government the contrac	ch or	branches		Yes No	1	\$100.00	
Method of Contribution:			Date Received	Aggregate Contributi	ions	1		
☐ Cash ☐ Personal Check ☐ Credit/Debit C	Card □ Payroll Deduction □ Money	Order		\$100.00				
Last Name			irst				MI	
Truglia			/lichelle					
Residential Street Address		City			1	State	Zip Code	
1494 Shippan Avenue		Stan	nford			СТ	06902	
Principal Occupation Name of Employer								
Workers' Compensation Trial Commissioner State of Connecticut								
Is contributor a lobbyist, spouse, Yes If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, Amount of Contribution								
or dependent child of a lobbyist?	does contributor or business he/she valued at more than \$5,000?	is asso	ciated with have a contract Yes No	with said municipal	lity			
Is this contribution associated with an	Yes Is contributor a principal of a	state co	ontractor or prospective sta	te contractor?	☐ Yes	10	\$100.00	
event reported in Section L1? If yes, list Event #	No If yes , indicate which bran of government the contract			☐ Legislative	No		\$100.00	
Method of Contribution:	or government the contract	ot ia wi	Date Received	Aggregate Contributi	ions	+		
☐ Cash ☐ Personal Check ☐ Credit/Debit C	Card □ Payroll Deduction □ Money	Order	5/20/2021	\$600.00				
Last Name			irst			4	MI	
Grunberger		١.	lames					
Residential Street Address		City				State	Zip Code	
79 High Ridge Road		-	mford			CT	06905	
Principal Occupation		Otan	Name of Employer					
Real Estate Manager			Bulls head Realty					
Is contributor a lobbyist, spouse, Yes	If contribution is in excess of \$400	to a car	ndidate for a chief executive	c officer of a munic	cipality,	Amou	unt of Contribution	
or dependent child of a lobbyist?	does contributor or business he/she valued at more than \$5,000?							
Is this contribution associated with an event reported in Section L1? If yes, list Event # Security Security Is contributor a principal of a state contractor or prospective state contractor?					\$500.00			
Method of Contribution: Date Received Aggregate Contributions								
□ Cash □ Personal Check ■ Credit/Debit Card □ Payroll Deduction □ Money Order 5/21/2021 \$500.00								
SUBTOTAL Section B — This Page \$700.00)			
Tukon masa masa masa masa masa masa masa mas	TOTAL	ofa	dditional Section B	Pages 12	30	81	1619	
TOTAL OF	ALL CONTRIBUTIONS FROM				<u>√</u> ∨	8/61		
	(Enter total on Line	13, Col	lumn A of Summary Page	Totals)	x حب X	1101	7	

Section B ADDITIONAL PAGE 46 of 141

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Reposit	itory)	-41		TYPE OF REPORT			
Caroline Simmons for Mayor				July 10 filing			
A. Total Contributions from Small Contributors-Re (See instructions for definition of Small Contributor)			s Period ONLY TAL SECTION A	\$	0.00	•	
CONTROL STREET SECTION AND ADDRESS OF THE SECTION ADDRESS O	d Cont		tions from Indivi	duals			
Last Name Fahey		Firs	l Nancy			MI	
Residential Street Address 202 Dogwood Lane	S	ity Stami	ford		State	Zip Code 06903	
Principal Occupation Retired			Name of Employer Retired				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? If contribution is in excess of does contributor or business valued at more than \$5,000?	he/she is				y, Amo	unt of Contribution	
Is this contribution associated with an event reported in Section L1? If yes, list Event # Yes Is contributor a principal of a state contractor or prospective state of section L1? No If yes, indicate which branch or branches of government the contract is with:			ranches	e contractor? Yes No		\$50.00	
Method of Contribution: ☐ Cash ☐ Personal Check ☐ Credit/Debit Card ☐ Payrol! Deduction ☐ I	Молеу О	ey Order					
Last Name Anastos		Firs	eve and evelyn			MI	
Residential Street Address 88 Verplank Avenue	Cit S	iy Stamf	ford		State CT	Zip Code 06902	
Principal Occupation Name of Employer Realtor William Raveis Real Esta							
	bbyist? No does contributor or business he/she is associated with have a contract with said municipality					unt of Contribution	
Is this contribution associated with an event reported in Section L1? Solution a principal of government the	ich branc	h or b		te contractor? Yes		\$150.00	
Method of Contribution: ☐ Cash ☐ Personal Check ☐ Credit/Debit Card ☐ Payroll Deduction ☐ I			Date Received 5/21/2021	Aggregate Contributions \$150.00			
Last Name		Firs				MI	
Griffith			ebecca		,		
Residential Street Address 133 Parry Rd.	S	_{ity} Stami	ford		State CT	Zip Code 06907	
Principal Occupation Attorney			Name of Employer Griffith Legal Solu	tions			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes If contribution is in excess of does contributor or business valued at more than \$5,000?	he/she is				y, Amo	unt of Contribution	
event reported in Section L1?	Yes Is contributor a principal of a state contractor or prospective sta No If yes, indicate which branch or branches			e contractor? ☐ Yes ☐ No ☐ Legislative		\$50.00	
Method of Contribution: ☐ Cash ☐ Personal Check ☐ Credit/Debit Card ☐ Payroll Deduction ☐ Deduction	Money O	Order	Date Received 5/23/2021	Aggregate Contributions \$50.00			
	SUBTO	OTAI	L Section B — This	Page	\$250.0	0	
TOTAL of additional Section B Pages 81619							
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B) (Enter total on Line 13, Column A of Summary Page Totals) \$\[\begin{align*} \b							

Section B ADDITIONAL PAGE __47 __ of __141__

Caroline Simmons for M				TYPE OF REPORT	/ 10 filir	na	
A. Total Contributions from Sm		od th	is Pariod ONI V				
(See instructions for definition of Small C			OTAL SECTION A	\$ 0.00			
	B. Itemized Con		utions from Indivi	duals			
Last Name Lehman		- 1.	Susan			Ml	
Residential Street Address 521 Field Point Rd		City Gre e	enwich		State CT	Zip Code 06830	
Principal Occupation Self employed	•		Name of Employer N/A				
or dependent child of a lobbyist?	If contribution is in excess of \$400 does contributor or business he/she valued at more than \$5,000?				y, Amo	ount of Contribution	
Is this contribution associated with an Y		ich or	ontractor or prospective stat	e contractor? Yes No		\$500.00	
Method of Contribution: ☐ Cash ☐ Personal Check ☐ Credit/Debit Car	rd □ Payroll Deduction □ Money	Order	Date Received 5/23/2021	Aggregate Contributions \$500.00			
Last Name			rst			MI	
Shinn			Bianca			1	
Residential Street Address 60 Lawn ave #33		City stam	nford		State	Zip Code 06902	
Principal Occupation Educator			Name of Employer Domus Kids				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? Yes No						unt of Contribution	
Is this contribution associated with an event reported in Section L1?	1 1	nch or	branches	te contractor? Yes No Legislative		\$400.00	
Method of Contribution:	or government the contra-	DC 15 W1	Date Received	Aggregate Contributions	-		
☐ Cash ☐ Personal Check ☐ Credit/Debit Car	rd Payroll Deduction Money	Order	5/24/2021	\$525.00			
Last Name		- 1	irst			MI	
Dynner		-	leather				
Residential Street Address 439 Pepper Ridge Road	_	^{City} Stan	nford		State CT	Zip Code 06905	
Principal Occupation		-	Name of Employer			-	
Social Worker			Theracare				
or dependent child of a lobbyist?	If contribution is in excess of \$400 does contributor or business he/she valued at more than \$5,000?				y, Am o	ount of Contribution	
	Yes Is contributor a principal of a state contractor or prospective state contractor?				\$150.00		
Method of Contribution:	*//		Date Received	Aggregate Contributions			
☐ Cash ☐ Personal Check ☐ Credit/Debit Can	rd Payroll Deduction Money	Order	5/24/2021	\$350.00			
SUBTOTAL Section B — This Page \$1,050.00						00	
TOTAL of additional Section B Pages \(\sqrt{609}							
TOTAL OF AL	LL CONTRIBUTIONS FROM (Enter total on Line		DIVIDUALS (Sections A Jumn A of Summary Page	Totals)	161	7	

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NAME OF COMMITTEE (Provide Complete Name				TYPE OF REPORT	40.50		
Caroline Simmons for N				July	July 10 filing		
A. Total Contributions from Sr (See instructions for definition of Small Contributions)			is Period ONLY OTAL SECTION A	\$	0.00)	
	B. Itemized Co	ntrib	utions from Indivi	duals			
Last Name		Fi				M1	
Godzeno			Jennifer ————————————————————————————————————				
Residential Street Address 29B Douglas Ave		City Stan	nford		State	Zip Code 06906	
Principal Occupation			Name of Employer			**	
Urban planner			National Associati	ion of City Transpo	rtation	Officials	
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	If contribution is in excess of \$400 does contributor or business he/she valued at more than \$5,000?				y, Amo	unt of Contribution	
	Yes Is contributor a principal of a No If yes, indicate which brai of government the contract	nch or	branches	e contractor?		\$50.00	
Method of Contribution:							
Last Name		Fi	I st		-	Тмі	
Rosenberg		J	ulie				
Residential Street Address		City			State	Zip Code	
54 Black Twig Place		Starr			СТ	06903	
Principal Occupation			Name of Employer				
Speech Pathologist Eagle Hill School							
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000?					unt of Contribution		
Is this contribution associated with an event reported in Section L1? If yes, list Event #	Ves Is contributor a principal of a If yes, indicate which bra of government the contra	nch or	branches	te contractor? Yes No Legislative		\$50.00	
Method of Contribution:		===	Date Received	Aggregate Contributions	7		
☐ Cash ☐ Personal Check ☐ Credit/Debit Ca	ard □ Payroll Deduction □ Money	Order	5/24/2021	\$50.00			
Last Name			rst	-		MI	
Becker			lonica				
Residential Street Address		City			State	Zip Code	
53 Harvest Hill Lane		Stan	4		NY	06905	
Principal Occupation			Name of Employer	5	4_!4.		
Business Development				Products Innovation			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	If contribution is in excess of \$400 does contributor or business he/she valued at more than \$5,000?				y, Amo	ount of Contribution	
	s this contribution associated with an went reported in Section L1? Yes Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches					\$150.00	
Method of Contribution:	o. go resimilar die collula	,, ()	Date Received	Aggregate Contributions	\dashv		
☐ Cash ☐ Personal Check ☐ Credit/Debit Ca	ard □ Payroll Deduction □ Money	Order (5/24/2021	\$150.00			
	SUB	ΓΟΤΑ	L Section B — This	Page	\$250.0	0	
	TOTAL	L of a	dditional Section B I	Pages 2012	18	1619	
TOTAL OF A	ALL CONTRIBUTIONS FROM (Enter total on Line		IVIDUALS (Sections A Jumn A of Summary Page		3/61	9	

NAME OF COMMITTEE (Provide Complete Nam	e as Registered with Filing Repository)	i u		TYPE OF REPORT		
Caroline Simmons for N	Mayor			July	y 10 filir	ng
A. Total Contributions from SI (See instructions for definition of Small (his Period ONLY TOTAL SECTION A	\$	0.00	
	B. Itemized Con	ntril	butions from Indivi	duals		
Last Name		F	First			MI
Schulkind			Nancy			
Residential Street Address		City			State	Zip Code
217 Bridge Street, A1		Sta	mford		СТ	06905
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 does contributor or business he/she valued at more than \$5,000?				y, Amo	unt of Contribution
_	Yes Is contributor a principal of a s No If yes, indicate which bran of government the contrac	nch or	r branches	e contractor?		\$100.00
Method of Contribution:			Date Received	Aggregate Contributions	_	
☐ Cash ☐ Personal Check ☐ Credit/Debit Ca	ard Payroll Deduction Money	Orde	5/24/2021	\$100.00		
Last Name		-	First			TMI
Rosenberg			Remi			
Residential Street Address	1	City			State	Zip Code
54 Black Twig Place		-	mford		СТ	06903
Principal Occupation			Name of Employer			
Physician			Stamford Health I	Medical Group		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	If contribution is in excess of \$400 does contributor or business he/she valued at more than \$5,000?				y. Amo	unt of Contribution
Is this contribution associated with an event reported in Section L1? If yes, list Event #	Ves Is contributor a principal of a significant of government the contract of government of g	nch o	r branches	te contractor? ☐ Yes ☐ No ☐ Legislative		\$50.00
Method of Contribution:	11.		Date Received	Aggregate Contributions		
☐ Cash ☐ Personal Check ☐ Credit/Debit Ca	ard Payroll Deduction Money	Orde	5/24/2021	\$300.00		
Last Name		- 1	First			MI
Godzeno			Robert			
Residential Street Address		City			State	Zip Code
29 Douglas Avenue, Unit B		Sta	mford		СТ	06906
Principal Occupation			Name of Employer			
Attorney			Mead, Bromley &	Bishop		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? No	If contribution is in excess of \$400 does contributor or business he/she valued at more than \$5,000?				y, Amo	unt of Contribution
	Yes Is contributor a principal of a solution of government the contraction of government the gov	nch o	r branches vith:	Legislative		\$50.00
Method of Contribution:		٠.	Date Received	Aggregate Contributions		
Cash Personal Check Credit/Debit Ca	ard ∐Payroll Deduction ☐Money	Orde	er 5/24/2021	\$1,000.00		
	SUBT	TOT	AL Section B — This	Page	\$200.0	0
	TOTAL	of	additional Section B 1	Pages 2	8 81	(1/9
TOTAL OF A	LL CONTRIBUTIONS FROM (Enter total on Line		DIVIDUALS (Sections A	0 0 11	19	X(4)-4

Section B ADDITIONAL PAGE 50 of 141

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)		Hayer Helman, I was	TYPE OF REPORT	DOM:			
Caroline Simmons for Mayor			July 10 filing				
A. Total Contributions from Small Contributors-Receive (See instructions for definition of Small Contributor)		his Period ONLY OTAL SECTION A	\$	0.00			
B. Itemized Co	ontrib	outions from Indivi	duals				
Last Name Kies	Fi	Samuel			MI		
Residential Street Address 7 Hubbard Court	City Star	mford		State CT	Zip Code 06902		
Principal Occupation		Name of Employer		**			
Account manager Is contributor a lobbyist, spouse,) to	MasterCard	a officer of a manual simplify				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes If contribution is in excess of \$400 does contributor or business he/she valued at more than \$5,000?				Amo	unt of Contribution		
Is this contribution associated with an event reported in Section L1? If yes, list Event # Yes Is contributor a principal of a lf yes, indicate which bra of government the contra	anch or	branches	e contractor? Yes No Legislative		\$300.00		
Method of Contribution: ☐ Cash ☐ Personal Check ☐ Credit/Debit Card ☐ Payroll Deduction ☐ Mone	y Order	Date Received 5/24/2021	Aggregate Contributions \$450.00				
Last Name	- 1	irst			MI		
Sosnowitz		Alan ————————		r: .			
Presidential Street Address 95 Blue Ridge Drive	City Stan	mford		State CT	Zip Code 06903		
Principal Occupation Name of Employer							
Retired car designer Retired							
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Solution is in excess of \$400 does contributor or business he/she valued at more than \$5,000?				/, Amo	unt of Contribution		
Is this contribution associated with an event reported in Section L1? If yes, list Event # Yes Is contributor a principal of a lifyes, indicate which brace of government the contral of the principal of a lifyes, indicate which brace of government the contral of the principal of a lifyes, indicate which brace of government the contral of the principal of a lifyes, indicate which brace of government the contral of the principal of a lifyes, indicate which brace of government the contral of the principal of a lifyes, indicate which brace of government the contral of the principal of a lifyes, indicate which brace of government the contral of the principal of a lifyes, list Event #	anch or	r branches	te contractor? Yes No Legislative		\$50.00		
Method of Contribution:		Date Received	Aggregate Contributions				
☐ Cash ☐ Personal Check ☐ Credit/Debit Card ☐ Payroll Deduction ☐ Mone			\$50.00				
Last Name	- 1	irst Donna			MI		
Hughes Residential Street Address	City	Johna		State	Zip Code		
31 EMMA RD		AMFORD		CT	06905-2206		
Principal Occupation	1	Name of Employer			1		
retired teacher		retired					
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? If contribution is in excess of \$400 does contributor or business he/she valued at more than \$5,000?				y, Amo	unt of Contribution		
	Is this contribution associated with an event reported in Section L1? Yes Is contributor a principal of a state contractor or prospective state of the section L1? If yes, indicate which branch or branches				\$50.00		
Method of Contribution: Date Received Aggregate Contributions							
☐ Cash ☐ Personal Check ☐ Credit/Debit Card ☐ Payroll Deduction ☐ Mone	y Order	5/25/2021	\$250.00				
SUB	TOTA	AL Section B — This	Page	\$400.0	0		
TOTAL of additional Section B Pages 2005 8 (6)							
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B) (Enter total on Line 13, Column A of Summary Page Totals) \$\&\{\left(\rho(\left(\rho)\right)}\right)}\$							

Section B ADDITIONAL PAGE 51 of 141

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)			TYPE OF REPORT	TEXASII.	maki barkinalas		
Caroline Simmons for Mayor			July 10 filing				
A. Total Contributions from Small Contributors-Receive (See instructions for definition of Small Contributor)		his Period ONLY FOTAL SECTION A	\$	0.00)		
B. Itemized Co		butions from Indivi	duals	n nya			
Last Name	F	First			Ml		
Higgins		Eric					
Residential Street Address	City			State	Zip Code		
20 Ralsey Road S	Sta	mford		СТ	06902		
Principal Occupation		Name of Employer					
Attorney		Wofsey, Rosen, K	weskin & Kuriansk	(y LLP			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes If contribution is in excess of \$400 does contributor or business he/she valued at more than \$5,000?				y, Amo	ount of Contribution		
Is this contribution associated with an event reported in Section L1? If yes, list Event # Yes Is contributor a principal of a lf yes, indicate which bra of government the contract	nch or	r branches	e contractor?		\$100.00		
Method of Contribution:		Date Received	Aggregate Contributions	_			
☐ Cash ☐ Personal Check ☐ Credit/Debit Card ☐ Payroll Deduction ☐ Money	y Orde		\$100.00				
Last Name	F	First			МІ		
Chery	Į.	Fritz					
Residential Street Address	City			State	Zip Code		
121 Forest Street	Stai	mford		CT	06901		
Principal Occupation Name of Employer							
Owner Grace Daycare							
	or dependent child of a lobbyist? No does contributor or business he/she is associated with have a contract with said municipality						
Is this contribution associated with an event reported in Section L1? If yes, list Event # Yes Is contributor a principal of a If yes, indicate which bra of government the contra	ınch o	or branches	te contractor? Yes No Legislative		\$50.00		
Method of Contribution:		Date Received	Aggregate Contributions	7			
☐ Cash ☐ Personal Check ☐ Credit/Debit Card ☐ Payroll Deduction ☐ Money	y Orde	эт 5/25/2021	\$150.00				
Last Name	I	First			MI		
Yeager	- 1	Gordon					
Residential Street Address	City		=======================================	State	Zip Code		
19 Sea Beach Drive	Sta	ımford		СТ	06902		
Principal Occupation		Name of Employer					
Investor		Solus					
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes of S400 does contributor or business he/she valued at more than \$5,000?				y, Amo	ount of Contribution		
Is this contribution associated with an event reported in Section L1? If yes, list Event # Yes Is contributor a principal of a If yes, indicate which bra of government the contra	ınch o	r branches	☐ Legislative		\$250.00		
Method of Contribution:		Date Received	Aggregate Contributions				
☐ Cash ☐ Personal Check ☐ Credit/Debit Card ☐ Payroll Deduction ☐ Money	y Orde	er 5/25/2021	\$250.00				
SUBTOTAL Section B — This Page \$400.00							
TOTAL of additional Section B Pages 2669							
TOTAL OF ALL CONTRIBUTIONS FROM	M IN	DIVIDUALS (Sections A	A + B) Totals)				
		The second secon	- 10 Company				

Section B ADDITIONAL PAGE 52 of 141

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)			TYPE OF REPORT					
Caroline Simmons for I	Mayor		,	July	/ 10 filin	ıg		
A. Total Contributions from Small Contributors-Received this Period ONLY (See instructions for definition of Small Contributor) SUBTOTAL SECTION A			\$	0.00				
	B. Itemized Co	ntrib	utions from Indivi	duals	V VETT			
Last Name		Fi	rst			Ml		
Forman			Jennifer					
Residential Street Address		City			State	Zip Code		
10 Halliwell Drive		Stan			СТ	06902		
Principal Occupation			Name of Employer					
Independent Researcher			None					
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	If contribution is in excess of \$400 does contributor or business he/she valued at more than \$5,000?				/, Amo	unt of Contribution		
event reported in Section L1?	Yes Is contributor a principal of a serior No If yes, indicate which branches	nch or	branches	■ No		\$75.00		
If yes, list Event #	of government the contract	t is wit	-	☐ Legislative	_			
Method of Contribution:			Date Received	Aggregate Contributions				
☐ Cash ☐ Personal Check ☐ Credit/Debit C	Card Payroll Deduction Money	Order	5/25/2021	\$75.00				
Last Name			rst			MI		
Augustine Kim								
Residential Street Address		City			State	Zip Code		
44 HARBOR DR GREENWICH CT 0683					06830			
Principal Occupation Name of Employer								
homemaker homemaker								
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	or a lobbyist, spouse, If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000?					unt of Contribution		
Is this contribution associated with an event reported in Section L1? If yes, list Event #	Yes Is contributor a principal of a No If yes, indicate which bra of government the contra	nch or	branches	te contractor? Yes No Legislative		\$500.00		
Method of Contribution:	or government the contra	00 15 441	Date Received	Aggregate Contributions	=			
☐ Cash ☐ Personal Check ☐ Credit/Debit C	Card □ Payroll Deduction □ Money	Order	5/25/2021	\$500.00				
Last Name			irst			MI		
Higgins			Maria					
Residential Street Address		City			State	Zip Code		
20 Ralsey Road S		-	nford		CT	06902		
Principal Occupation		- Clair	Name of Employer		1 01			
Unemployed			Unemployed					
								
ls contributor a lobbyist, spouse, or dependent child of a lobbyist?	If contribution is in excess of \$400 does contributor or business he/she valued at more than \$5,000?				y, Amo	unt of Contribution		
Is this contribution associated with an event reported in Section L1? If yes, list Event # 2 Yes Is contributor a principal of a state contractor or prospective state contractor or prospective state contract is with: Is contributor a principal of a state contractor or prospective state contract is with:			☐ Legislative		\$100.00			
Method of Contribution: Date Received Aggregate Contributions								
☐ Cash ☐ Personal Check ☐ Credit/Debit C	Card □ Payroll Deduction □ Money	Order	5/25/2021	\$100.00				
SUBTOTAL Section B — This Page \$675.00					0			
TOTAL of additional Section B Pages \$21618								
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B) (Enter total on Line 13, Column A of Summary Page Totals) \$\\$\\$\\$\\$\\$\\$\\$\\$\\$\\$\\$\\$\\$\\$\\$\\$\\$\\$								

NAME OF COMMITTEE (Provide Complete Name	me as Registered with Filing Repository)	1000		TYPE OF REPORT			
Caroline Simmons for	Mayor			July 10 filing			
A. Total Contributions from S (See instructions for definition of Small			nis Period ONLY OTAL SECTION A	\$	0.00		
B. Itemized Contributions from Individuals							
Last Name		Fi	irst			MI	
Thies			Mary				
Residential Street Address		City			State	Zip Code	
194 Big Oak Road		Stan	nford		СТ	06903	
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 does contributor or business he/she valued at more than \$5,000?				y, Amo	unt of Contribution	
Is this contribution associated with an event reported in Section L1? If yes, list Event #	Yes Is contributor a principal of a s No If yes, indicate which bran of government the contrac	nch or	branches	e contractor? Yes No Legislative		\$150.00	
	0.80.000		Date Received	Aggregate Contributions	-		
Method of Contribution: ☐ Cash ☐ Personal Check ☐ Credit/Debit (Card Payroll Deduction Money	Order		\$150.00			
Last Name			irst			MI	
 Feighan		\rangle V	/lichael				
Residential Street Address		City			State	Zip Code	
101 Maple Tree Ave., Apt 2L		-	nford		СТ	06906	
Principal Occupation			Name of Employer				
Retired			Retired				
Is contributor a lobbyist, spouse,							
or dependent child of a lobbyist?	does contributor or business he/she valued at more than \$5,000?	is asso	ciated with have a contract Yes No	with said municipality			
Is this contribution associated with an	Yes Is contributor a principal of a	state co	ontractor or prospective stat	te contractor?			
11	No If yes , indicate which bra of government the contract	nch or	branches	☐ Legislative		\$50.00	
Method of Contribution:	of government the contract	Ct 15 WI	Date Received	Aggregate Contributions	\dashv		
☐ Cash ☐ Personal Check ☐ Credit/Debit C	Card Description Manager	Ordor		\$150.00			
	Laid Trayton Deduction Thioney			Ψ100.00		1147	
Last Name De silva			_{irst} Rohini			MI	
			NOTHIN		T.	In a l	
Residential Street Address		City	f I		State	Zip Codc	
56 Sherwood Road		Star	nford		СТ	06905	
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 does contributor or business he/she valued at more than \$5,000?				y, Amo	unt of Contribution	
	Yes Is contributor a principal of a significant which brain of government the contract	nch or	branches	No No		\$25.00	
Method of Contribution:			Date Received	Aggregate Contributions			
☐ Cash ☐ Personal Check ☐ Credit/Debit (Card ☐ Payroll Deduction ☐ Money	Order	5/25/2021	\$35.00			
	SUBT	OTA	AL Section B — This	Page	\$225.00	0	
		15.5	dditional Section B I	All of	10	10.0	
momat on	NAME OF BEING BORNESS OF STREET			- FUL	2 X	1617	
TOTAL OF	ALL CONTRIBUTIONS FROM (Enter total on Line)		DIVIDUALS (Sections A lumn A of Summary Page		19		

Section B ADDITIONAL PAGE 54 of 191

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)			TYPE OF REPORT					
Caroline Simmons for Mayor				July	/ 10 filir	ng		
A. Total Contributions from S (See instructions for definition of Small			his Period ONLY FOTAL SECTION A	\$	0.00)		
	B. Itemized Cor	ntril	butions from Indivi	duals				
Last Name		I	First			MI		
Hearn			Gervais					
Residential Street Address		City			State	Zip Code		
31 Center Drive		Old	Greenwich		CT	06870		
Principal Occupation			Name of Employer					
Fundraiser			St. Lawrence Univ	versity				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?		es contributor or business he/she is associated with have a contract with said municipality				Amount of Contribution		
Is this contribution associated with an event reported in Section L1?	Yes Is contributor a principal of a s No If yes, indicate which bran of government the contrac	ich oi	r branches	e contractor?		\$150.00		
Method of Contribution:	or government the continu	10 11	Date Received	Aggregate Contributions	-			
☐ Cash ☐ Personal Check ☐ Credit/Debit C	Card ☐ Payroll Deduction ☐ Money	Orde	er 5/26/2021	\$150.00				
Last Name			First	<u> </u>		МІ		
Andersen Maggie						1		
Residential Street Address		City			State	Zip Code		
271 Sun Dance Road			mford		CT	06905		
Principal Occupation Name of Employer								
Event Director			Franklin Templeto	on				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?		s in excess of \$400 to a candidate for a chief executive officer of a municipality, or business he/she is associated with have a contract with said municipality than \$5,000?						
Is this contribution associated with an event reported in Section L1? If yes, list Event #	Yes Is contributor a principal of a significant which brain of government the contract	nch o	r branches	te contractor? Yes No Legislative		\$150.00		
Method of Contribution:	[44]		Date Received	Aggregate Contributions	7			
☐ Cash ☐ Personal Check ☐ Credit/Debit C	Card ☐ Payroll Deduction ☐ Money	Orde	ьт 5/26/2021	\$150.00				
Last Name		I	First			MI		
Brennan			Betty					
Residential Street Address		City			State	Zip Code		
193 Ocean Drive West		Sta	mford		СТ	06902		
Principal Occupation			Name of Employer					
Chief Operating Officer			Connecticut Hosp	oice				
ls contributor a lobbyist, spouse, or dependent child of a lobbyist?	If contribution is in excess of \$400 to does contributor or business he/she valued at more than \$5,000?				y, Amo	ount of Contribution		
Is this contribution associated with an event reported in Section L1? Is contributor a principal of a state contractor or prospective figures, indicate which branch or branches of government the contract is with:			r branches vith:	te contractor? Yes No Legislative		\$1,000.00		
Method of Contribution:	-		Date Received	Aggregate Contributions				
☐ Cash ☐ Personal Check ☐ Credit/Debit (Card ☐ Payroll Deduction ☐ Money	Orde	5/27/2021	\$1,000.00				
	SUBT	TOT	AL Section B — This	Page	\$1,300.	00		
	TOTAL	of	additional Section B 1	Pages	\$	81619		
TOTAL OF	ALL CONTRIBUTIONS FROM			A + B)	[619			
	(Enter total on Line)	13, 6	olumn A of Summary Page	Totals) 4 0	·41]			

Section B ADDITIONAL PAGE __55 __ of _____

NAME OF COMMITTEE (Provide Complete Name as R	Registered with Filing Repository)			TYPE OF REPORT		Wil.	-31-31 TV-12
Caroline Simmons for May	or			July 10 filing			
A. Total Contributions from Small (See instructions for definition of Small Contr			this Period ONLY FOTAL SECTION A	\$	0.0	0	
	B. Itemized Co	ntri	butions from Indivi	duals	# L		
Last Name Rubin		[1	First Elizabeth				MI
Residential Street Address		City	EnEdour		State	Zir	Code
75 Courtland Ave. Unit 9		l -	mford		СТ		06902
Principal Occupation			Name of Employer				
Retired			Retired				
or dependent child of a lobbyist?	ontribution is in excess of \$400 s contributor or business he/she led at more than \$5,000?				y, Am	ount (of Contribution
Is this contribution associated with an event reported in Section L1? No If yes, list Event #	Is contributor a principal of a If yes, indicate which braid of government the contract	nch o	r branches	e contractor? Yes No Legislative		\$	25.00
Method of Contribution:			Date Received	Aggregate Contributions	_		
☐ Cash ☐ Personal Check ■ Credit/Debit Card [☐ Payroll Deduction ☐ Money	/ Orde	er 5/27/2021	\$25.00			
Lust Name		- 1	First				MI
Hart			Ellen				
Residential Street Address		City			State	11 .	Code
2440 Long Ridge Rd		Sta	mford		СТ	\perp_0	6903-1633
Principal Occupation			Name of Employer	l			
Accountant Garden Homes Management Corp.							
or dependent child of a lobbyist?	s contributor a lobbyist, spouse, are dependent child of a lobbyist? If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? Amount of Contrib					of Contribution	
Is this contribution associated with an event reported in Section L1? No If yes, list Event #	Is contributor a principal of a If yes, indicate which bra of government the contra	nch o	or branches	te contractor? ☐ Yes ☐ No ☐ Legislative		\$	50.00
Method of Contribution:			Date Received	Aggregate Contributions	7		
☐ Cash ☐ Personal Check ☐ Credit/Debit Card ☐	☐ Payroll Deduction ☐ Money	Orde	5/27/2021	\$50.00			
Last Name		- 1	First				MI
Feighan			Jessica				
Residential Street Address		City			State	Zip	Code
658 Winnepoge Drive		Fai	rfield		СТ		06825
Principal Occupation			Name of Employer				
Director of Education			The Rowan Cente	er 			
or dependent child of a lobbyist?	ontribution is in excess of \$400 is contributor or business he/she ued at more than \$5,000?			•	y ₁ Am	ount (of Contribution
Is this contribution associated with an event reported in Section L1? No If yes, list Event #	Is contributor a principal of a If yes, indicate which bra of government the contra	nch o	r branches	te contractor? ☐ Yes ☐ No ☐ Legislative		\$	50.00
Method of Contribution: Date Received Aggregate Contributions							
☐ Cash ☐ Personal Check ☐ Credit/Debit Card [☐ Payroll Deduction ☐ Money	y Orde	er 5/27/2021	\$50.00			
	SUB	гот	AL Section B — This	Page	\$125.0	00	
TOTAL of additional Section B Pages 23450 8169							
TOTAL OF ALL	CONTRIBUTIONS FROM	M IN	DIVIDUALS (Sections A		Bllei		4/
	(Enter total on Line	13, C	olumn A of Summary Page	Totals)	1111	/	

Section B ADDITIONAL PAGE _____ of ___ of ___ / 4 |

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)			TYPE OF REPORT	(40 ====	na	
Caroline Simmons for Mayor			July 10 filing			
A. Total Contributions from Small Contributors-Recei		oral SECTION A	\$	0.00	0	
B. Itemized Co	ontrib	utions from Indivi	duals	1000 51		
Last Name		rst			MI	
Louizos		John			Tai o l	
Residential Street Address 1867 Shippan Avenue	City Stan	nford		State CT	Zip Code 06902	
Principal Occupation Attorney		Name of Employer Curtis Brinckerhof	ff & Barrett PC			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes If contribution is in excess of \$40 does contributor or business he/sh valued at more than \$5,000?				, Amo	ount of Contribution	
Is this contribution associated with an event reported in Section L1? If yes, list Event # Yes Is contributor a principal of a lifyes, indicate which broof government the contributor of government the contributor of government the contributor apprincipal of a lifyes, indicate which broof government the contributor apprincipal of a lift yes, indicate which broof government the contributor apprincipal of a lift yes, list Event #	anch or	branches	e contractor? Yes No		\$1,000.00	
Method of Contribution: ☐ Cash ☐ Personal Check ☐ Credit/Debit Card ☐ Payroll Deduction ☐ Monday	ey Order	Date Received 5/27/2021	Aggregate Contributions \$1,000.00			
Last Name Dwyer		ust Susan			MI	
Residential Street Address 269 Club Road	City Stan	nford		State CT	Zip Code 06905	
Principal Occupation Project Coordinator	7789	Name of Employer Bluewater Homeb	ouilders, LLC			
	o does contributor or business he/she is associated with have a contract with said municipality					
Is this contribution associated with an event reported in Section L1?	anch or	branches	te contractor? Yes No Legislative		\$50.00	
Method of Contribution:		Date Received	Aggregate Contributions	7		
☐ Cash ☐ Personal Check ☐ Credit/Debit Card ☐ Payroll Deduction ☐ Mone	ey Order	5/27/2021	\$50.00			
Last Name	- 1	irst			MI	
Gilfeather		/laureen				
Residential Street Address 196 HIGH CLEAR DR	City STA	MFORD		State	Zip Code 06905-3107	
Principal Occupation Retired		Name of Employer Retired				
ls contributor a lobbyist, spouse, or dependent child of a lobbyist? No If contribution is in excess of \$40 does contributor or business he/sh valued at more than \$5,000?				/, Ame	ount of Contribution	
event reported in Section L1?	Yes Is contributor a principal of a state contractor or prospective state contractor?					
Method of Contribution:	0.1	Date Received	Aggregate Contributions			
☐ Cash ☐ Personal Check ☐ Credit/Debit Card ☐ Payroll Deduction ☐ Mon	ey Order	5/28/2021	\$100.00			
SUE	BTOTA	AL Section B — This	Page	\$1,100.	.00	
TOTA	L of a	dditional Section B I	Pages 7455	d 8	1619	
TOTAL OF ALL CONTRIBUTIONS FRO	M IND	DIVIDUALS (Sections A Jumn A of Summary Page	A + B) Totals)	8 Kel	9	

Section B ADDITIONAL PAGE 57 of 191

NAME OF COMMITTEE (Provide Complete Name	e as Registered with Filing Repository)			TYPE OF REPORT	TO 112	ille manifella	
Caroline Simmons for N	Mayor			July	July 10 filing		
A. Total Contributions from Sn (See instructions for definition of Small C			oral Section A	\$	0.00	ı	
	B. Itemized Con	ntrib	outions from Indivi	duals		E. Maria	
Last Name		F	irst			MI	
Clark			Harry		où.		
Residential Street Address		City			State	Zip Code	
209 West Lyon Farm Drive		Gree	enwich		СТ	06831	
Principal Occupation			Name of Employer				
Consultant			Stanwich Group L	LC			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	If contribution is in excess of \$400 does contributor or business he/she valued at more than \$5,000?				у, Ато	unt of Contribution	
Is this contribution associated with an event reported in Section L1? If yes, list Event #	Yes Is contributor a principal of a s No If yes, indicate which bran of government the contrac	nch or	branches	e contractor?		\$1,000.00	
Method of Contribution:		_	Date Received	Aggregate Contributions	-		
☐ Cash ☐ Personal Check ☐ Credit/Debit Ca	ard Payroll Deduction Money	Order		\$1,000.00			
Last Name		Fi	irst		_J/	MI	
Pittoni Mary Jo							
Residential Street Address		City			State	Zip Code	
283 Quarry Road		2.5375	nford		СТ	06903	
Principal Occupation		-	Name of Employer				
Retired SPS teacher and Administrator							
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	If contribution is in excess of \$400 does contributor or business he/she valued at more than \$5,000?				y, Amo	unt of Contribution	
_	Is contributor a principal of a solution of government the contract	nch or	branches	te contractor? Yes No Legislative		\$50.00	
Method of Contribution:			Date Received	Aggregate Contributions			
☐ Cash ☐ Personal Check ☐ Credit/Debit Ca	ard □ Payroll Deduction □ Money	Order	5/28/2021	\$50.00			
Last Name		F	irst			MI	
Bevan		5	Susan				
Residential Street Address		City			State	Zip Code	
90 Field Point Circle		Gree	enwich		СТ	06830	
Principal Occupation			Name of Employer				
Retired			Retired				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? No If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000?					ount of Contribution		
Is this contribution associated with an event reported in Section L1? If yes, list Event # Yes If yes, indicate which branch or branches of government the contract is with: Executive Legislative					\$500.00		
Method of Contribution: Date Received Aggregate Contributions Fig. 199.199.1							
□ Cash □ Personal Check ■ Credit/Debit Card □ Payroll Deduction □ Money Order 5/28/2021 \$500.00							
SUBTOTAL Section B — This Page \$1,550.00							
TOTAL of additional Section B Pages & Clar9							
TOTAL OF A	LL CONTRIBUTIONS FROM	DOM:		CHILD (0	(DI /	
			lumn A of Summary Page		7		

Section B ADDITIONAL PAGE 58 of 191

NAME OF COMMITTEE (Provide Complete Name as Registered with Fiting Re	eposuory)		BUILDING LE	TYPE OF KEPOKT	15-11-15			
Caroline Simmons for Mayor				July	July 10 filing			
A. Total Contributions from Small Contributors- (See instructions for definition of Small Contributor)			is Period ONLY OTAL SECTION A	\$	0.0	0		
	ized Con		utions from Indivi	duals				
Last Name Shepherd	111	Fir	Madeline			MI		
Residential Street Address 180 Turn of River Road, 7C		_{ity} Stam	nford		State CT	Zip Code 06905		
Principal Occupation Retired			Name of Employer Retired					
	ness he/she is		adidate for a chief executive ciated with have a contract		y, Am	ount of Contribution		
	ncipal of a sta which branc	h or b		e contractor?		\$25.00		
Method of Contribution: □ Cash □ Personal Check ■ Credit/Debit Card □ Payroll Deduction	☐Money (Order	Date Received 5/29/2021	Aggregate Contributions \$140.00				
Last Name Mehra		Fir	anjeev	•		MI		
Residential Street Address 44 Mayfair Lane		_{ity} Gree	nwich		State CT	Zip Code 06831		
Principal Occupation Managing Partner			Name of Employer Periphas Capital					
	iess he/she is		ididate for a chief executive ciated with have a contract Yes No		y, Ame	ount of Contribution		
Is this contribution associated with an event reported in Section L1? If yes, list Event # Is contributor a print of government of government of government of government of government.	which brane	ch or		te contractor? Yes No Legislative		\$1,000.00		
Method of Contribution: ☐ Cash ☐ Personal Check ☐ Credit/Debit Card ☐ Payroll Deduction	☐ Money C	Order	Date Received 5/29/2021	Aggregate Contributions \$1,000.00				
Last Name Hoak		Fii D	est Pavid		,	MI		
Residential Street Address 31 Pepper Ridge Place		ity Stan	nford		State CT	Zip Code 06905		
Principal Occupation Unemployed	1,,		Name of Employer Unemployed					
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000?					ount of Contribution			
fyes, list Event # of government the contract is with:				Legislative No		\$50.00		
Method of Contribution: ☐ Cash ☐ Personal Check ☐ Credit/Debit Card ☐ Payroll Deduction	☐ Money (Order	Date Received 5/31/2021	Aggregate Contributions \$75.00				
	SUBT	ОТА	L Section B — This	Page	1,075	.00		
	TOTAL	of a	dditional Section B 1	Pages 1	\$8	1619		
TOTAL OF ALL CONTRIBUTION (Enter total)			IVIDUALS (Sections a tumn A of Summary Page		019			

Section B ADDITIONAL PAGE 59 of 191

A. Total Contributions from Small Contributions (Contributions of Small Countributions (Small Countributions (NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)			TYPE OF REPORT	fier no		
Substitutions from Individuals Substitutions Substitutio	Caroline Simmons for Mayor			July	July 10 filing		
State Personal Check Credit/Debit Card Payroll Deduction Money Order State of Contribution associated with an event reported of a Section L1? Yes, list Exert No. 2005 State				\$	0.00)	
State Personal Check Credit/Debit Card Payroll Deduction Money Order State of Contribution associated with an event reported of a Section L1? Yes, list Exert No. 2005 State							
Roselential Street Address	B. Itemized Co	ontri	ibutions from Indivi	duals			
City STAMFORD State Company	Last Name		First			MI	
Principal Cocquesion Retired Scottishular or business heach is associated with an excess of \$400 to a candidate for a chief executive officer of a municipality, observed in Section L12 Yes 1 Section Business heach is associated with the accommendate of a chief executive officer of a municipality, observed in Section L12 Yes Yes 1 Section Business heach is associated with the accommendation of a colory of the part of the section L12 Yes	Nagurney		Elizabeth				
Retired Scortinbutor a lobbyist, spouse, or dependent child of a lobbyist? Is this contribution associated with an event reported in Section 112 Yes If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, white did more than \$5,000? Is this contribution associated with an event reported in Section 112 Yes Washed of Contribution of Section 112 Yes Washed of Contribution associated with an event reported in Section 112 Yes Washed of Contribution of Section 112 Yes Washed of Contribution Washed W	Residential Street Address	City			State		
Retired Security	190 HIGH CLEAR DRIVE	ST	AMFORD		CT	06905	
is contributor a lobbyst; spouse, or dependent child of a lobbyst; spouse, or	Principal Occupation		Name of Employer			-	
does contribution or business herbies is associated with have a contract with said municipality where a contracted with and municipality of the sevent reported in Section 112 1	Retired		Retired				
Security	or dependent child of a lobbyist?		ssociated with have a contract		y, Amo	unt of Contribution	
Method of Contribution: Cash Personal Check Credit/Debit Card Payroll Deduction Money Order S/31/2021 \$100.00 \$100.00	event reported in Section L1?	anch c	or branches	■ No		\$50.00	
Cash Personal Check Credit/Debit Card Payroll Deduction Money Order 5/31/2021 \$100.00					-		
Briefel Gary State State Address Sterling Place, #19 State Total Sterling Place, #19 State Sterling Place, #19 State Total Sterling Place, #19 State S	_	ey Ord		00 0			
Residential Street Address 296 Sterling Place, #19 Brooklyn	Last Name		First		1	MI	
Principal Occupation Physician Secontributor a lobbyist, spouse, or dependent child of a lobbyist? No No No No No No No N	Briefel		Gary			1	
Principal Occupation physician Security of the proper of a municipality, and one contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, of dependent child of a lobbyist, spouse, or dependent child of a lobbyist. Spouse, list Event # Yes If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, and state contractor or prospective state contractor? Yes Yes If contribution is since the contract is with: Executive Legislative Legislative Stamford Sta	Residential Street Address	City			State	Zip Code	
Secontributor a lobbyist, spouse, or dependent child of a lobbyist? No No No No No No No N	296 Sterling Place, #19	Bro	ooklyn		NY	11238	
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes No No No No No No No N	Principal Occupation		Name of Employer				
or dependent child of a lobbyist? No does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? Is this contribution associated with an event reported in Section L1? Yes of government the contract is with: Cash Personal Check Credit/Debit Card Payroll Deduction Money Order S/31/2021 S100.00	physician		New York State				
event reported in Section L1?	or dependent child of a lobbyist?		ssociated with have a contract		y, Amo	unt of Contribution	
Cash Personal Check Credit/Debit Card Payroll Deduction Money Order 5/31/2021 \$100.00	event reported in Section L1? No If yes, indicate which be	ranch (or branches	■ No		\$100.00	
Last Name Gallup City	Method of Contribution:		Date Received	Aggregate Contributions	┑		
Residential Street Address Box 3453 Principal Occupation Constable Stamford Stamfo	☐ Cash ☐ Personal Check ☐ Credit/Debit Card ☐ Payroll Deduction ☐ Mone	ey Ord	ler 5/31/2021	\$100.00			
City Stamford CT O6905	Last Name	\neg	First			MI	
Box 3453 Principal Occupation Constable Stamford Stamford Name of Employer	Gallup		Jon			-	
Principal Occupation Constable Sum of Employer	Residential Street Address	City			State	Zip Code	
Scontributor a lobbyist, spouse, or dependent child of a lobbyist? No No No No If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? Yes No No No No No No No N	Box 3453	Sta	amford		СТ	06905	
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? No If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? Is this contribution associated with an event reported in Section L1? If yes, indicate which branch or branches of government the contract is with: Method of Contribution: Cash Personal Check Credit/Debit Card Payroll Deduction Money Order SUBTOTAL Section B — This Page \$200.00	Principal Occupation		Name of Employer				
or dependent child of a lobbyist? No does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? Yes No Is this contribution associated with an event reported in Section L1? No If yes, list Event # Section L1? No If yes, list Event # Section Event the contract is with: Executive Legislative Method of Contribution: Date Received Section B - This Page Section B - This	Constable		Jon Gallup, Cons	table, City of Stam	ford		
event reported in Section L1? Mo	or dependent child of a lobbyist?		ssociated with have a contract		y, Amo	unt of Contribution	
□ Cash □ Personal Check ■ Credit/Debit Card □ Payroll Deduction □ Money Order 5/31/2021 \$50.00 SUBTOTAL Section B — This Page \$200.00 TOTAL of additional Section B Pages	event reported in Section L1?			■ No □ Legislative		\$50.00	
SUBTOTAL Section B — This Page \$200.00 TOTAL of additional Section B Pages							
TOTAL of additional Section B Pages SIGN 9	☐ Cash ☐ Personal Check ☐ Credit/Debit Card ☐ Payroll Deduction ☐ Mon	ey Ord	ler 5/31/2021	\$50.00			
TOTAL of additional Section B Pages TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B) (Enter total on Line 13, Column A of Summary Page Totals)	SUBTOTAL Section B — This Page \$200.00					0	
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B) (Enter total on Line 13, Column A of Summary Page Totals)	TOTA	L of	additional Section B l	Pages	· &	10019	
				(A + B)	1619	ς,	

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)	(C. E.		TYPE OF REPORT			
Caroline Simmons for Mayor			July	July 10 filing		
A. Total Contributions from Small Contributors-Receiv (See instructions for definition of Small Contributor)		his Period ONLY TOTAL SECTION A	\$	0.00		
*						
B. Itemized Co	ntrib	outions from Indivi	duals			
Last Name	F	irst			MI	
Heyison		Leslie				
Residential Street Address	City			State	Zip Code	
1225 Westover Road	Star	mford		CT	06902	
Principal Occupation		Name of Employer			-	
President		Self-employed				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes If contribution is in excess of \$400 does contributor or business he/she valued at more than \$5,000?				Amoi	unt of Contribution	
Is this contribution associated with an event reported in Section L1? No If yes, list Event # Yes Is contributor a principal of a lf yes, indicate which bra of government the contra	nch or	branches	e contractor? Yes No Legislative		\$50.00	
Method of Contribution:		Date Received	Aggregate Contributions	7		
☐ Cash ☐ Personal Check ☐ Credit/Debit Card ☐ Payroll Deduction ☐ Money	y Ordei	r 5/31/2021	\$50.00			
Last Name	F	Pirst			MI	
Lord-Sharma	L	_ois				
Residential Street Address	City			State	Zip Code	
141 Club Rd	Star	mford		СТ	06905	
Principal Occupation		Name of Employer				
Marketing		Weill Cornell				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes of \$400 does contributor or business he/she valued at more than \$5,000?				/, Amou	unt of Contribution	
Is this contribution associated with an event reported in Section L1? If yes, list Event # 1 No	nch o	r branches	te contractor? Yes No Legislative		\$50.00	
Method of Contribution:		Date Received	Aggregate Contributions			
☐ Cash ☐ Personal Check ☐ Credit/Debit Card ☐ Payroll Deduction ☐ Money	y Order	r 5/31/2021	\$75.00			
Last Name	- 1	First			MI	
Heath	1	Nicole				
Residential Street Address	City			State	Zip Code	
522 North Street	Gre	enwich		СТ	06830	
Principal Occupation		Name of Employer				
Finance		Retired				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Solution Is contribution is in excess of \$400 does contributor or business he/she valued at more than \$5,000?				/, Amoi	unt of Contribution	
Is this contribution associated with an event reported in Section L1? If yes, list Event # Yes No If yes, indicate which bra of government the contra	inch or	r branches	■ No □ Legislative		\$150.00	
Method of Contribution:		Date Received	Aggregate Contributions			
☐ Cash ☐ Personal Check ☐ Credit/Debit Card ☐ Payroll Deduction ☐ Mone	y Orde	5/31/2021	\$525.00			
SUB	TOT	AL Section B — This	Page	\$250.00	0	
TOTAL	Lofa	additional Section B I	Pages 771.3	58 E	1619	
TOTAL OF ALL CONTRIBUTIONS FROM		DIVIDUALS (Sections A		1609		

A. Total Contributions from Small Contributors-Received this Period ONLY (See total acrossos for definitions of Small Contributors B. Hemized Contributions from Individuals Superior	NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)			TYPE OF REPORT					
Substitution Super Additions Substitution Sub	Caroline Simmons for	Mayor			July	July 10 filing			
Bradford First Phillip Stamford Phillip Stamford Sta				\$	0.00)			
Bradford First Phillip Stamford Phillip Stamford Sta									
Residence Phillip		B. Itemized Contributions from Individuals							
Revidential Stever Auldress 38 Yale Court Professor/consultant 15 countribution a subplyist, spouse, or dependent child of a followyst No. 15 countribution a subplyist, spouse, or dependent child of a followyst No. 15 countribution a subplyist, spouse, or dependent child of a followyst No. 16 this countribution associated with an event reported in Section L17 Yes Type, inditional for the state of the s	Last Name		Ŧ	First			MI		
Stamford	Bradford			Phillip					
Principal Occupation Professor/Consultant Is contribution a lobbylist, apouse, or dependent child of a lobbylist?	Residential Street Address		City			State	Zip Code		
Professor/consultant	38 Yale Court		Sta	mford		СТ	06905		
Is contribution a lobbysist, spouse, or dependent child of a lobbysist? Is this contribution associated with an event reported in Section 11? If this contribution associated with an event reported in Section 12? If yes, list Event 8 Yes Is contribution in the contract with save a contract with said municipality, does contribution the contract is with: Cash Personal Check Credit/Debit Card Payroll Deduction Manage of Employer Relified Section 12 Yes If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contribution associated with an event reported in Section 12 Yes If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality of the section of the payroll Deduction Manage of Employer	Principal Occupation			Name of Employer		L	1		
does contribution or business he/she is associated with have a contract with said municipality very event reponed in Section 117 Yes So committed or a principal of a state contractor or prospective state contractor? Yes	Professor/consultant			University of Conr	necticut				
State contribution associated with an event reported in Section L12 yes No No Types, indicate which branch or branches Legislative No No Types, indicate which branch or branches No No No No Types, indicate which branch or branches No No No No No No No N				sociated with have a contract		y, Amo	ount of Contribution		
Source S									
Method of Contribution: Cask Personal Check Credit/Debit Card Payroll Deduction Money Order S/31/2021 \$175.00 MI	event reported in Section L1?	No If yes, indicate which bran	nch or	r branches	■ No		\$50.00		
Cash Personal Check Credit/Debit Card Payroll Deduction Money Order 5/31/2021 \$175.00		0 8 - 0 - 0 - 0 - 0 - 0 - 0 - 0 - 0 -				4			
Residential Street Address State Address Stamford Stamford Stamford CT O6902	1900	Card Payroll Deduction Money	Orde		1 00 0				
Residential Street Address State Address Stamford State Address State CT O6902	Last Name		TF	First			Тмі		
94 Fieldstone Terrace Stamford State Stamford Stamford Stamford Stamford Stamford State Stamford Stamford Stamford Stamford Stamford State Stamford State Stamford									
94 Fieldstone Terrace Stamford State Stamford Stamford Stamford Stamford Stamford State Stamford Stamford Stamford Stamford Stamford State Stamford State Stamford	Residential Street Address		City			State	Zip Code		
Retired Retired Retired Retired	94 Fieldstone Terrace		Sta	mford		СТ			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? No does contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, or dependent child of a lobbyist? No does contributor or business he/she is associated with said municipality valued at more than \$5,000? Is this contribution associated with an event reported in Section L1? No flyes, indicate which branch or branches of government the contract is with: Executive Legislative Method of Contribution: Cash Personal Check Credit/Debit Card Payroll Deduction Money Order Stamford State Zip Code	Principal Occupation			Name of Employer		4,	- 		
or dependent child of a lobbyist? No does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? Is this contribution associated with an event reported in Section L1? Yes Southbut or a principal of a state contractor or prospective state contractor? Yes Y	Retired Retired								
valued at more than \$5,000? Yes No No State Contribution No State Contribution No State Contribution No State No No State No No State No No State No No No No State No No State No No No No No No No N						y, Amo	unt of Contribution		
event reported in Section L1?	of dependent child of a lobbyist:		15 455		with said manierpanty				
Method of Contribution: Cash Personal Check Credit/Debit Card Payroll Deduction Money Order S/31/2021 \$200.00	event reported in Section L1?	No If yes, indicate which bra:	nch o	or branches	■ No		\$50.00		
Last Name Hoak Residential Street Address 31 Pepper Ridge Place Principal Occupation Personal trainer Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Is contributor a lobbyist? Is contributor a principal of a state contract with said municipality, valued at more than \$5,000? Is this contribution associated with an event reported in Section L1? If yes, indicate which branch or branches of government the contract is with: Cash Personal Check Credit/Debit Card Payroll Deduction Money Order Date Received Aggregate Contributions SUBTOTAL Section B Pages \$150.00						-			
Residential Street Address City Stamford CT O6905	☐ Cash ☐ Personal Check ■ Credit/Debit C	Card Payroll Deduction Money	Orde	эг 5/31/2021	\$200.00				
Residential Street Address City Stamford CT O6905	Last Name		1	First			MI		
31 Pepper Ridge Place Principal Occupation Personal trainer Inspire Fitness Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Is this contribution associated with an event reported in Section L1? If yes, indicate which branch or branches If yes, indicate which branch or branches Method of Contribution: Cash Personal Check Credit/Debit Card Payroll Deduction Money Order SUBTOTAL Section B Pages Stamford CT 06905 Name of Employer Inspire Fitness Amount of Contribution of a municipality, does contribution of a candidate for a chief executive officer of a municipality, does contribution of a contract with said municipality valued at more than \$5,000? Yes No Stontribution associated with an event reported in Section L1? If yes, indicate which branch or branches Of government the contract is with: Date Received Aggregate Contributions SUBTOTAL Section B Pages \$150.00				Wendi					
Principal Occupation Personal trainer Inspire Fitness Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Is contribution associated with an event reported in Section L1? If contributor a principal of a state contractor or prospective state contractor? If yes, list Event # No Stock	Residential Street Address		City			State	Zip Code		
Secontributor a lobbyist, spouse, or dependent child of a lobbyist? No No No If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? Yes No No If yes, indicate which branch or branches If yes, indicate which branch or branches No If yes, indicate which branch or branches If yes If	31 Pepper Ridge Place		Sta	ımford		СТ	06905		
Secontributor a lobbyist, spouse, or dependent child of a lobbyist? No No No If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? Yes No No If yes, indicate which branch or branches If yes, indicate which branch or branches No If yes, indicate which branch or branches If yes If				Name of Employer		1			
or dependent child of a lobbyist? No does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000?									
or dependent child of a lobbyist? No does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000?	ls contributor a lobbyist, spouse, Yes	If contribution is in excess of \$400	to a c	andidate for a chief executive	e officer of a municipalit	y, Amo	ount of Contribution		
event reported in Section L1? If yes, list Event # No If yes, indicate which branch or branches Of government the contract is with: Date Received Aggregate Contributions		does contributor or business he/she		sociated with have a contract					
□ Cash □ Personal Check ■ Credit/Debit Card □ Payroll Deduction □ Money Order 5/31/2021 \$50.00 SUBTOTAL Section B — This Page \$150.00 TOTAL of additional Section B Pages	event reported in Section L1? No If yes, indicate which branch or branches					\$50.00			
SUBTOTAL Section B — This Page \$150.00 TOTAL of additional Section B Pages \$81619	A SALIBATION								
TOTAL of additional Section B Pages \$869	☐ Cash ☐ Personal Check ☐ Credit/Debit Card ☐ Payroll Deduction ☐ Money Order 5/31/2021 \$50.00								
	SUBTOTAL Section B — This Page \$150.00				0				
	TOTAL of additional Section B Pages 21619				619				
	TOTAL OF	ALL CONTRIBUTIONS FROM	I IN	DIVIDUALS (Sections	A + B)				

Section B ADDITIONAL PAGE 62 of 141

NAME OF COMMITTEE (Provide Complete Nam	ue as Registered with Filing Repository)			TYPE OF REPORT	70	Calling With a lake	
Caroline Simmons for I	Mayor			July 10 filing			
A. Total Contributions from S (See instructions for definition of Small			his Period ONLY TOTAL SECTION A	\$	0.0	00	
	B. Itemized Con	ntrib	outions from Indivi	duals			
Last Name Aronica		F	^{Pirst} Barbara			M1	
Residential Street Address		City			State	Zip Code	
246 Skyview Drive		Star	mford		СТ	06902	
Principal Occupation graphic designer			Name of Employer BARBARA COHE	N ARONICA DES	IGNEF	₹	
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes No	If contribution is in excess of \$400 does contributor or business he/she valued at more than \$5,000?				y, Am	nount of Contribution	
_	Yes Is contributor a principal of a s No If yes, indicate which braid of government the contract	nch or	branches	e contractor? Yes No		\$50.00	
Method of Contribution:			Date Received	Aggregate Contributions	7		
☐ Cash ☐ Personal Check ☐ Credit/Debit C	ard Payroll Deduction Money	Order	r 6/1/2021	\$100.00			
Lust Name			irst	•		MI	
McCarthy			Chris				
Residential Street Address		City	ton		State	Zip Code	
52.2							
Business Development	Principal Occupation Name of Employer Business Development Dynamic Energy						
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	If contribution is in excess of \$400 does contributor or business he/she valued at more than \$5,000?				, Am	nount of Contribution	
Is this contribution associated with an event reported in Section L1? If yes, list Event #	Yes Is contributor a principal of a If yes, indicate which bra of government the contra	nch or	r branches	te contractor? Yes No		\$100.00	
Method of Contribution:			Date Received	Aggregate Contributions	1		
☐ Cash ☐ Personal Check ☐ Credit/Debit C	ard Payroll Deduction Money	Order	6/1/2021	\$100.00			
Last Name		F	rirst			MI	
Horowitz			Dana				
Residential Street Address 16 Dunn Ave		City	mford		State	Zip Code 06905	
Principal Occupation		Star			СТ	00905	
Office Administrator			Name of Employer Integrated Protect	tion Services			
					nount of Contribution		
Is this contribution associated with an event reported in Section L1? If yes, list Event # 1 Yes Is contributor a principal of a state contractor or prospective state contractor? Yes No If yes, indicate which branch or branches No No No If yes, indicate which branch or branches No No No If yes, indicate which branch or branches No No No No No No No N				\$50.00			
Method of Contribution: Date Received Aggregate Contributions G14/2024 G14/2024							
□ Cash □ Personal Check ■ Credit/Debit Card □ Payroll Deduction □ Money Order 6/1/2021 \$100.00							
SUBTOTAL Section B — This Page \$200.00							
TOTAL of additional Section B Pages 25881619							
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B) (Enter total on Line 13, Column A of Summary Page Totals)							

NAME OF COMMITTEE (Provide Complete Na.	me as Registered with Filing Repository)			TYPE OF REPORT	DC BHD	in the last so	
Caroline Simmons for Mayor			July	July 10 filing			
A. Total Contributions from S (See instructions for definition of Small			his Period ONLY TOTAL SECTION A	\$	0.00)	
	B. Itemized Con	ntrik	outions from Indivi	duals	N. A.		
Last Name		F	Pirst Pirst			MI	
Willick			Dave				
Residential Street Address		City			State	Zip Code	
17 Alpine Street		Star	mford		СТ	06905	
Principal Occupation			Name of Employer				
Teacher			Westport public so	chools			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	If contribution is in excess of \$400 does contributor or business he/she valued at more than \$5,000?				y, Amo	ount of Contribut	ion
Is this contribution associated with an event reported in Section L1?	Yes Is contributor a principal of a s No If yes, indicate which brar of government the contrac	ich or	branches	e contractor? Yes No		\$50.00	
If yes, list Event #	of government the contrac	t 15 W	Date Received	Aggregate Contributions	-		
Cash Personal Check Credit/Debit (Card Payroll Deduction Money	Orde		\$50.00			
Last Name			irst			Тмі	_
Stewart			Ellyn				
Residential Street Address		City	<u> </u>		State	Zip Code	_
22 Poppy Lane	I		mford		CT	06905	
Principal Occupation Name of Employer							
Teacher			Sacred Heart Gre	enwich			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	If contribution is in excess of \$400 to does contributor or business he/she valued at more than \$5,000?				y, Amo	ount of Contribut	ion
Is this contribution associated with an event reported in Section L1?	Yes Is contributor a principal of a	nch o	contractor or prospective star	te contractor? Yes No Legislative		\$50.00	
Method of Contribution:	of government the contract	CL 18 W	Date Received	Aggregate Contributions	-		
☐ Cash ☐ Personal Check ☐ Credit/Debit C	Card ☐ Payroll Deduction ☐ Money	Orde	r 6/1/2021	\$50.00			
Last Name		F	First			МІ	
Briefel			Jeanine				
Residential Street Address		City			State	Zip Code	
351 Carpenter Avenue		Sea	Cliff		NY	11579	
Principal Occupation			Name of Employer			1	
Retired			Retired				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	If contribution is in excess of \$400 does contributor or business he/she valued at more than \$5,000?				y, Amo	ount of Contribut	ion
Is this contribution associated with an event reported in Section L1? Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: Executive Legislative				\$25.00			
Method of Contribution:			Date Received	Aggregate Contributions			
☐ Cash ☐ Personal Check ☐ Credit/Debit (Card Payroll Deduction Money	Orde	r 6/1/2021	\$25.00			
	SUBT	TOT	AL Section B — This	Page	\$125.0	0	
	TOTAL	of	additional Section B l	Pages 2	8 ×	1619	
TOTAL OF	ALL CONTRIBUTIONS FROM		DIVIDUALS (Sections and other properties of Summary Page			i Wi i	_
	Enter total on Line	13, 66	nume a vy summary rage	- // (\mathcal{I}		

Section B ADDITIONAL PAGE 64 of / 4/

		TYPE OF REPORT		
Caroline Simmons for Mayor		July 10 filing		
A. Total Contributions from Small Contributors-Received this I (See instructions for definition of Small Contributor) SUBTOTA	Period ONLY AL SECTION A	\$	0.00	
				=
B. Itemized Contribution	ons from Individ	duals		
Last Name First Joe	2			MI
	J		State	Zip Code
Residential Street Address 22 Poppy Lane Stamfor	rd		CT	06905
	ame of Employer			
	Inemployed			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes of Contribution is in excess of \$400 to a candidate does contributor or business he/she is associate valued at more than \$5,000?			, Amou	nt of Contribution
Is this contribution associated with an event reported in Section L1? If yes, list Event # Yes Is contributor a principal of a state contract of the section L1? If yes, list Event #	nches	e contractor?		\$50.00
	ate Received	Aggregate Contributions		
☐ Cash ☐ Personal Check ■ Credit/Debit Card ☐ Payroll Deduction ☐ Money Order	6/1/2021	\$50.00		
Last Name First				MI
Baekey	a			
Residential Street Address City				Zip Code
69 Melbourne Road Norwalk			СТ	06851
	anie of Employer			
	ndegene			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? No If contribution is in excess of \$400 to a candida does contributor or business he/she is associate valued at more than \$5,000?			Amou	nt of Contribution
Is this contribution associated with an event reported in Section L1? If yes, list Event # Yes Is contributor a principal of a state contra If yes, indicate which branch or brar of government the contract is with:	nches	e contractor? ☐ Yes ☐ No ☐ Legislative		\$50.00
	ate Received	Aggregate Contributions	-	
☐ Cash ☐ Personal Check ☐ Credit/Debit Card ☐ Payroll Deduction ☐ Money Order	6/1/2021	\$50.00		
Last Name First			h	MI
McNair Kare	en			
Residential Street Address City				Zip Code
50 Mathews Street Stamfor			СТ	06902
	ame of Employer			
	AXA			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? Amount of Contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000?				
Is this contribution associated with an event reported in Section L1? If yes, list Event # Is contributor a principal of a state contractor or prospective state contractor?				\$150.00
Method of Contribution:	ate Received	Aggregate Contributions		
☐ Cash ☐ Personal Check ■ Credit/Debit Card ☐ Payroll Deduction ☐ Money Order	6/1/2021	\$250.00		
SUBTOTAL S	Section B — This	Page	\$250.00	
TOTAL of additional control of additional co	itional Section B P	'ages \$ 816	519	
TOTAL OF ALL CONTRIBUTIONS FROM INDIVI (Enter total on Line 13, Column		(+B) \$511.		

Section B ADDITIONAL PAGE 65 of 141

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)			TYPE OF REPORT		EST HIVE		
Caroline Simmons for	Mayor			July	July 10 filing		
A. Total Contributions from Small Contributors-Received this Period ONLY (See instructions for definition of Small Contributor) SUBTOTAL SECTION A			\$	0.00)		
	B. Itemized Cor	ıtrik	outions from Indivi	duals	ing the		
Last Name		F	irst			Ml	
LoBalbo			Katherine				
Residential Street Address		City			State	Zip Code	
52 Loughlin Avenue		Gre	enwich		CT	06807	
Principal Occupation			Name of Employer	=			
Architect			Perkins Eastman				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	If contribution is in excess of \$400 does contributor or business he/she valued at more than \$5,000?				y, Amo	ount of Contribution	
Is this contribution associated with an event reported in Section L1?	Yes Is contributor a principal of a s No If yes, indicate which bran	ich or	branches	■ No		\$75.00	
If yes, list Event #	of government the contrac	t is w	Date Received	☐ Legislative Aggregate Contributions	_		
Method of Contribution: ☐ Cash ☐ Personal Check ☐ Credit/Debit (Tord Description Description Description	Oudo		\$75.00			
A	Lard Payron Deduction I Money			Ψ73.00		7.6	
Last Name Ohagan		- 1	₋ orelei			MI	
					I a	Iz: C.I	
Residential Street Address City 42 Butler Street Greenwich CT					CT	Zip Code 06807	
		Gle				00007	
Principal Occupation Name of Employer Finance London stock exchange group							
Is contributor a lobbyist, spouse,	If contribution is in excess of \$400 t				y, Amo	unt of Contribution	
or dependent child of a lobbyist?	does contributor or business he/she valued at more than \$5,000?	ts asso	ociated with have a contract Yes No	with said municipality			
	Yes Is contributor a principal of a s					\$150.00	
event reported in Section L1? If yes, list Event #	No If yes, indicate which bran of government the contract			Legislative No		φ100.00	
Method of Contribution:	1 8-		Date Received	Aggregate Contributions	_		
☐ Cash ☐ Personal Check ☐ Credit/Debit C	Card Payroll Deduction Money	Orde	r 6/1/2021	\$300.00			
Last Name		F	irst			MI	
Sagar		r	Maneesh				
Residential Street Address		City			State	Zip Code	
700 Canal St.		Star	mford		СТ	06905	
Principal Occupation			Name of Employer		1	1	
CEO			Thynk Ventures				
Is contributor a lobbyist, spouse,	If contribution is in excess of \$400	to a ca	andidate for a chief executiv	c officer of a municipalit	y, Amo	ount of Contribution	
or dependent child of a lobbyist?	does contributor or business he/she valued at more than \$5,000?	is asso	ociated with have a contract Yes No	with said municipality			
Is this contribution associated with an event reported in Section L1? If yes, list Event #				\$50.00			
Method of Contribution: Date Received Aggregate Contributions							
□ Cash □ Personal Check ■ Credit/Debit Card □ Payroll Deduction □ Money Order 6/1/2021 \$50.00							
SUBTOTAL Section B — This Page \$275.00					0		
	TOTAL of additional Section B Pages SIGN 9						
TOTAL OF	ALL CONTRIBUTIONS FROM	1 INI	DIVIDUALS (Sections A	A + B) 4 8 ((2/5		
	(Enter total on Line)	13, Ca	olumn A of Summary Page	Totals)	~		

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NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)			TYPE OF REPORT			
Caroline Simmons for Mayor			Jul	July 10 filing		
A. Total Contributions from Small Contributors-Recei		this Period ONLY TOTAL SECTION A	\$	0.00)	
B. Itemized C		butions from Indivi	duals			
Last Name Rocha		First Marie			MI	
Residential Street Address	City	iviarie		State	Zip Code	
16 Fairway Drive		amford		CT	06903	
Principal Occupation	_	Name of Employer			I	
Founder/CEO		Realist Ventures				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes If contribution is in excess of \$40 does contributor or business he/st valued at more than \$5,000?				y, Amo	ount of Contribution	
Is this contribution associated with an event reported in Section L1? If yes, list Event # Yes Is contributor a principal of If yes, indicate which by of government the contributor.	anch o		e contractor? Yes No Legislative		\$500.00	
Method of Contribution:		Date Received	Aggregate Contributions			
☐ Cash ☐ Personal Check ☐ Credit/Debit Card ☐ Payroll Deduction ☐ Mon	ey Ord	er 6/1/2021	\$700.00			
Last Name	Ĩ	First	·		Ml	
Kim		Sopong				
Residential Street Address	City			State	Zip Code	
285 Club Rd	Sta	ımford		СТ	06905-2126	
Principal Occupation		Name of Employer Hartree Partners				
Risk Management	0		07 0 11 12			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes does contributor or business he/sl valued at more than \$5,000?				y, Amo	ount of Contribution	
ls this contribution associated with an event reported in Section L1? Is contributor a principal of If yes, list Event # No If yes, list Event # Is contributor a principal of If yes, indicate which be of government the cont	ranch (te contractor? Yes No Legislative		\$250.00	
Method of Contribution:		Date Received	Aggregate Contributions			
☐ Cash ☐ Personal Check ☐ Credit/Debit Card ☐ Payroll Deduction ☐ Mon	ey Orde	er 6/1/2021	\$250.00			
Last Name	- 1	First	^		MI	
Harrison Jr.		William				
Residential Street Address	City			State	Zip Code	
74 Vineyard Lane	Gre	eenwich		СТ	06831	
Principal Occupation Retired		Name of Employer Retired				
			07 0 11			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000?					ount of Contribution	
Is this contribution associated with an event reported in Section L1? If yes, list Event # Is contributor a principal of a state contractor or prospective state contractor?					\$1,000.00	
Method of Contribution:		Date Received	Aggregate Contributions			
☐ Cash ☐ Personal Check ☐ Credit/Debit Card ☐ Payroll Deduction ☐ Mon	ey Ord	er 6/1/2021	\$1,000.00			
SUI	зтот	CAL Section B — This	Page	\$1,750.	00	
TOTA	AL of	additional Section B l	Pages 21	619)	
TOTAL OF ALL CONTRIBUTIONS FRO		DIVIDUALS (Sections A	V 11	019		

Section B ADDITIONAL PAGE 67 of / of

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)			TYPE OF REPORT		OF THE SECOND		
Caroline Simmons for	Mayor			July	July 10 filing		
A. Total Contributions from Small Contributors-Received this Period ONLY (See instructions for definition of Small Contributor) SUBTOTAL SECTION A			\$	0.00			
	B. Itemized Cor	ıtril	butions from Indivi	duals			
Last Name		F	First			Ml	
Wilson			Andrew				
Residential Street Address		City			State	Zip Code	
6128 Knollwood Drive		Ore	gon		WI	53575	
Principal Occupation			Name of Employer				
Data Engineer			Here Technologie	s			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes No	If contribution is in excess of \$400 to does contributor or business he/she valued at more than \$5,000?				/. Amoi	unt of Contribution	
Is this contribution associated with an event reported in Section L1?	Yes Is contributor a principal of a s No If yes, indicate which bran of government the contrac	ich or	contractor or prospective stat r brunches	e contractor? Yes No		\$100.00	
If yes, list Event#	or government the contrac	112 W	Date Received	Aggregate Contributions	-		
Method of Contribution: ☐ Cash ☐ Personal Check ☐ Credit/Debit (Card Payroll Deduction Money	Orde	0/0/0004	\$100.00			
	= Taylon Deduction Inviolicy			Ψ100.00		Тмі	
Lust Name First Maloney Daniel						MI	
					State	Zip Code	
120 Woodridge Dr S Stamford				CT	06902		
Principal Occupation			Name of Employer				
Product manager Virgin pulse							
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	If contribution is in excess of \$400 t does contributor or business he/she valued at more than \$5,000?				, Amoi	unt of Contribution	
Is this contribution associated with an event reported in Section L1? If yes, list Event #	Yes Is contributor a principal of a significant which branched of government the contract	nch o	r branches	te contractor? Yes No Legislative		\$25.00	
Method of Contribution:	- I		Date Received	Aggregate Contributions	7		
☐ Cash ☐ Personal Check ■ Credit/Debit (Card Payroll Deduction Money	Orde	er 6/2/2021	\$50.00			
Last Name		I	First			MI	
Blomstrom			Eleanor				
Residential Street Address		City			State	Zip Code	
26 Coolidge Ave		Sta	mford		СТ	06906	
Principal Occupation			Name of Employer				
Manager			IWHC				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	If contribution is in excess of \$400 does contributor or business he/she valued at more than \$5,000?				, Amo	unt of Contribution	
Is this contribution associated with an event reported in Section L1? No If yes, list Event # No Is contributor a principal of a state contractor or prospective state contractor? Is contributor a principal of a state contractor or prospective state contractor? No If yes, indicate which branch or branches of government the contract is with: Executive Legislative					\$75.00		
Method of Contribution: Date Received Aggregate Contributions							
□ Cash □ Personal Check ■ Credit/Debit Card □ Payroll Deduction □ Money Order 6/2/2021 \$125.00							
SUBTOTAL Section B — This Page \$2				\$200.0	0		
TOTAL of additional Section B Pages 81619)			
TOTAL OF	ALL CONTRIBUTIONS FROM				019		
	(Enter total on Line	13, C	olumn A of Summary Page	Iolais)	VI '		

Section B ADDITIONAL PAGE 68 of 191

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)				TYPE OF REPORT			
Caroline Simmons for Mayo	or			July	July 10 filing		
A. Total Contributions from Small (See instructions for definition of Small Contrib			his Period ONLY OTAL SECTION A	\$	0.00)	
	B. Itemized Con		outions from Indivi	duals			
Last Name		F	irst			MI	
Wenner			Kate				
Residential Street Address		City			State	Zip Code	
333 East Hill Road,		Sou	ithfield		MA	01259	
Principal Occupation			Name of Employer				
writer			self				
or dependent child of a lobbyist?	ntribution is in excess of \$400 contributor or business he/she at more than \$5,000?				, Amo	ount of Contribution	
Is this contribution associated with an event reported in Section L1? No If yes, list Event #	Is contributor a principal of a s If yes, indicate which bran of government the contract	ich or	branches	e contractor?		\$250.00	
Method of Contribution:	or government are comme	10 117	Date Received	Aggregate Contributions	-		
☐ Cash ☐ Personal Check ☐ Credit/Debit Card ☐	Payroll Deduction Money	Order	6/2/2021	\$1,250.00			
Last Name			irst			MI	
Ohagan			_orelei			1444	
Residential Street Address		City			State	Zip Code	
42 Butler Street			enwich		CT	06807	
Principal Occupation			Name of Employer			*	
Finance			London stock exc	hange			
or dependent child of a lobbyist?	ntribution is in excess of \$400 contributor or business he/she at at more than \$5,000?				/, Amo	unt of Contribution	
Is this contribution associated with an event reported in Section L1? No If yes, list Event #	Is contributor a principal of a If yes, indicate which bra- of government the contract	nch or	r branches	te contractor? Yes No Legislative		\$150.00	
Method of Contribution:			Date Received	Aggregate Contributions	7		
☐ Cash ☐ Personal Check ■ Credit/Debit Card ☐	Payroll Deduction Money	Order	6/2/2021	\$300.00			
Last Name		F	First			MI	
Needlemen		1	Norman				
Residential Street Address		City			State	Zip Code	
9 Foxboro Road		Ess	ex		СТ	06426	
Principal Occupation			Name of Employer			J	
Executive			Tower Laboratorie	es Ltd			
or dependent child of a lobbyist?	Is contributor a lobbyist, spouse,					ount of Contribution	
s this contribution associated with an vent reported in Section L1? If yes, list Event # Security Section L1? Is contributor a principal of a state contractor or prospective state of the security of government the contract is with: Executive			ee contractor? Yes No Legislative		\$1,000.00		
Method of Contribution:			Date Received	Aggregate Contributions			
☐ Cash ☐ Personal Check ☐ Credit/Debit Card ☐	Payroll Deduction Money	Orde	т 6/2/2021	\$1,000.00			
SUBTOTAL Section B — This Page \$1,400.00					00		
TOTAL of additional Section B Pages 81619							
TOTAL OF ALL C	CONTRIBUTIONS FROM (Enter total on Line)		DIVIDUALS (Sections A column A of Summary Page		019		

Section B ADDITIONAL PAGE 69 of 141

NAME OF COMMITTEE (Provide Complete Num	ne as Registered with Filing Repository)	(p)		TYPE OF REPORT		e Rendered
Caroline Simmons for I	Mayor			July 10 filing		
A. Total Contributions from S (See instructions for definition of Small			his Period ONLY TOTAL SECTION A	\$	0.00)
	B. Itemized Cor	ıtrik	butions from Indivi	duals		
Last Name		F	First			MI
Martino			Anthony			
Residential Street Address		City			State	Zip Code
25 Charles Mary Lane		Sta	mford		СТ	06905
Principal Occupation			Name of Employer			
Support Enforcement Officer			State of CT - Judi	cial Dept		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	If contribution is in excess of \$400 to does contributor or business he/she valued at more than \$5,000?				y, Amo	ount of Contribution
	Yes Is contributor a principal of a s No If yes, indicate which bran of government the contrac	ch or	r branches	e contractor?		\$50.00
Method of Contribution:			Date Received	Aggregate Contributions	-	
☐ Cash ☐ Personal Check ☐ Credit/Debit C	Card Payroll Deduction Money	Orde	er 6/3/2021	\$50.00		
Last Name		F	First		_	MI
Secko		l	Lauren			
Residential Street Address		City			State	Zíp Code
1622 Newfield Avenue		Star	mford		СТ	06905
Principal Occupation			Name of Employer			1
Child Care Director Italian Center						
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	If contribution is in excess of \$400 t does contributor or business he/she valued at more than \$5,000?				y, Amo	ount of Contribution
_	Yes Is contributor a principal of a single If yes, indicate which brain of government the contract	nch o	or branches	te contractor? ☐ Yes ☐ No ☐ Legislative		\$150.00
Method of Contribution:			Date Received	Aggregate Contributions		
☐ Cash ☐ Personal Check ☐ Credit/Debit C	Card Payroll Deduction Money	Orde	er 6/4/2021	\$150.00		
Last Name		I	First			MI
Ecker		_ [Charlesanna			
Residential Street Address		City			State	Zip Code
226 Dundee Road		Sta	mford		СТ	06903
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 does contributor or business he/she valued at more than \$5,000?				y, Amo	ount of Contribution
Is this contribution associated with an Yes Is contributor a principal of a state contractor or prospective state contractor?			\$500.00			
Method of Contribution:			Date Received	Aggregate Contributions		
☐ Cash ☐ Personal Check ☐ Credit/Debit C	Card Payroll Deduction Money	Orde	er 6/5/2021	\$550.00		
	SUBT	OT	AL Section B — This	Page	\$700.0	0
	TOTAL	of	additional Section B 1	Pages & &	619	
TOTAL OF	ALL CONTRIBUTIONS FROM (Enter total on Line)		DIVIDUALS (Sections A		6019)

Section B ADDITIONAL PAGE 70 of /4/

NAME OF COMMITTEE (Provide Complete Name	ne as Registered with Filing Repository)	THE P		TYPE OF REPORT		THE RELEASE	
Caroline Simmons for	Mayor			July 10 filing			
A. Total Contributions from S (See instructions for definition of Small			his Period ONLY OTAL SECTION A	\$ 0.00			
	B. Itemized Co	ntrib	outions from Indivi	duals	Tire A		
Last Name		F	irst			MI	
Dreyer			Peter				
Residential Street Address		City			State	Zip Code	
263 Barncroft Road		Star	mford		СТ	06902	
Principal Occupation			Name of Employer				
Trial Lawyer			Silver Golub & Te	itell LLP			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	If contribution is in excess of \$400 does contributor or business he/she valued at more than \$5,000?				y, Amo	unt of Contribution	
Is this contribution associated with an event reported in Section L1? If yes, list Event #	Yes Is contributor a principal of a No If yes, indicate which bra of government the contract	nch or	branches	e contractor?		\$100.00	
			Date Received	Aggregate Contributions	-		
Method of Contribution: ☐ Cash ☐ Personal Check ☐ Credit/Debit C	Card Payroll Deduction Money	Order		\$100.00			
Last Name		F	irst			MI	
Nolan			Elizabeth			1411	
Residential Street Address		City			State	Zip Code	
602 North Street		100	enwich		CT	06830	
Principal Occupation			Name of Employer				
Retired Retired							
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ■ No	If contribution is in excess of \$400 does contributor or business he/she valued at more than \$5,000?				y, Amo	unt of Contribution	
Is this contribution associated with an event reported in Section L1? If yes, list Event #	Yes Is contributor a principal of a No If yes, indicate which bra of government the contra	nch or	branches	te contractor? Yes No Legislative		\$1,000.00	
Method of Contribution:			Date Received	Aggregate Contributions			
☐ Cash ☐ Personal Check ☐ Credit/Debit C	Card □ Payroll Deduction □ Money	Order	6/7/2021	\$1,000.00			
Last Name		F	irst			MI	
Shepherd		- 1	Madeline				
Residential Street Address		City			State	Zip Code	
180 Turn of River Road, 7C		1000	mford		СТ	06905	
Principal Occupation			Name of Employer				
Retired			Retired				
Is contributor a lobbyist, spouse, Yes	If contribution is in excess of \$400	to a ca	andidate for a chief executive	e officer of a municipalit	y Ama	unt of Contribution	
or dependent child of a lobbyist?	does contributor or business he/she valued at more than \$5,000?), Allo	ant of Contribution	
Is this contribution associated with an event reported in Section L1? If yes, list Event #	Yes No Is contributor a principal of a If yes, indicate which bra of government the contra	nch or	branches	Legislative		\$50.00	
Method of Contribution:			Date Received	Aggregate Contributions			
☐ Cash ☐ Personal Check ☐ Credit/Debit C	Card Payroll Deduction Money	/ Order	6/7/2021	\$140.00			
	SUB	TOT A	AL Section B — This	Page	\$1,150.0	00	
	TOTAL	Lofa	idditional Section B I	Pages 1 RI	619		
TOTAL OF	ALL CONTRIBUTIONS FROM	M IND	DIVIDUALS (Sections A				
	(Enter total on Line	13, Co	lumn A of Summary Page	Totals) 5 8 (017		

NAME OF COMMITTEE (Provide Complete Name	me as Registered with Filing Repository)			TYPE OF REPORT	_owil_n	
Caroline Simmons for	Mayor			July 10 filing		
A. Total Contributions from S (See instructions for definition of Small			his Period ONLY FOTAL SECTION A	\$	0.00)
	B. Itemized Cor	ıtrik	butions from Indivi	duals		
Last Name		F	Pirst			MI
Ireland			Nancy			
Residential Street Address		City			State	Zip Code
75 William Street		Gre	enwich		СТ	06830
Principal Occupation			Name of Employer		L	1
Retired			Retired			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	If contribution is in excess of \$400 to does contributor or business he/she valued at more than \$5,000?				/, Amo	unt of Contribution
event reported in Section L1?	Yes Is contributor a principal of a s No If yes, indicate which bran	ich or	r branches	■ No		\$1,000.00
If yes, list Event #	of government the contrac	t is w		Legislative	_	
Method of Contribution:			Date Received	Aggregate Contributions		
☐ Cash ☐ Personal Check ☐ Credit/Debit C	Card Payroll Deduction Money	Orde	6/7/2021	\$2,000.00		
Last Name		- 1	First			MI
Heath		1	Nicole			
Residential Street Address		City			State	Zip Code
522 North Street		Gre	enwich		CT	06830
Principal Occupation			Name of Employer		5	
Retired			Homemaker			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes No	If contribution is in excess of \$400 t does contributor or business he/she valued at more than \$5,000?				/, Amo	unt of Contribution
event reported in Section L1?	Yes Is contributor a principal of a s No If yes, indicate which bran	nch o	r branches	■ No	1	\$75.00
If yes, list Event # 1	of government the contrac	et is w	Date Received	☐ Legislative Aggregate Contributions	—	
Credit/Debit C	Cord Down-11 Dodystics DMonary	Ordo		\$525.00		
	Laid Trayfoll Deduction Tollioney			Ψ020.00		Lyr
Last Name			_{First} Susan			MI
Braun						
Residential Street Address		City			State	Zip Code
17 Meadow Place		Old	Greenwich		СТ	06870
Principal Occupation Retired			Name of Employer retired			
	F			07 0 11		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	If contribution is in excess of \$400 does contributor or business he/she valued at more than \$5,000?				/, Amo	ount of Contribution
Is this contribution associated with an event reported in Section L1? If yes, list Event # Southfibutor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: Executive Legislative Leg					\$300.00	
Method of Contribution:			Date Received	Aggregate Contributions		
Cash Personal Check Credit/Debit C	Card ☐ Payroll Deduction ☐ Money	Orde	er 6/7/2021	\$300.00		
	SUBT	OT.	AL Section B — This	Page	\$1,375.0	00
	TOTAL	of	additional Section B I	Pages X	1609	>
TOTAL OF	ALL CONTRIBUTIONS FROM	1 INI	DIVIDUALS (Sections A	A + B)	(()	
THE STATE OF THE RESIDENCE OF THE STATE OF T	(Enter total on Line)	13, Ca	olumn A of Summary Page	Totals) 58/	0/9	

Section B ADDITIONAL PAGE 72 of 14/

NAME OF COMMITTEE (Provide Complete Name as Registered	with Filing Repository)			TYPE OF REPORT	1131	my section
Caroline Simmons for Mayor				July 10 filing		
A. Total Contributions from Small Cont (See instructions for definition of Small Contributor)		-	is Period ONLY OTAL SECTION A	\$	0.00	
	B. Itemized Con	tribu	utions from Indivi	duals		1 - Pag 46
Last Name		Fin	st			MI
Baker			4my			
Residential Street Address	11	lity			State	Zip Code
181 Larkspur Rd		Stam			СТ	06903
Principal Occupation			Name of Employer			
Associate Publisher			HarperCollins Pub	olishers		
or dependent child of a lobbyist?			ididate for a chief executive iated with have a contract		y, Amou	unt of Contribution
event reported in Section L1?	ributor a principal of a states, indicate which brand government the contract	ch or b	ntractor or prospective stateranches	e contractor?		\$75.00
Method of Contribution:	go i ottavioni mo oozimasi	10 7714	Date Received	Aggregate Contributions	-	
☐ Cash ☐ Personal Check ☐ Credit/Debit Card ☐ Payrol	I Deduction ☐ Money (Order	6/8/2021	\$75.00		
Last Name		Fir	st			MI
Hearn		В	arbara			
Residential Street Address	Ic	ity			State	Zip Code
358 Greenwich Avenue, #1		-	nwich		СТ	06830
Principal Occupation		_	Name of Employer			
Teacher			Trevor Day School	ol		
or dependent child of a lobbyist?			didate for a chief executive ciated with have a contract Yes No		y, Amou	unt of Contribution
event reported in Section L1?	ributor a principal of a st ves, indicate which bran- government the contract	ch or l		te contractor? Ye		\$75.00
Method of Contribution:			Date Received	Aggregate Contributions	7	
☐ Cash ☐ Personal Check ☐ Credit/Debit Card ☐ Payrol	Deduction Money (Order	6/8/2021	\$175.00	lu lu	
Last Name		Fir	st		-	MI
Kagan		c	arolyn			
Residential Street Address	C	ity			State	Zip Code
14 Dartley st	;	Stam	nford		CT	06905
Principal Occupation			Name of Employer			
Lead Psychotherapist			Alliance Therapy	Practice		
or dependent child of a lobbyist?	on is in excess of \$400 to utor or business he/she is ore than \$5,000?	o a can	didate for a chief executive ciated with have a contract Yes No	e officer of a municipali with said municipality	ty. Amo	unt of Contribution
Is this contribution associated with an event reported in Section L1? If yes, list Event # Yes Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: Executive Legislative			\$75.00			
Method of Contribution:			Date Received	Aggregate Contributions		
☐ Cash ☐ Personal Check ☐ Credit/Debit Card ☐ Payro.	Il Deduction ☐ Money (Order	6/8/2021	\$75.00		
	SUBT	OTA	L Section B — This	Page	\$225.00	0
	TOTAL	of ac	dditional Section B I	Pages & \$1/	19	
TOTAL OF ALL CONT	RIBUTIONS FROM	IND	IVIDUALS (Sections A	الالا كليا	10	
	(Enter total on Line 1.	3, Coli	umn A of Summary Page	4 + B) \$ 8/6/	7	

Section B ADDITIONAL PAGE 73 of 141

A. Total Contributions from Small Contributors-Received this Period ONLY (like instructions for dightimum of Small Contributors SUBTOTAL SECTION A Subtract Subtractions for dightimum of Small Contributors SUBTOTAL SECTION A Subtractions for dightimum of Small Contributions from Individuals	NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)			TYPE OF REPORT	16.0	Indiana.
Substitution Subs	Caroline Simmons for Mayor			July 10 filing		
Same Mailloy Carolyn State S				\$	0.00	1
Same Mailloy Carolyn State S						
Mailey Carolyn	B. Itemized Co	ntri	butions from Indivi	duals	1 1879	The first of the second
Residential Street Address 2144 Bay Street Phenipal Occupation Is contribution a shoblysist, spouse, or dependent child of a lobbysist? Is this contribution associated with an event reported in Section 1.17 Principal Occupation Street Personal Check Cardior Debit Card Phyroll Deduction Money Order Land Name	Last Name	\neg	First			MI
2414 Bay Street CHARLOTTE Name of Complayors Space Complayors			Carolyn			
Principal Occapions	Residential Street Address	City				
Spx Corporation Spx Corpor		CH			NC	28205
Is contributor a tobbysis, spouse, or dependent child of a lobbysis? Is this contribution associated with an event reported in Section L12 / Jyes, indicate which branch or branches of government the contract is with many of generated with an event reported in Section L12 / Jyes, indicate which branch or branches of generated with an event reported in Section L12 / Jyes, indicate which branch or branches of generated with an event reported in Section L12 / Jyes, indicate which branch or branches of generated with an event reported in Section L12 / Jyes, indicate which branch or branches of generated with an event reported in Section L12 / Jyes, indicate which branch or branches of generated which branches of generate	Principal Occupation					
does contribution or business heads is associated with have a contract with said municipality yets at more than \$5,000?	Human Resources		Spx Corporation			
### State Carterinary	or dependent child of a lobbyist?		sociated with have a contract		y, Amoi	unt of Contribution
Method of Contribution: Cash Personal Check Credit/Debit Card Payroll Deduction Money Order Security Date Received Agercance Centrolations State Catherine						\$100.00
Cash Personal Check Credit/Debit Card Payroll Deduction Money Order 6/8/2021 \$100.00						ψ100.00
Catherine Cath	Method of Contribution:		Date Received	Aggregate Contributions	7	
Residential Street Address 1420 Guardalajara PI Frincipal Occupation Designer Self-employed Dwight Street Designs Self-employed Dwight Street Designs	☐ Cash ☐ Personal Check ■ Credit/Debit Card ☐ Payroll Deduction ☐ Mone	y Ordo	er 6/8/2021	\$100.00		
Residential Street Address 1420 Guadalajara Pl	Last Name		First			MI
CLAREMONT CLAREMONT CA 91711	Haggerty		Catherine			
Principal Occupation Designer Self-employed Dwight Street Designs	Residential Street Address	City			State	Zip Code
Self-employed Dwight Street Designs Self-employed Dwight Street Designs	1420 Guadalajara Pl	1 1	AREMONT		CA	91711
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes No No Second dependent child of a lobbyist? No No No No No No No N	Principal Occupation	_	Name of Employer			
or dependent child of a lobbyist? No does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? Is this contribution associated with an event reported in Section L1? Yes plyzes, indicate which branch or branches of government the contract is with: Cash Personal Check Credit/Debit Card Payroll Deduction Money Order Money Order Payroll Deduction Money Order Money Order Payroll Deduction Money Order Mon	Designer		Self-employed Dv	vight Street Desigr	าร	
event reported in Section L1? No	or dependent child of a lobbyist?		sociated with have a contract		y, Amou	unt of Contribution
Method of Contribution: Cash Personal Check Credit/Debit Card Payroll Deduction Money Order 6/8/2021 \$50.00	event reported in Section L1? No If yes, indicate which bra	anch c	or branches	■ No		\$50.00
Lindsay First Fern State Lindsay L	Method of Contribution:		Date Received	Aggregate Contributions	=	
City	☐ Cash ☐ Personal Check ■ Credit/Debit Card ☐ Payroll Deduction ☐ Money	y Ordo	er 6/8/2021	\$50.00		
City Palm Beach State Zip Code 33480-6710	Last Name		First			MI
Principal Occupation Homemaker Secontributor a lobbyist, spouse, or dependent child of a lobbyist? No No No No If contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? Yes No No No No No No No N	Lindsay		Fern			
Principal Occupation Homemaker Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Is contributor a lobbyist, spouse, or dependent child of a lobbyist? No lose contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? Is this contribution associated with an event reported in Section L1? No los contribution associated with an event reported in Section L1? No los contribution a sanciated with an event reported in Section L1? No los contributions a state contractor or prospective state contractor? Yes No No No No No No No N	Residential Street Address	City			State	Zip Code
Homemaker Is contributor a lobbyist, spouse, or dependent child of a lobbyist? No lose contributor or business he/she is associated with have a contract with said municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? Is this contribution associated with an event reported in Section L1? If yes, list Event #	100 Worth Avenue, Apt 100	Pal	lm Beach		FL	33480-6710
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? No lose contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? Yes No ls contribution associated with an event reported in Section L1? If yes, indicate which branch or branches of government the contract is with: Executive Legislative Method of Contribution: Cash Personal Check Credit/Debit Card Payroll Deduction Money Order 6/8/2021 \$500.00 Subtotal Section B Pages \$650.00 TOTAL of additional Section B Pages \$650.00	Principal Occupation	-	Name of Employer			.
or dependent child of a lobbyist? No does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? Yes No Is this contribution associated with an event reported in Section L1? Yes, indicate which branch or branches of government the contract is with: Executive Legislative Method of Contribution: Cash Personal Check Credit/Debit Card Payroll Deduction Money Order 6/8/2021 \$500.00 SUBTOTAL Section B — This Page \$650.00	Homemaker		Homemaker			
Is this contribution associated with an contractor or prospective state contractor? Sevent reported in Section L1? No If yes, indicate which branch or branches of government the contract is with: Executive Legislative Method of Contribution: Date Received Aggregate Contributions	or dependent child of a lobbyist? No does contributor or business he/she		sociated with have a contract		y, Amo	unt of Contribution
Cash Personal Check Credit/Debit Card Payroll Deduction Money Order 6/8/2021 \$500.00 SUBTOTAL Section B — This Page \$650.00 TOTAL OF ALL CONTENDUTIONS FROM INDIVIDUALS (Sections A + B)	Is this contribution associated with an event reported in Section L1? Yes No Is contributor a principal of a state contractor or prospective state contractor? Yes No If yes, indicate which branch or branches \$500.00				\$500.00	
SUBTOTAL Section B — This Page \$650.00 TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B)						
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B)	☐ Cash ☐ Personal Check ☐ Credit/Debit Card ☐ Payroll Deduction ☐ Mone	y Ord	er 6/8/2021	\$500.00		
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + R)	SUB	тот	TAL Section B — This	Page	\$650.00	0
TOTAL OF ALL CONTRICTIONS FROM INDIVIDUALS (Sections A + B)	TOTA	L of	additional Section B I	Pages & &	161	2
				1 + R)	(019	

Section B ADDITIONAL PAGE 74 of 14/

NAME OF COMMITTEE (Provide Complete Nat	me as Registered with Filing Repository)	4		TYPE OF REPORT	ÚV.	
Caroline Simmons for	Mayor			July	/ 10 filir	ng
A. Total Contributions from S (See instructions for definition of Small			his Period ONLY OTAL SECTION A	\$	0.00)
	B. Itemized Co	ntrib	outions from Indivi	duals		
Last Name		F	irst			MI
Morris			Gwendolyn			
Residential Street Address		City			State	Zip Code
2435 Bedford Street, 1H		Star	mford		СТ	06905
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 does contributor or business he/she valued at more than \$5,000?				/. Amo	ount of Contribution
Is this contribution associated with an event reported in Section L1? If yes, list Event #	Yes Is contributor a principal of a No If yes, indicate which bra of government the contract	nch or	branches	e contractor? Yes No Legislative		\$250.00
Method of Contribution:	or go roumont the contract	00 10 117	Date Received	Aggregate Contributions	-	
☐ Cash ☐ Personal Check ☐ Credit/Debit (Card ☐ Payroll Deduction ☐ Money	/ Order	6/8/2021	\$1,350.00		
Last Name			İrst		_	Тмі
Hoffmann		- 1	Hen r y			
Residential Street Address		City			State	Zip Code
180 Main St., Apt 1		Bea	con		NY	12508
Principal Occupation			Name of Employer			<u>li</u>
Retired			Retired			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	If contribution is in excess of \$400 does contributor or business he/she valued at more than \$5,000?				/, Amo	ount of Contribution
Is this contribution associated with an event reported in Section L1? If yes, list Event #	Yes Is contributor a principal of a No If yes, indicate which bra of government the contra	nch or	r branches	te contractor? Yes No Legislative		\$100.00
Method of Contribution:			Date Received	Aggregate Contributions	7	
☐ Cash ☐ Personal Check ☐ Credit/Debit C	Card Payroll Deduction Money	Order	6/8/2021	\$100.00		
Last Name		F	irst			MI
Winokur			Herbert			
Residential Street Address		City			State	Zip Code
125 Mason St		Gre	enwich		СТ	06830
Principal Occupation			Name of Employer			*
investments			Capricorn Holding	gs, Inc.		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	If contribution is in excess of \$400 does contributor or business he/she valued at more than \$5,000?				y, Amo	ount of Contribution
	Yes Is contributor a principal of a No If yes, indicate which bra of government the contra	nch or	branches	e contractor? ☐ Yes ☐ No ☐ Legislative		\$1,000.00
Method of Contribution:			Date Received	Aggregate Contributions		
☐ Cash ☐ Personal Check ☐ Credit/Debit (Card Payroll Deduction Money	y Ordei	r 6/8/2021	\$1,000.00		
	SUB	гота	AL Section B — This	Page	\$1,350.	00
	TOTAL	L of a	additional Section B I	Pages 5 8	1619)
TOTAL OF	ALL CONTRIBUTIONS FROM (Enter total on Line		DIVIDUALS (Sections A	4 + B)		
				- 014	1	

Section B ADDITIONAL PAGE 75 of 1911

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)		TYPE OF REPORT			
Caroline Simmons for Mayor		July	10 filing		
A. Total Contributions from Small Contributors-Receiv (See instructions for definition of Small Contributor)	ved this Period ONLY SUBTOTAL SECTION A	\$	0.00		
B. Itemized Co	ntributions from Indivi	duals			
Last Name	First		MI		
Selkowitz	Jed				
Residential Street Address	City		State Zip Code		
279 Ocean Drive East	Stamford		CT 06902		
Principal Occupation	Name of Employer				
Marketing	Americares				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes If contribution is in excess of \$400 does contributor or business he/she valued at more than \$5,000?			Amount of Contribution		
Is this contribution associated with an event reported in Section L1? No If yes, list Event # Yes Is contributor a principal of a Upyes, indicate which bra of government the contra		te contractor?	\$250.00		
Method of Contribution:	Date Received	Aggregate Contributions	-		
☐ Cash ☐ Personal Check ☐ Credit/Debit Card ☐ Payroll Deduction ☐ Money		\$250.00			
Last Name	First		MI		
Pollack	Maureen				
Residential Street Address	City	T T	State Zip Code		
22 Revonah Circle	Stamford		CT 06905		
Principal Occupation	Name of Employer				
Self Employed Mojo Enterprise, LLC + Lovability LLC					
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Solution Is in excess of \$400 does contributor or business he/she valued at more than \$5,000?			Amount of Contribution		
Is this contribution associated with an event reported in Section L1? If yes, list Event # Yes Is contributor a principal of a lfyes, indicate which bra of government the contra		tte contractor? Yes No	\$75.00		
Method of Contribution:	Date Received	Aggregate Contributions	-		
☐ Cash ☐ Personal Check ■ Credit/Debit Card ☐ Payroll Deduction ☐ Money	y Order 6/8/2021	\$75.00			
Last Name	First		MI		
Rosenberg	Meira				
Residential Street Address	City		State Zip Code		
52 Boulder Brook Drive	Stamford		CT 06903		
Principal Occupation	Name of Employer				
Professor, writer, lawyer	UConn				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes does contribution is in excess of \$400 does contributor or business he/she valued at more than \$5,000?			Amount of Contribution		
Is this contribution associated with an event reported in Section L1? If yes, list Event # Yes Is contributor a principal of a If yes, indicate which bra of government the contra		te contractor? Yes No Legislative	\$75.00		
Method of Contribution:	Date Received	Aggregate Contributions			
☐ Cash ☐ Personal Check ☐ Credit/Debit Card ☐ Payroll Deduction ☐ Mone	y Order 6/8/2021	\$75.00			
SUB'	TOTAL Section B — This	s Page	\$400.00		
TOTAL	L of additional Section B	Pages & XIC	v 9		
TOTAL OF ALL CONTRIBUTIONS FROM	M INDIVIDUALS (Sections 13, Column A of Summary Page		al G		
(Enter total on Line	13, Column A of Summury Page	100000 DIV	1 1		

Section B ADDITIONAL PAGE 76 of 4

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repo	ository)		TYPE OF REPORT	a Miles	
Caroline Simmons for Mayor			July	10 filing	g
A. Total Contributions from Small Contributors-I		this Period ONLY STOTAL SECTION A	\$	0.00	
			'		
B. Itemize	ed Contr	ibutions from Indivi	duals		
Last Name Fay		Melissa			M1
Residential Street Address 66 Diamondcrest Lane	City Sta	amford		State CT	Zip Code 06903
Principal Occupation		Name of Employer			
Finance		Drexel Hamilton			
	ss he/she is as	candidate for a chief executive ssociated with have a contract Yes No		/, Amou	ent of Contribution
Is this contribution associated with an event reported in Section L1? Is contributor a princi lf yes, list Event #	hich branch		e contractor? Yes No Legislative		\$75.00
Method of Contribution:		Date Received	Aggregate Contributions	7	
☐ Cash ☐ Personal Check ☐ Credit/Debit Card ☐ Payroll Deduction ☐	☐ Money Ord	der 6/8/2021	\$75.00		
Last Name		First		- dia	MI
Lindsay		Michael			
Residential Street Address	City	eenwich		State	Zip Code 06830
101 Lewis St, Apt E Principal Occupation	J G	Name of Employer		CI	06630
consultant		consultant			
	ss he/she is as	candidate for a chief executives sociated with have a contract Yes No		/, Amou	ent of Contribution
Is this contribution associated with an event reported in Section L1? Some No	hich branch		te contractor? Yes No Legislative		\$150.00
Method of Contribution:		Date Received	Aggregate Contributions		
☐ Cash ☐ Personal Check ☐ Credit/Debit Card ☐ Payroll Deduction ☐	☐ Money Ord	der 6/8/2021	\$150.00		
Last Name		First			MI
Rosenfeld		Richard			
Residential Street Address	City				Zip Code
8 Club Rd.	St	amford		СТ	6905
Principal Occupation Attorney		Name of Employer RLRosenfeld Cor	eulting		
	of £100 to a			. [at of Containation
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? No If contribution is in excess does contributor or busines valued at more than \$5,000	ss he/she is a	candidate for a chief executive ssociated with have a contract Yes No	with said municipality	Amou	unt of Contribution
Is this contribution associated with an event reported in Section L1? If yes, list Event # Yes Is contributor a princi If yes, indicate with an event reported in Section L1? Of government the	hich branch		■ No □ Legislative		\$75.00
Method of Contribution:		Date Received	Aggregate Contributions		
☐ Cash ☐ Personal Check ☐ Credit/Debit Card ☐ Payroll Deduction	⊔Money Ord	der 6/8/2021	\$75.00		
	SUBTO	TAL Section B — This	Page	\$300.00)
	TOTAL of	f additional Section B l	Pages & S	619	
TOTAL OF ALL CONTRIBUTIONS (Enter total		NDIVIDUALS (Sections A Column A of Summary Page	4 (2)	019	

Section B ADDITIONAL PAGE 77 of 141

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)			TYPE OF REPORT		
Caroline Simmons for Mayor			July	y 10 filin	ıg
A. Total Contributions from Small Contributors-Receiv (See instructions for definition of Small Contributor)		this Period ONLY TOTAL SECTION A	\$	0.00	1
B. Itemized Co	ntri	butions from Indivi	duals		2014
Last Name Turner		First Sally			MI
Residential Street Address 275 Lake Avenue	City Gre	eenwich		State CT	Zip Code 06830
Principal Occupation Writer		Name of Employer Retired lawyer			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? No Yes If contribution is in excess of \$400 does contributor or business he/sho valued at more than \$5,000?				y, Amo	unt of Contribution
Is this contribution associated with an event reported in Section L1? If yes, list Event # No If yes, indicate which bra of government the contra	ınch o	or branches	e contractor? ☐ Yes ☐ No ☐ Legislative		\$150.00
Method of Contribution: ☐ Cash ☐ Personal Check ☐ Credit/Debit Card ☐ Payroll Deduction ☐ Mone	y Ordo	Date Received 6/8/2021	Aggregate Contributions \$150.00		
Last Name Swanberg		^{First} Sarah			MI
Residential Street Address	City			State	Zip Code
57 Ocean drive west	1	ımford		CT	06902
Principal Occupation		Name of Employer			
Acupuncturist		Indigo Wellness (Group		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? State of \$400 does contributor or business he/she valued at more than \$5,000?				y, Amoi	unt of Contribution
Is this contribution associated with an event reported in Section L1? If yes, list Event # Yes Is contributor a principal of a fyes, indicate which broof government the contration of government the contration.	anch o	or branches	te contractor? Yes No Legislative		\$75.00
Method of Contribution:		Date Received	Aggregate Contributions		
□ Cash □ Personal Check ■ Credit/Debit Card □ Payroll Deduction □ Mone	y Orde	er 6/8/2021	\$75.00		
Last Name		First			MI
Adams	- 1	Terry			
Residential Street Address	City			State	Zip Code
15 Lipton Place	Sta	amford		СТ	06902
Principal Occupation		Name of Employer			
Retired		Retired			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Solution Is contribution is in excess of \$400 does contributor or business he/she valued at more than \$5,000?				y, Amo	unt of Contribution
Is this contribution associated with an event reported in Section L1? If yes, list Event # Yes No If yes, indicate which bra of government the contra	ınch o	or branches	Legislative		\$100.00
Method of Contribution: ☐ Cash ☐ Personal Check ☐ Credit/Debit Card ☐ Payroll Deduction ☐ Mone	y Orde	Date Received er 6/8/2021	Aggregate Contributions \$600.00		
8. 26 多 3 15 在 14 F 发生 化双双流动 (人名英格兰斯 15 F A A A A A A A A A A A A A A A A A A	200	AL Section B — This	Page	\$325.0	0
	11,5	additional Section B l	1: 61	000	
TOTAL OF ALL CONTRIBUTIONS FRO				01/	
		Column A of Summary Page	/ D 0///	d 9	

Section B ADDITIONAL PAGE 78 of 141

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)			TYPE OF REPORT		15 S. V. W. W.
Caroline Simmons for Mayor			July	/ 10 filir	ng
A. Total Contributions from Small Contributors-Receive (See instructions for definition of Small Contributor)		nis Period ONLY OTAL SECTION A	\$	0.00)
B. Itemized Cor	ıtrib	outions from Indivi	duals		
Last Name	Fi	irst			MI
Gosden		Andrew		r	
	City	. VI-		State	Zip Code 10028
	ivew	/ York		NY	10026
Principal Occupation		Name of Employer	agament		
Finance		Apollo Global Mar			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? If contribution is in excess of \$400 to does contributor or business he/she valued at more than \$5,000?				y, Amo	unt of Contribution
Is this contribution associated with an event reported in Section L1? If yes, list Event # Yes Is contributor a principal of a s If yes, indicate which bran of government the contrac	ch or	branches	e contractor? ☐ Yes ☐ No ☐ Legislative		\$150.00
Method of Contribution:	t 13 W1	Date Received	Aggregate Contributions	\dashv	
☐ Cash ☐ Personal Check ☐ Credit/Debit Card ☐ Payroll Deduction ☐ Money	Order		\$150.00		
Last Name	Fi	irst			MI
Reed	Δ	Ann			
Residential Street Address	City			State	Zip Code
15 Libby Lane	Dari	en		СТ	06820
Principal Occupation		Name of Employer			l.
Retired		Retired			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes If contribution is in excess of \$400 t does contributor or business he/she is valued at more than \$5,000?				y, Amo	unt of Contribution
Is this contribution associated with an event reported in Section L1?	nch or	branches	te contractor? ☐ Yes ☐ No ☐ Legislative		\$75.00
Method of Contribution:	20 15 W	Date Received	Aggregate Contributions	-	
☐ Cash ☐ Personal Check ☐ Credit/Debit Card ☐ Payroll Deduction ☐ Money	Order	6/9/2021	\$225.00		
Last Name	F	irst			MI
Murchie		David			
Residential Street Address	City			State	Zip Code
61 Wildwood Road	Star	mford		СТ	06903
Principal Occupation	-	Name of Employer			•
Software Developer		Self-Employed			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? If contribution is in excess of \$400 to does contributor or business he/she valued at more than \$5,000?				y, Am o	unt of Contribution
Is this contribution associated with an event reported in Section L1? If yes, list Event # Yes Is contributor a principal of a s If yes, indicate which brar of government the contract	nch or	branches	e contractor? ☐ Yes ☐ No ☐ Legislative		\$100.00
Method of Contribution:		Date Received	Aggregate Contributions		
☐ Cash ☐ Personal Check ☐ Credit/Debit Card ☐ Payroll Deduction ☐ Money	Order	6/9/2021	\$100.00		
SUBT	OTA	AL Section B — This	Page	\$325.0	0
TOTAL	ofa	dditional Section B I	Pages & SIC	019	
TOTAL OF ALL CONTRIBUTIONS FROM (Enter total on Line I		DIVIDUALS (Sections A		19	-

Section B ADDITIONAL PAGE 79 of 19

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Rep	pository)	10		TYPE OF REPORT	110 110	
Caroline Simmons for Mayor				Jul	y 10 filir	ng
A. Total Contributions from Small Contributors- (See instructions for definition of Small Contributor)			his Period ONLY OTAL SECTION A	\$	0.00)
	zed Con	ıtrik	outions from Indivi	duals		
Last Name O'Neill		F	irst Kristin			MI
Residential Street Address	10	City	Kristiri		State	Zip Code
272 Homefair Drive			field		CT	06825
Principal Occupation			Name of Employer			
Volunteer			Unemployed			
	ess he/she i		indidate for a chief executive column and with have a contract Yes No		y. Amo	unt of Contribution
Is this contribution associated with an event reported in Section L1? If yes, list Event #	vhich bran	ch or		e contractor?	7	\$75.00
Method of Contribution:			Date Received	Aggregate Contributions	=	
☐ Cash ☐ Personal Check ☐ Credit/Debit Card ☐ Payroll Deduction	□Money	Orde	6/9/2021	\$75.00		
Lust Name		- 1	irst	<u> </u>		MI
Van Wagenen	- 70		Molly			
Residential Street Address 73 Christie Hill Rd	III	City Dari	on		State	Zip Code 06820
Principal Occupation		Dan	Name of Employer			06620
None			None			
	ss he/she i		ndidate for a chief executive ociated with have a contract Yes No		/, Amo	unt of Contribution
Is this contribution associated with an event reported in Section L1? Solution a principle of government to the section L1? Solution a principle of government to the section L1?	which bran	ich or		te contractor? Yes No Legislative		\$500.00
Method of Contribution:			Date Received	Aggregate Contributions	7	
☐ Cash ☐ Personal Check ☐ Credit/Debit Card ☐ Payroll Deduction I	☐ Money (Order	6/9/2021	\$500.00		
Last Name			irst	,		MI
Kirsch			Гrish ————————			
Residential Street Address 9 Hillside Park Road		City Old	Greenwich		State CT	Zip Code 06870
Principal Occupation		Olu	Name of Employer			00070
Publisher			Luxe Interiors + D	esign / Sandow M	edia	
	ess he/she i		Indidate for a chief executive ociated with have a contract Yes No		y, Amo	unt of Contribution
Is this contribution associated with an event reported in Section L1? If yes, list Event # Yes No If yes, indicate we of government the	vhich bran	ch or		e contractor? Yes No		\$500.00
Method of Contribution:		o :	Date Received	Aggregate Contributions		
☐ Cash ☐ Personal Check ☐ Credit/Debit Card ☐ Payroll Deduction	⊔Money •	Order	6/9/2021	\$500.00		
	SUBT	OT A	AL Section B — This	Page	\$1,075.0	00
	TOTAL	of a	dditional Section B F	Pages \$ 9/	619	
TOTAL OF ALL CONTRIBUTIONS (Enter total			DIVIDUALS (Sections A lumn A of Summary Page	(+ B) & 6 (<u> </u>	

Section B ADDITIONAL PAGE 80 of [4]

NAME OF COMMITTEE (Provide Complete Nam	ne as Registered with Filing Repository)			TYPE OF REPORT		G 16 187 / 1
Caroline Simmons for f	Mayor			July	/ 10 filin	g
A. Total Contributions from S (See instructions for definition of Small			is Period ONLY OTAL SECTION A	\$	0.00	
	B. Itemized Co		utions from Indivi	duals	1	
Last Name Shinn		Fir	rst Bianca			Ml
Residential Street Address		City			State	Zip Code
60 Lawn ave #33		Stam	nford		СТ	06902
Principal Occupation			Name of Employer			
Educator			Domus Kids			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes No	If contribution is in excess of \$400 does contributor or business he/she valued at more than \$5,000?				/, Amo	unt of Contribution
_	Yes No Is contributor a principal of a If yes, indicate which bra of government the contrac	nch or b	oranches	e contractor? Yes No Legislative		\$100.00
Method of Contribution:	*		Date Received	Aggregate Contributions	_	
☐ Cash ☐ Personal Check ☐ Credit/Debit C	Card ☐ Payroll Deduction ☐ Money	y Order	6/10/2021	\$525.00		
Last Name		Fir	st			MI
Winokur		D	ee			
Residential Street Address		City			State	Zip Code
341 North Street		Gree	nwich		СТ	06830
Principal Occupation			Name of Employer			
self employed Foundation manager	r		retired			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	If contribution is in excess of \$400 does contributor or business he/she valued at more than \$5,000?				/s Amoi	unt of Contribution
Is this contribution associated with an event reported in Section L1? If yes, list Event #	Yes Is contributor a principal of a If yes, indicate which bra of government the contra	inch or l	branches	te contractor? Yes No Legislative		\$1,000.00
Method of Contribution:			Date Received	Aggregate Contributions	7	
☐ Cash ☐ Personal Check ☐ Credit/Debit C	ard Payroll Deduction Money	Order (6/10/2021	\$1,000.00		
Last Name		Fir	rst		-Jai	МІ
Gubbins		ΙE	laine			
Residential Street Address		City			State	Zip Code
26 Larkspur Rd		Stam	nford		СТ	6903
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 does contributor or business he/she valued at more than \$5,000?				, Amo	unt of Contribution
Is this contribution associated with an event reported in Section L1? If yes, list Event #	Yes Is contributor a principal of a If yes, indicate which bra of government the contra	nch or l	branches	e contractor? Yes No Legislative		\$100.00
Method of Contribution:			Date Received	Aggregate Contributions		
☐ Cash ☐ Personal Check ☐ Credit/Debit C	Card ☐ Payroll Deduction ☐ Money	y Order	6/10/2021	\$100.00		
	SUB	ГОТА	L Section B — This	Page	31,200.0	00
	TOTAL	L of ac	dditional Section B I	Pages 5 8	1619	7
TOTAL OF A	ALL CONTRIBUTIONS FROM (Enter total on Line		IVIDUALS (Sections A umn A of Summary Page		1019	
					K L	

Section B ADDITIONAL PAGE 81 of [4]

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)			TYPE OF REPORT				
Caroline Simmons for Ma				July 10 filing			
A. Total Contributions from Sm (See instructions for definition of Small Co			is Period ONLY OTAL SECTION A	\$ 0.00			
	B. Itemized Con	ntribu	utions from Indivi	duals			
Last Name		Fire	st			MI	
Dynner			Glenn				
Residential Street Address 439 Pepper Ridge Road		City Stam	ford		State CT	Zip Code 06905	
Principal Occupation Professor			Name of Employer Sarah Lawrence (College			
or dependent child of a lobbyist?	If contribution is in excess of \$400 does contributor or business he/she valued at more than \$5,000?				, Amo	unt of Contribution	
Is this contribution associated with an event reported in Section L1? No. 1f yes, list Event #		nch or b	oranches n: Executive	☐ Legislative		\$150.00	
Method of Contribution: ☐ Cash ☐ Personal Check ☐ Credit/Debit Care	d 🏻 РаутоП Deduction 🗖 Money	Order	Date Received 6/10/2021	Aggregate Contributions \$150.00			
ast Name First Freshwater Guy					711	MI	
Residential Street Address 176 Ocean Drive West		City Stam	ford		State	Zip Code 06902	
Principal Occupation Name of Employer Oil Trader Glencore Ltd							
or dependent child of a lobbyist?	If contribution is in excess of \$400 does contributor or business he/she valued at more than \$5,000?				Amo	unt of Contribution	
Is this contribution associated with an event reported in Section L1? If yes, list Event #	1 1	nch or l	branches	te contractor? Yes No Legislative		\$100.00	
Method of Contribution:			Date Received	Aggregate Contributions	7		
☐ Cash ☐ Personal Check ☐ Credit/Debit Care	d Payroll Deduction Money	Order	6/10/2021	\$200.00			
Last Name		Fir				MI	
Garcia		H	eidy			1	
Residential Street Address		City			State	Zip Code	
38 Sherman Street		Stam	nford		СТ	06902	
Principal Occupation			Name of Employer				
Self employed			Housekeeper				
or dependent child of a lobbyist?	If contribution is in excess of \$400 does contributor or business he/she valued at more than \$5,000?				, Amo	ount of Contribution	
	contribution associated with an reported in Section L1? Yes No Is contributor a principal of a state contractor or prospective state contractor?				\$50.00		
Method of Contribution:			Date Received	Aggregate Contributions	7		
☐ Cash ☐ Personal Check ☐ Credit/Debit Car	rd □ Payroll Deduction □ Money	Order (6/10/2021	\$50.00			
	SUB	ГОТА	L Section B — This	Page	\$300.0	0	
	TOTAL	L of ac	dditional Section B l	Pages 5	3/61	9	
TOTAL OF AI	LL CONTRIBUTIONS FROM (Enter total on Line		IVIDUALS (Sections a umn A of Summary Page	A + B) Totals) 5 8	619		

Section B ADDITIONAL PAGE 82 of 191

A. Total Contributions from Small Contributors-Received this Period ONLY (See Instructions for definition of Small Contributor) B. Itemized Contributions from Individuals B. Itemized Contributions from Individuals	NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)				TYPE OF REPORT			
B. Itemized Contributions from Individuals Batt Name First Jennifer	Caroline Simmons for Ma	ayor			July 10 filing			
Last Name Godzeno Residential Street Address 29B Douglas Ave Stamford State CT 06906 Principal Occupation Urban Planner Is contributor a lobbyist, spouse, or dependent child of a lobbyist? No Is this contribution associated with an event reported in Section L1? Method of Contribution: Cash Personal Check Credit/Debit Card Payroll Deduction Money Order Residential Street Address 26 The Ridgeway Principal Occupation Name of Employer National Association of City Transportation Officials Amount of Contribution Amount of Contribution Special state contractor? Yes No If yes, indicate which branch or branches If yes, indicate which branch or branches Agregate Contributions 6/10/2021 \$1,000.00 MI CT Amount of Contribution Special State CT 06831 MI MI Cooper Retired Is contributor a lobbyist, spouse, or dependent child of a lobbyist? No Valued at more than \$5,000? Is this contribution associated with an excess of \$400 to a candidate for a chief executive officer of a municipality, and the contract of the cont					\$	0.00)	
Last Name Godzeno Residential Street Address 29B Douglas Ave Stamford State CT 06906 Principal Occupation Urban Planner Is contributor a lobbyist, spouse, or dependent child of a lobbyist? No Is this contribution associated with an event reported in Section L1? Method of Contribution: Cash Personal Check Credit/Debit Card Payroll Deduction Money Order Residential Street Address 26 The Ridgeway Principal Occupation Name of Employer National Association of City Transportation Officials Amount of Contribution Amount of Contribution Special state contractor? Yes No If yes, indicate which branch or branches If yes, indicate which branch or branches Agregate Contributions 6/10/2021 \$1,000.00 MI CT Amount of Contribution Special State CT 06831 MI MI Cooper Retired Is contributor a lobbyist, spouse, or dependent child of a lobbyist? No Valued at more than \$5,000? Is this contribution associated with an excess of \$400 to a candidate for a chief executive officer of a municipality, and the contract of the cont								
Residential Street Address 29B Douglas Ave Stamford Stample		B. Itemized Con	ıtribu	itions from Indivi	duals	(W. 121)		
Residential Street Address 29B Douglas Ave Stamford CT 06906 Principal Occupation Urban Planner Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Is contributor or business he/she is associated with have a contract with said municipality, and the contract of government the contract is with: State Zip Code	Last Name		Firs	st			MI	
29B Douglas Ave Stamford CT 06906 Principal Occupation Urban Planner Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Is this contribution associated with an event reported in Section L1? Method of Contribution: Cash Personal Check Credit/Debit Card Payroll Deduction Money Order Residential Street Address 26 The Ridgeway Principal Occupation Retired Stamford CT 06906 Name of Employer National Association of City Transportation Officials Amount of Contributio Amount of Contributio Space State contractor or prospective state contractor? Yes No If contribution associated with an event reported in Section L1? No If yes, list Event # Method of Contribution: Cash Personal Check Credit/Debit Card Payroll Deduction Money Order Cooper City Greenwich City Greenwich Retired State City Greenwich Retired Is contributor a lobbyist, spouse, or dependent child of a lobbyist? No State City Ci			٠,	Jennifer				
Principal Occupation Name of Employer National Association of City Transportation Officials	Residential Street Address		-				l .	
Urban Planner Sacontributor a lobbyist, spouse, or dependent child of a lobbyist? No No No Officials	29B Douglas Ave		Stam	ford		СТ	06906	
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? No No If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? Is this contribution associated with an event reported in Section L1? Method of Contribution: Cash Personal Check Credit/Debit Card Payroll Deduction Money Order Cooper Residential Street Address City Greenwich Name of Employer Retired Is contribution associated with an event reported in Section L1? No State City Greenwich No No No No No No State City Greenwich Name of Employer Retired Is contributor a lobbyist, spouse, or dependent child of a lobbyist? No No No No No No No No No N	Principal Occupation	- 11		Name of Employer			-	
or dependent child of a lobbyist? No does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? Is this contribution associated with an event reported in Section L1? Yes event reported in Section L1? Yes Is contributor a principal of a state contractor or prospective state contractor? Yes Yes Yes If yes, indicate which branch or branches of government the contract is with: Executive Legislative Legislative Mil M	Urban Planner			National Associati	ion of City Transpo	ortation	Officials	
event reported in Section L1? Mothod of Contribution:	or dependent child of a lobbyist?	oes contributor or business he/she i	o a can	iated with have a contract	e officer of a municipality with said municipality	y, Amo	unt of Contribution	
Method of Contribution: Cash Personal Check Credit/Debit Card Payroll Deduction Money Order	event reported in Section L1?	o If yes, indicate which brane	ch or b	ranches	No.	1	\$923.00	
□ Cash □ Personal Check ■ Credit/Debit Card □ Payroll Deduction □ Money Order 6/10/2021 \$1,000.00 Last Name Cooper		of government the contract	t is with			_		
Last Name Cooper First MI								
Cooper Residential Street Address 26 The Ridgeway Principal Occupation Retired Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Is this contribution associated with an Yes Is contributor a principal of a state contractor or prospective state contractor? Is this contribution associated with an Yes Is contributor a principal of a state contractor or prospective state contractor?	☐ Cash ☐ Personal Check ☐ Credit/Debit Card	I ☐ Payroll Deduction ☐ Money	Order	6/10/2021	\$1,000.00			
Residential Street Address 26 The Ridgeway Principal Occupation Retired Is contributor a lobbyist, spouse, or dependent child of a lobbyist? No Is this contribution associated with an Yes Is contributor a principal of a state contractor or prospective state contractor? Yes State Zip Code CT 06831 Amount of Contribution Amount of Contribution State Vip Code CT 06831	Last Name						MI	
26 The Ridgeway Greenwich CT 06831 Principal Occupation Retired Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Is this contribution associated with an Yes Is contributor a principal of a state contractor or prospective state contractor?	Cooper		Jo	ohn				
Principal Occupation Retired Retired Is contributor a lobbyist, spouse, or dependent child of a lobbyist? No Is this contribution associated with an Yes Is contributor a principal of a state contractor or prospective state contractor? Yes Samount of Contribution Amount of Contribution Principal Occupation Retired Samount of Contribution Amount of Contribution Amount of Contribution Samount of Contributio	Residential Street Address	C	City				Zip Code	
Retired Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Is this contribution associated with an Yes Is contributor a principal of a state contractor or prospective state contractor?	26 The Ridgeway		Gree	nwich		СТ	06831	
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? Is this contribution associated with an Yes Is contributor a principal of a state contractor or prospective state contractor?	Principal Occupation			Name of Employer				
or dependent child of a lobbyist? No does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? Is this contribution associated with an Yes Is contributor a principal of a state contractor or prospective state contractor?	Retired							
	or dependent child of a lobbyist?	loes contributor or business he/she is		iated with have a contract		y, Amo	unt of Contribution	
If yes, list Event # 1 of government the contract is with: Executive Legislative	event reported in Section L1?	If yes, indicate which bran	nch or b	oranches	No		\$300.00	
Method of Contribution: Date Received Aggregate Contributions								
□ Cash □ Personal Check ■ Credit/Debit Card □ Payroll Deduction □ Money Order 6/10/2021 \$400.00	☐ Cash ☐ Personal Check ☐ Credit/Debit Card	Payroll Deduction Money	Order	6/10/2021	\$400.00			
Last Name First MI	Last Name		Fir	st			MI	
Villeda Katherine	Villeda		K	atherine				
Residential Street Address City State Zip Code	Residential Street Address	10	City			State	Zip Code	
38 Sherman Street Stamford CT 06902	38 Sherman Street		Stam	ford		СТ	06902	
Principal Occupation Name of Employer	Principal Occupation		-	Name of Employer		J	<u> </u>	
Student Student				, ,				
Is contributor a lobbyist, spouse,	Is contributor a lobbyist spanse	f contribution is in excess of \$400 t	to a can	I didate for a chief executiv	e officer of a municipalit	y Amo	unt of Contribution	
or dependent child of a lobbyist? No No No No No No No No No N	or dependent child of a lobbyist?	loes contributor or business he/she i		iated with have a contract		, Anno	unt of Contribution	
Is this contribution associated with an event reported in Section L1? If yes, list Event # Is contributor a principal of a state contractor or prospective state contractor?	event reported in Section L1? No No No No No No No N			h: Executive	■ No □ Legislative		\$25.00	
Method of Contribution: Date Received Aggregate Contributions								
□ Cash □ Personal Check ■ Credit/Debit Card □ Payroll Deduction □ Money Order 6/10/2021 \$25.00	☐ Cash ☐ Personal Check ☐ Credit/Debit Card	□ Payroll Deduction □ Money	Order	6/10/2021	\$25.00			
SUBTOTAL Section B — This Page \$1,248.00		SUBT	OTA	L Section B — This	Page	\$1,248.0	00	
TOTAL of additional Section B Pages \$ \$ \(\begin{align*} \text{S} \\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \		TOTAL	of ac	lditional Section B 1	Pages \$	8/6/	r 9	
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B) (Enter total on Line 13, Column A of Summary Page Totals)	TOTAL OF ALI				A + B) S X	1619		

Section B ADDITIONAL PAGE 83 of 1991

A. Total Contributions from Small Contributions Received this Period ONLY (December of deficient of Small Contributions (Small Contributions)) B. Itemized Contributions from Individuals Lesting	NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)	TYPE OF REPORT	TYPE OF REPORT				
B. Itemized Contributions from Individuals Last Name. Final Lessing	Caroline Simmons for Mayor		July	July 10 filing			
Cash Personal Check Cedit/Debit Card Psyroll Deduction Money Order Stamford				0.00			
Cash Personal Check Cedit/Debit Card Psyroll Deduction Money Order Stamford							
Continuitors alobylysis, pouse, or dependent child of a lobylysis Section Living Payroll Deduction	B. Itemized Co	ntributions from I	ndividuals				
Recidental Store Address 134 Brookdale Rd Stamford Sta				MI			
134 Brookdale Rd	Tamarkin	Leslie					
Name of Complexion Self		1 '					
Self		1		C1 06903			
Security							
does contribution or business herbis is associated with have a contract with said municipality yes. Is this contribution associated with an event reported in Section 1.12 Yes event reported in Section 1.12 Yes Scontibilities a principal of a state contractor or prospective state contractor.							
System of Executive Legislative No State	or dependent child of a lobbyist?	e is associated with have a c	ontract with said municipality	y, Amount of Contribution			
Date Personal Check Credit/Debit Card Payroll Deduction Money Order First Payroll Deduction Money Order Stamford	event reported in Section L1?	inch or branches	■ No	Λ35.00			
Coash Personal Check Credit/Debit Card Payroll Deduction Money Order 6/10/2021 \$75.00				-			
Pathy Path		y Order 6/10/202	1 \$75.00				
Residential Street Address 542 Haviland Road City Stamford Stamford Stamford CT O6903 Principal Occupation N/a Name of Employer N/a N/a N/a N/a N/a N/a N/a N/a N/a N/a N/a N/a N/a	Last Name	First		MI			
Stamford	Denham Travaglino	Patty					
Principal Occupation N/a Name of Employer N/a		City		· ·			
N/a Scontributor a lobbyist, spouse, or dependent child of a lobbyist? Yes No Statistic contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000 Yes Stootributor a principal of a state contractor or prospective state contractor? Yes Yes Yes Yes Yes Yes Yes, indicate which branch or branches Yes Ye	542 Haviland Road Stamford CT 06						
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Is this contribution associated with an event reported in Section L1? If contributor or business he/she is associated with have a contract with said municipality, valued at more than \$5,000? Is this contribution associated with an event reported in Section L1? If yes, list Event # Method of Contribution: Cash Personal Check Credit/Debit Card Payroll Deduction Money Order	Principal Occupation						
or dependent child of a lobbyist? No does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? Is this contribution associated with an event reported in Section L1? Yes of government the contract is with: Cash Personal Check Credit/Debit Card Payroll Deduction Money Order Mead, Bromley & Bishop	N/a N/a						
event reported in Section L1? No	or dependent child of a lobbyist?	endent child of a lobbyist? In No does contributor or business he/she is associated with have a contract with said municipality					
Method of Contribution: Cash Personal Check Credit/Debit Card Payroll Deduction Money Order Pirst	event reported in Section L1? No If yes, indicate which bra	anch or branches	■ No	41/11/1/11			
Cast Name Contribution Cash Personal Check Credit/Debit Card Payroll Deduction Manuel Of Contributions Cash Personal Check Credit/Debit Card Payroll Deduction Manuel Of Additional Section B Pages State City Stamford CT CT CT CT CT CT CT C				_			
Residential Street Address 29 Douglas Avenue, Unit B Stamford City Stamford CT 06906 Principal Occupation Attorney Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Is this contribution associated with an event reported in Section L1? If yes, indicate which branch or branches of government the contract is with: Stamford CT O6906 CT O6906 CT O6906 CT O6906	☐ Cash ☐ Personal Check ☐ Credit/Debit Card ☐ Payroll Deduction ☐ Mone	y Order 6/10/202	1 \$100.00				
Residential Street Address 29 Douglas Avenue, Unit B Stamford CT 06906 Principal Occupation Attorney Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Is this contribution associated with an event reported in Section L1? If yes, list Event # Method of Contribution: Cash Personal Check Credit/Debit Card Payroll Deduction Money Order TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDIALS (Sections A + B) State Zip Code CT 06906 CT 06906 Amount of Contribution Amount of Contribution State City Stamford CT 06906 CT 06	Last Name	First		МІ			
29 Douglas Avenue, Unit B Stamford CT 06906 Principal Occupation Attorney Name of Employer Mead, Bromley & Bishop Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Is contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? Is this contribution associated with an event reported in Section L1? If yes, indicate which branch or branches of government the contract is with: Method of Contribution: Cash Personal Check Credit/Debit Card Payroll Deduction Money Order SUBTOTAL Section B — This Page \$1,100.00	Godzeno	Robert					
Principal Occupation Attorney Name of Employer Mead, Bromley & Bishop	Residential Street Address	City		State Zip Code			
Attorney Mead, Bromley & Bishop Is contributor a lobbyist, spouse, or dependent child of a lobbyist? No No No No No No No N	29 Douglas Avenue, Unit B	Stamford		CT 06906			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? No Ves If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? Is this contribution associated with an event reported in Section L1? Yes No Is contributor a principal of a state contractor or prospective state contractor? Yes No If yes, indicate which branch or branches of government the contract is with: Executive Legislative Aggregate Contributions Subtrotal Section B — This Page \$1,100.00	Principal Occupation	Name of Employer	=======================================				
or dependent child of a lobbyist? No does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? Yes No Is this contribution associated with an event reported in Section L1? Yes No Is contributor a principal of a state contractor or prospective state contractor? Yes event reported in Section L1? If yes, indicate which branch or branches of government the contract is with: Executive Legislative Method of Contribution: Cash Personal Check Credit/Debit Card Payroll Deduction Money Order 6/10/2021 \$1,000.00 SUBTOTAL Section B — This Page \$1,100.00 TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B)	Attorney	Mead, Brom	ley & Bishop				
event reported in Section L1? If yes, indicate which branch or branches of government the contract is with: Date Received Aggregate Contributions	Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality						
□ Cash □ Personal Check ■ Credit/Debit Card □ Payroll Deduction □ Money Order 6/10/2021 \$1,000.00 SUBTOTAL Section B — This Page \$1,100.00 TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B)	event reported in Section L1? No If yes, indicate which bra	anch or branches	■ No				
SUBTOTAL Section B — This Page \$1,100.00 TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B)	Carrier Communication Communic		1 11 1				
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B)	☐ Cash ☐ Personal Check ☐ Credit/Debit Card ☐ Payroll Deduction ☐ Mone	y Order 6/10/202	1 \$1,000.00				
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections 4 + R)	SUB	TOTAL Section B —	- This Page	\$1,100.00			
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B) (Enter total on Line 13, Column A of Summary Page Totals) \$\\$\\$\\(\begin{align*} \bigsigm\) \bigsigm\\ \bigm\\ \bigsigm\\ \bigm\\ \bigsigm\\ \bigsigm\\ \bigsigm\\ \bigsigm\\ \bigsigm\\ \bigm\\ \bigsigm\\ \bigm\\ \bigsigm\\ \bigsigm\\ \bigsigm\\ \bigsigm\\ \bigsigm\\ \bigm\\ \bigsigm\\ \bigm\\ \b	TOTA	L of additional Section	on B Pages	31619			
			tions A + B) y Page Totals)	1619			

Section B ADDITIONAL PAGE 84 of \(\sum \frac{1}{2} \)

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)	TYPE OF REPORT					
Caroline Simmons for Mayor			July 10 filing			
A. Total Contributions from Small Contributors-Receiv (See instructions for definition of Small Contributor)		Period ONLY AL SECTION A	\$ 0.00			
B. Itemized Co.	ntributi	ions from Individ	duals	1 5 (S.E.)		
Last Name	First				Ml	
Duryea	Tir	na 				
Residential Street Address	City				Zip Code	
6 Deane Court	Norwal			СТ	06853	
Principal Occupation	- 1	lame of Employer	D			
Artist - portrait painter		Self employed TL	Duryea			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? If contribution is in excess of \$400 does contributor or business he/she valued at more than \$5,000?				/, Amou	nt of Contribution	
Is this contribution associated with an Yes Is contributor a principal of a					\$150.00	
event reported in Section L1?			☐ Legislative		φ150.00	
Method of Contribution:	D	ate Received	Aggregate Contributions	=		
☐ Cash ☐ Personal Check ■ Credit/Debit Card ☐ Payroll Deduction ☐ Money	/ Order	6/10/2021	\$160.00			
Lust Name	First				MI	
Passaro	Cara	а				
Residential Street Address	City			State	Zip Code	
1 Fern Street Hartford CT 061						
Principal Occupation	N	anic of Employer				
Director of Government Affairs Hartford HealthCare						
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? No Yes If contribution is in excess of \$400 does contributor or business he/she valued at more than \$5,000?				/, Amou	nt of Contribution	
Is this contribution associated with an event reported in Section L1? Yes Is contributor a principal of a lfyes, indicate which bra	nch or bra	nches	■ No		\$100.00	
If yes, list Event # of government the contra		ate Received	☐ Legislative Aggregate Contributions			
☐ Cash ☐ Personal Check ☐ Credit/Debit Card ☐ Payroll Deduction ☐ Money	Order	6/11/2021	\$100.00			
Last Name	First			1	МІ	
Wiggins	Cha	ani				
Residential Street Address	City			State	Zip Code	
609 L St NE Unit 2	Washir	ngton		DC	20002	
Principal Occupation		lame of Employer				
Consultant	١	Winn Strategies				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? No lf contribution is in excess of \$400 does contributor or business he/she valued at more than \$5,000?				/a Amou	nt of Contribution	
Is this contribution associated with an Principal of a state contractor or prospective state event reported in Section L1? Yes Is contributor a principal of a state contractor or prospective state of the state contractor or prospective state event reported in Section L1?			e contractor? ☐ Yes ☐ No ☐ Legislative		\$100.00	
Method of Contribution:		ate Received	Aggregate Contributions			
☐ Cash ☐ Personal Check ☐ Credit/Debit Card ☐ Payroll Deduction ☐ Money	y Order	6/11/2021	\$100.00			
SUBT	TOTAL	Section B — This	Page	\$350.00		
TOTAL	L of addi	itional Section B F	ages S	8161	9	
TOTAL OF ALL CONTRIBUTIONS FROM (Enter total on Line		IDUALS (Sections A n A of Summary Page	(+ B)		×.	

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)				TYPE OF R	EPORT	750	Square projects
Caroline Simmons for Mayor			July 10 filing				
A. Total Contributions from S (See instructions for definition of Small			his Period ONLY OTAL SECTION A	\$		0.00	
							Ser
	B. Itemized Con	ntrib	outions from Indivi	duals		Yenv	
Last Name		F	irst				Ml
Barro			Jen				
Residential Street Address		City				State	Zip Code
18 Dunwoodie Place		Gree	enwich			CT	06830
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 does contributor or business he/she valued at more than \$5,000?					, Amoi	unt of Contribution
Is this contribution associated with an event reported in Section L1? If yes, list Event #	Yes Is contributor a principal of a s No If yes, indicate which brai of government the contrac	ich or	branches		☐ Yes ■ No	7	\$25.00
	or government the contract	,L 15 W1	Date Received	Aggregate Cor		-	
Method of Contribution: ☐ Cash ☐ Personal Check ☐ Credit/Debit (Card Payroll Deduction Money	Order		\$25.00	intoutions		
Last Name			irst				МІ
Scannell			Katie				
Residential Street Address		City				State	Zip Code
69 Waller Street			Francisco			CA	94102
Principal Occupation			Name of Employer				
Marketing			Kane innovations				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?		Amount of Contrib				unt of Contribution	
Is this contribution associated with an event reported in Section L1? If yes, list Event #	Yes Is contributor a principal of a No If yes, indicate which bra of government the contra	nch or	r branches		☐ Yes ■ No		\$1,000.00
Method of Contribution:			Date Received	Aggregate Cor	ntributions	1	
☐ Cash ☐ Personal Check ■ Credit/Debit C	Card Payroll Deduction Money	Order	6/11/2021	\$1,000.0	0		
Last Name		F	irst				MI
Hughes		1	Oonna				
Residential Street Address		City				State	Zip Code
31 EMMA RD		STA	MFORD			CT	06905-2206
Principal Occupation			Name of Employer				
retired			retired				
Is contributor a lobbyist, spouse, Yes or dependent child of a lobbyist?	If contribution is in excess of \$400 does contributor or business he/she valued at more than \$5,000?					, Amo	unt of Contribution
	Yes Is contributor a principal of a significant which brain of government the contract	nch or	branches	☐ Legislati			\$200.00
Method of Contribution:			Date Received	Aggregate Con	itributions		
☐ Cash ☐ Personal Check ☐ Credit/Debit (Card ☐ Payroll Deduction ☐ Money	Order	6/12/2021	\$250.00			
	SUBT	OTA	AL Section B — This	Page	\$	1,225.0)0
	TOTAL	ofa	dditional Section B 1	Pages	\$ 8	1601	9
TOTAL OF	ALL CONTRIBUTIONS FROM					1.10	
WHEN THE OWNER WHEN THE WAR HAVE	(Enter total on Line	13, Co	lumn A of Summary Page	Totals)	581	417	

Section B ADDITIONAL PAGE 86 of 141

A. Total Contributions from Small Contributors-Received this Period ONLY (See Instructions for definition of Small Contributors) B. Itemized Contributions from Individuals Last Name Murphy B. Crosp Sacrosphare Well and the Seed of Santa Sacrosphare B. State Coty Sacrosphare B. Itemized Contributions from Individuals Last Name Murphy B. Crosp Sacrosphare Well and Sacrosphare B. State Coty Sacrosphare Crosp Beach Crosp Beach Crosp Beach Crosproads School for Arts & Sciences Is contributor a blobyist, apouse, or dependent child of a lobbyist? No valued at more than \$5.00? Yes Such Contribution associated with an event reproned in Section 1.1? No Valued at more than \$5.00? Yes Well Event at more than \$5.00? Yes Such Contributor a principal of sature contractor or prespective state contractor. Is contributor a principal of Seaton Contribution State Carr Backedonial Street Address Well and Developed the Section 1.1? Yes Such Contribution associated with an event reproned in Section 1.1? No Valued at more than \$5.00? Section 1.1 Such Contribution State Carr Backedonial Street Address Well and Developed to Section 1.1 Such Contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality value of the state contractor. Special Section 1.1 Such Contribution State Carr Backedonial Street Address Well and Section 1.1 Such Contribution State Carr Retired Such Contribution associated with an event reproductive officer of a municipality value of the state contractor. Special Section 1.1 Such Contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality value of the state of the
Substitutions for definition of Small Contributory Substitutions from Individuals
Residential Street Address Sacrotributor a lobbysist, spouse, or dependent child of a lobbysist? Best Cary Long Beach Name of Employer Crossroads School for Arts & Sciences Name of Employer Crossroads School for Arts & Sciences Security Constitution associated with an event reported in Section L1? No least of Employer Crossroads School for Arts & Sciences School for Arts & Sciences Name of Employer Crossroads School for Arts & Sciences If contribution is in excess of \$400 to a candidate for a chief exceutive officer of a municipality, of does contribution associated with an event reported in Section L1? No least of Employer Method of Contribution Cash Personal Check Credit/Debit Card Payroll Deduction Money Order City Greenwich Retired Scarc City Greenwich Retired Scarc Contribution associated with an event reported in Section L1? No No least of Employer Retired Scarc Contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, of the exception of the except
Residential Street Address Sacrotributor a lobbysist, spouse, or dependent child of a lobbysist? Best Cary Long Beach Name of Employer Crossroads School for Arts & Sciences Name of Employer Crossroads School for Arts & Sciences Security Constitution associated with an event reported in Section L1? No least of Employer Crossroads School for Arts & Sciences School for Arts & Sciences Name of Employer Crossroads School for Arts & Sciences If contribution is in excess of \$400 to a candidate for a chief exceutive officer of a municipality, of does contribution associated with an event reported in Section L1? No least of Employer Method of Contribution Cash Personal Check Credit/Debit Card Payroll Deduction Money Order City Greenwich Retired Scarc City Greenwich Retired Scarc Contribution associated with an event reported in Section L1? No No least of Employer Retired Scarc Contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, of the exception of the except
Residential Street Address City Long Beach State Address CA 90810
Residential Street Address 3265 SANTA FE AVE, Unit 136 Cay Long Beach Cay State Cay South
Sacrotributor a lobbyist, spouse, or dependent child of a lobbyist? No No State Principal Occupation Name of Employer Crossroads School for Arts & Sciences Secontributor a lobbyist, spouse, or dependent child of a lobbyist? No No No State No No No No No No No N
Name of Employer Crossroads School for Arts & Sciences
teacher Crossroads School for Arts & Sciences
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?
State Carr State Carr State Cardit/Debit Card Payroll Deduction Money Order State Carditotor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? Yes State Stat
State Stat
Method of Contribution: Cash Personal Check Credit/Debit Card Payroll Deduction Money Order 6/12/2021 \$5.00
Cash Personal Check Credit/Debit Card Payroll Deduction Money Order 6/12/2021 \$5.00
Last Name Carr Cerical Street Address Get Winthrop Drive City Greenwich City Greenwich Name of Employer Retired State State Contributor a lobbyist, spouse, or dependent child of a lobbyist? If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? Is this contribution associated with an event reported in Section L1? No If yes Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: Executive Legislative
Carr Residential Street Address 96 Winthrop Drive City Greenwich Name of Employer Retired State Retired State City Greenwich Name of Employer Retired Secontributor a lobbyist, spouse, or dependent child of a lobbyist? No Static State City O6878 No State CT O68878 No State CT O68878 No State CT O68878 No State State CT O68878 No State CT O68878 No State CT O6878 No State CT O68878 No State Contribution of a chief executive officer of a municipality, does contribution of a chief executive officer of a municipality, does contribution of a chief executive officer of a municipality, does contribution of a chief executive officer of a municipality, does contribution of a chief executive officer of a municipality, does contribution of a chief executive officer of a municipality, does contribution of a chief executive officer of a municipality, does contribution of a chief executive officer of a municipality, does contribution of a chief executive officer of a municipality, does contribution of a chief executive officer of a municipality, does contribution of a chief executive officer of a municipality, does contribution of a chief executive officer of a municipality, does contribution of a chief executive officer of a municipality, does contribution of a chief executive officer of a municipality, does contribution of a chief executive officer of a municipality, does contribution of a chief executive officer of a municipality, does contribution of a chief executive officer of a municipality, does contribution of a chief executive officer of a municipality, does contribution of a chief executive officer of a municipality, does contribution of a chief executive officer of a municipality, does contribution of a chief executive officer of a chief executive officer of a municipality, does contr
Residential Street Address City Greenwich City Greenwich City Greenwich CT O6878
Principal Occupation Retired Name of Employer Retired
Retired Name of Employer Retired
Retired Retired Retired Retired
Secontributor a lobbyist, spouse, or dependent child of a lobbyist? No
does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? Is this contribution associated with an event reported in Section L1? If yes, list Event # Method of Contribution: Cash Personal Check Credit/Debit Card Payroll Deduction Money Order Sussan No does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? Yes No Sussan No does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? Yes No Sussan Sussan Sussan No does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? Yes No Sussan Sussan Sussan Sussan State Zip Code
Sussan Section L1? No If yes, indicate which branch or branches of government the contract is with: Executive Legislative Legislative Legislative Legislative State Zip Code State Zip Code City State Zip Code City State Zip Code City
□ Cash □ Personal Check ■ Credit/Debit Card □ Payroll Deduction □ Money Order 6/13/2021 \$350.00 Last Name Sussan City State Zip Code
Last Name Sussan Pavid City State Zip Code
Sussan David Residential Street Address City State Zip Code
Residential Street Address City State Zip Code
289 Stamford Ave Stamford CT 06902
Principal Occupation Name of Employer
Photographer Self-Employed
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? Amount of Contribution
Is this contribution associated with an event reported in Section L1? No Is contributor a principal of a state contractor or prospective state contractor? No If yes, indicate which branch or branches of government the contract is with: Executive Legislative \$250.00
Method of Contribution: Date Received Aggregate Contributions C(44/10004) C(44/10004)
□ Cash □ Personal Check ■ Credit/Debit Card □ Payroll Deduction □ Money Order 6/14/2021 \$250.00
SUBTOTAL Section B — This Page \$505.00
TOTAL of additional Section B Pages \$ \$ (6)
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B) (Enter total on Line 13, Column A of Summary Page Totals) 5 8 6 9

Section B ADDITIONAL PAGE 87 of //

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)		TYPE OF REPORT				
Caroline Simmons for Mayor			July 10 filing			
A. Total Contributions from Small Contributors-Recei (See instructions for definition of Small Contributor)		this Period ONLY TOTAL SECTION A	\$	0.00		
B. Itemized Contributions from Individuals						
Last Name		First			MI	
Day		Ginny				
Residential Street Address	City			State	Zip Code	
680 Steamboat Road, #6	Gre	eenwich		СТ	06830	
Principal Occupation		Name of Employer				
Self Employed		Retired and Board	l Member			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes If contribution is in excess of \$400 does contributor or business he/sh valued at more than \$5,000?				y, Amor	unt of Contribution	
Is this contribution associated with an event reported in Section L1? If yes, list Event # Yes Is contributor a principal of a lf yes, indicate which brace of government the contral of government the government the contral of government the governm	anch o	or branches	e contractor? Yes No Legislative		\$1,000.00	
	101 13 11	Date Received	Aggregate Contributions	-		
Method of Contribution: ☐ Cash ☐ Personal Check ☐ Credit/Debit Card ☐ Payroll Deduction ☐ Mone	ev Orde		\$1,000.00			
Last Name		First			MI	
Yorke		Jennifer				
		COTTITION		Louis	7:- 0-1-	
Residential Street Address	City	oonwich		State	Zip Code 06831	
20 20 20 20 20 20 20 20 20 20 20 20 20 2						
Principal Occupation Retired						
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes If contribution is in excess of \$400 does contributor or business he/shi				y, Amoi	unt of Contribution	
valued at more than \$5,000?	C 15 das	Yes No	with said municipanty			
Is this contribution associated with an event reported in Section L1? If yes, list Event # Yes Is contributor a principal of a lifyes, indicate which brown of government the contributor.	anch o		e contractor? Yes No		\$500.00	
Method of Contribution:		Date Received	Aggregate Contributions	=		
☐ Cash ☐ Personal Check ☐ Credit/Debit Card ☐ Payroll Deduction ☐ Mone	y Ordo	er 6/14/2021	\$500.00			
Last Name		First		_	MI	
Drimal		Sandra				
Residential Street Address	City			State	Zip Codc	
8 North Road	Da	rien		СТ	6820	
Principal Occupation		Name of Employer				
Homemaker		Homemaker				
Is contributor a lobbyist, spouse,	0 to a c		e officer of a municipalit	v. Amo	unt of Contribution	
or dependent child of a lobbyist? No does contributor or business he/sh valued at more than \$5,000?				//		
Is this contribution associated with an event reported in Section L1? If yes, list Event # Is contributor a principal of a state contractor or prospective state contractor of prospective state contractor or prosp			■ No		\$500.00	
Method of Contribution:		Date Received	Aggregate Contributions			
☐ Cash ☐ Personal Check ☐ Credit/Debit Card ☐ Payroll Deduction ☐ Mone	y Ord	er 6/14/2021	\$1,000.00			
SUB	TOT	TAL Section B — This	Page	\$2,000.0	00	
TOTA	L of	additional Section B I	ages 5 Slo	219		
TOTAL OF ALL CONTRIBUTIONS FRO	M IN	NDIVIDUALS (Sections A	001	e19		
(Enter total on Line	? 13, C	Column A of Summary Page	Iolais) U D (411		

Section B ADDITIONAL PAGE 88 of /U/

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)			TYPE OF REPORT				
Caroline Simmons for N	Mayor			July 10 filing			
A. Total Contributions from Sn (See instructions for definition of Small C			nis Period ONLY OTAL SECTION A	\$	0.00)	
							O#5.
	B. Itemized Con	ıtrib	outions from Indivi	duals	ngili.	Sile	
Last Name		F	irst				Ml
Day			Sean			_	
Residential Street Address		City			State	Zip	Code
680 Steamboat Road, #6		Gree	enwich		CT		06830
Principal Occupation			Name of Employer			-1.	
Self Employed			Board Member				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	If contribution is in excess of \$400 does contributor or business he/she valued at more than \$5,000?				y, Amo	unt	of Contribution
Is this contribution associated with an event reported in Section L1? If yes, list Event #	Yes Is contributor a principal of a s No If yes, indicate which bran of government the contrac	ich or	branches	e contractor?		\$1,	,000.00
Method of Contribution:			Date Received	Aggregate Contributions	_		
☐ Cash ☐ Personal Check ☐ Credit/Debit Ca	ard Payroll Deduction Money	Order	6/14/2021	\$1,000.00			
Last Name		F	irst		L.		MI
Thakor		S	Sudip				
Residential Street Address		City			State	Zip	Code
51 Gilliam Lane		Rive	erside		СТ		06878
Principal Occupation			Name of Employer			_	
Investment Advisory							
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	If contribution is in excess of \$400 does contributor or business he/she valued at more than \$5,000?				y, Amo	ount o	of Contribution
Is this contribution associated with an event reported in Section L1?	Is contributor a principal of a If yes, indicate which braid of government the contract	nch or	r branches	te contractor? ☐ Yes ☐ No ☐ Legislative		\$2	250.00
Method of Contribution:			Date Received	Aggregate Contributions	7		
☐ Cash ☐ Personal Check ■ Credit/Debit Ca	rd □ Payroll Deduction □ Money	Order	6/14/2021	\$250.00			
Last Name		F	inst			_	MI
Palmer			Hadley				
Residential Street Address		City			State	Zip	Code
98 Glenwood Drive		Gre	enwich		СТ		06830
Principal Occupation			Name of Employer		<u> </u>		
Homemaker			Homemaker				
Is contributor a labbuist spouse	If contribution is in excess of \$400.	to a ca	Indidate for a chief executive	o officer of a municipalit	y Am		of Contribution
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000?					or Contribution		
Is this contribution associated with an event reported in Section L1? If yes, list Event #	Is contributor a principal of a solution of government the contract	nch or	branches	e contractor? ☐ Yes ☐ No ☐ Legislative		\$2	250.00
Method of Contribution:			Date Received	Aggregate Contributions			
☐ Cash ☐ Personal Check ☐ Credit/Debit Ca	ard Payroll Deduction Money	Order	г 6/15/2021	\$250.00			
	SUBT	TOT	AL Section B — This	Page	\$1,500.	00	
	TOTAL	ofa	additional Section B 1	Pages 58	1619		
TOTAL OF A	LL CONTRIBUTIONS FROM			4+B) S R	161	G	
	(Enter total on Line)	13, 00	olumn A of Summary Page	10idis)	IVI	J	

Section B ADDITIONAL PAGE 89 of 44

	TYPE OF REPORT	10356				
Caroline Simmons for Mayor			July 10 filing			
is Period ONLY OTAL SECTION A	\$	0.00				
utions from Indivi	duals					
rst			MI			
James			1			
		1 1	Zip Code			
		CI	06902			
Pitney Bowes Inc.						
		/, Amou	nt of Contribution			
branches	■ No		\$500.00			
		-				
6/15/2021	\$500.00					
rst			Тмі			
oan						
		State	Zip Code			
Beach Gardens		FL	33410			
Name of Employer						
retired						
		Amou	nt of Contribution			
branches	■ No		\$500.00			
Date Received	Aggregate Contributions	-				
6/15/2021	\$500.00					
rst		<u> </u>	MI			
tichard						
		State	Zip Code			
York		NY	10006			
Name of Employer						
Capital Properties						
		, Amou	nt of Contribution			
branches	■ No		\$1,000.00			
Date Received	Aggregate Contributions					
6/15/2021	\$1,000.00					
L Section B — This	Page	2,000.00	0			
dditional Section B P	ages 8 80	1619				
	1.70					
	Itions from Indivision	July is Period ONLY otal SECTION A Stations from Individuals statemes ford Name of Employer Pitney Bowes Inc. didate for a chief executive officer of a municipality intended with have a contract with said municipality intended with have a c	July 10 filing is Period ONLY practice of a municipality, lated with have a contract with said municipality and of Employer retired didate for a chief executive officer of a municipality and of Employer retired didate for a chief executive officer of a municipality and of Employer retired didate for a chief executive officer of a municipality and of Employer retired didate for a chief executive officer of a municipality and of Employer retired didate for a chief executive officer of a municipality and of Employer retired didate for a chief executive officer of a municipality and officer offi			

Section B ADDITIONAL PAGE 90 of 44

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)	TYPE OF REPORT					
Caroline Simmons for Mayor			July 10 filing			
A. Total Contributions from Small Contributors-Received this Period ONLY (See instructions for definition of Small Contributor) SUBTOTAL SECTION A			\$	\$ 0.00		
B. Itemized Co	ntril	butions from Indivi	duals	771		
Last Name	F	First			MI	
Kiley	\perp	Stephanie		T	<u> </u>	
Residential Street Address	City			State	Zip Code	
233 Stamford Ave	Sta	mford		CT	06902	
Principal Occupation		Name of Employer				
Occupational Therapist		Self				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes If contribution is in excess of \$400 does contributor or business he/she valued at more than \$5,000?				/, Amo	unt of Contribution	
Is this contribution associated with an event reported in Section L1? If yes, list Event # Yes Is contributor a principal of a If yes, indicate which bra of government the contra	nch or	r branches	e contractor? Yes No		\$250.00	
Method of Contribution:	-	Date Received	Aggregate Contributions	-1		
□ Cash □ Personal Check ■ Credit/Debit Card □ Payroll Deduction □ Money	y Orde		\$250.00			
Last Name	F	First			MI	
Malloy	\	William				
Residential Street Address	City			State	Zip Code	
119 Ralsey Road	Star	mford		СТ	06902	
Principal Occupation		Name of Employer				
insurance self / insurance						
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes If contribution is in excess of \$400 does contributor or business he/she valued at more than \$5,000?				/, Amou	unt of Contribution	
Is this contribution associated with an event reported in Section L1? If yes, list Event # Yes Is contributor a principal of a If yes, indicate which bra of government the contra	anch o	r branches	e contractor? Yes Legislative	,	\$100.00	
Method of Contribution:		Date Received	Aggregate Contributions	7		
☐ Cash ☐ Personal Check ☐ Credit/Debit Card ☐ Payroll Deduction ☐ Money	y Orde	т 6/15/2021	\$200.00			
Last Name	11	First			MI	
Sharp		Adam				
Residential Street Address	City			State	Zip Code	
50 Downs Avenue	1 .	mford		СТ	06902	
Principal Occupation	L	Name of Employer				
Nonprofit Executive			of Television Arts	& Scie	nces	
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes If contribution is in excess of \$400 does contributor or business he/she valued at more than \$5,000?				y, Amo	unt of Contribution	
event reported in Section L1?	Yes Is contributor a principal of a state contractor or prospective state				\$100.00	
Method of Contribution:		Date Received	Aggregate Contributions			
☐ Cash ☐ Personal Check ☐ Credit/Debit Card ☐ Payroll Deduction ☐ Mone	y Orde	er 6/16/2021	\$100.00			
SUB'	TOT.	AL Section B — This	Page	\$450.00	0	
TOTA	L of	additional Section B I	Pages 5 8(619		
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B) (Enter total on Line 13, Column A of Summary Page Totals)						
	-		J.	/		

Section B ADDITIONAL PAGE 91 of 14

NAME OF COMMITTEE (Provide Complete Name as I	Registered with Filing Repository)			TYPE OF REPORT	C186	
Caroline Simmons for Mayor			July 10 filing			
A. Total Contributions from Smal (See instructions for definition of Small Contr			his Period ONLY OTAL SECTION A	\$	0.00	0
	B. Itemized Con	ntrib	outions from Indivi	duals		
Last Name Malloy		F	First Evon			MI
Residential Street Address		City			State	Zip Code
119 Ralsey Road		Star	mford		СТ	06902
Principal Occupation RN			Name of Employer retired			
or dependent child of a lobbyist?	contribution is in excess of \$400 es contributor or business he/she ued at more than \$5,000?				/, Amo	ount of Contribution
Is this contribution associated with an event reported in Section L1? No If yes, list Event #	Is contributor a principal of a s If yes, indicate which brar of government the contrac	ich or	branches	e contractor?		\$100.00
Method of Contribution:	10		Date Received	Aggregate Contributions		
☐ Cash ☐ Personal Check ☐ Credit/Debit Card [☐ Payroll Deduction ☐ Money	Order	r 6/16/2021	\$100.00		
Last Name Babb			irst James			MI
Residential Street Address		City			State	Zip Code
3 Hendrie Drive		OLD	GREENWICH		СТ	06870
Principal Occupation			Name of Employer			
Real Estate			Bluerock Real Es	tate		
or dependent child of a lobbyist?	contribution is in excess of \$400 to es contributor or business he/she ued at more than \$5,000?				Amo	ount of Contribution
Is this contribution associated with an event reported in Section L1? No If yes, list Event #	Is contributor a principal of a s If yes, indicate which braid of government the contract	nch o	r branches	te contractor? Yes No Legislative		\$250.00
Method of Contribution:	V go (o main and o o main	-	Date Received	Aggregate Contributions	1	
☐ Cash ☐ Personal Check ☐ Credit/Debit Card [☐ Payroll Deduction ☐ Money	Order	6/16/2021	\$250.00		
Last Name		F	rirst			MI
Erickson		1	_aura			
Residential Street Address		City			State	Zip Code
67 Club Rd		Rive	erside		СТ	06878-2003
Principal Occupation			Name of Employer			
Retired			Retired			
or dependent child of a lobbyist?	contribution is in excess of \$400 es contributor or business he/she used at more than \$5,000?				y, Amo	ount of Contribution
Is this contribution associated with an event reported in Section L1? No If yes, list Event #	Is contributor a principal of a s If yes, indicate which bran of government the contract	nch or	branches	e contractor? Yes No Legislative		\$250.00
Method of Contribution:	_		Date Received	Aggregate Contributions		
☐ Cash ☐ Personal Check ☐ Credit/Debit Card	☐ Payroll Deduction ☐ Money	Order	6/16/2021	\$250.00		
	SUBT	OT	AL Section B — This	Page	\$600.0	00
	TOTAL	ofa	additional Section B I	Pages § §	161	9
TOTAL OF ALL	CONTRIBUTIONS FROM (Enter total on Line		DIVIDUALS (Sections A Islumn A of Summary Page		161	9

Section B ADDITIONAL PAGE 92 of /u/

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)				TYPE OF REPORT		JUL	
Caroline Simmons for Mayor				July 10 filing			
A. Total Contributions from S (See instructions for definition of Small			this Period ONLY FOTAL SECTION A	\$	0.00)	
	B. Itemized Con	ıtri	butions from Indivi	duals			
Last Name		T	First			Ml	
Lowe			Peter		_		
Residential Street Address		City			State	Zip Code	
167 Shadow Ridge Road		Sta	mford		СТ	06	905
Principal Occupation			Name of Employer				
software engineer			Oracle				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	If contribution is in excess of \$400 does contributor or business he/she valued at more than \$5,000?				y, Amo	ount of Con	atribution
Is this contribution associated with an event reported in Section L1?	Yes Is contributor a principal of a s No If yes, indicate which bran			e contractor?		\$50.00	0
If yes, list Event #	of government the contract			☐ Legislative			
Method of Contribution:			Date Received	Aggregate Contributions			
☐ Cash ☐ Personal Check ■ Credit/Debit C	Card Payroll Deduction Money	Orde	er 6/16/2021	\$50.00			
Last Name		T)	First			MI	
Banyas		- [.	Andrea				
Residential Street Address		City			State	Zip Code	
86 Fairview Ave. Stamford				СТ	069	902	
Principal Occupation Name of Employer							
SAHM							
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?		of \$400 to a candidate for a chief executive officer of a municipality, ss he/she is associated with have a contract with said municipality 7 Yes No				ntribution	
Is this contribution associated with an event reported in Section L1? If yes, list Event #	Yes Is contributor a principal of a lifyes, indicate which braid of government the contract	nch o	or branches	te contractor? Yes No Legislative		\$100.0)0
Method of Contribution:	0. 80 10		Date Received	Aggregate Contributions	-		
☐ Cash ☐ Personal Check ☐ Credit/Debit C	Card Payroll Deduction Money	Orde	er 6/17/2021	\$100.00			
Last Name			First			МІ	
Valente		- 1	Antonio				
Residential Street Address		City			State	Zip Code	
5 Brady Lane		-	tonah		NY		536
Principal Occupation			Name of Employer				
wholesale seafood distribution			Valencambo supe	erior seafood corp			
Is contributor a lobbyist, spouse, Yes	If contribution is in excess of \$400	to a a			y Am	ount of Cor	ntribution
or dependent child of a lobbyist?	does contributor or business he/she valued at more than \$5,000?				y, Ame	funt of Con	attibution
Is this contribution associated with an event reported in Section L1? If yes, list Event # Yes No If yes, indicate which branch or bra of government the contract is with:			or branches with: Executive	■ No □ Legislative		\$1,000.	.00
Method of Contribution:	_		Date Received	Aggregate Contributions			
Cash Personal Check Credit/Debit C	Card Payroll Deduction Money	Orde	er 6/17/2021	\$1,000.00			
	SUBT	тот	AL Section B — This	Page	\$1,150.	00	
	TOTAL	of	additional Section B 1	Pages §	0161	19	
TOTAL OF	ALL CONTRIBUTIONS FROM				MS	6	
THE RESERVE WAS A PROPERTY OF THE PERSON OF	(Enter total on Line	13, C	column A of Summary Page	Totals)	41		

Section B ADDITIONAL PAGE 93 of /4/

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)		STUTY "TURNING	TYPE OF REPORT	_ c 10	A STAMP OF ST
Caroline Simmons for Mayor			July	/ 10 filin	g
A. Total Contributions from Small Contributors-Recei (See instructions for definition of Small Contributor)		his Period ONLY FOTAL SECTION A	\$	0.00	ı
B. Itemized Co		butions from Indivi	duals	11.24%	
Last Name Fleischer	F	First Brian			MI
Residential Street Address 45 Bellmere Avenue	City Star	mford		State CT	Zip Code 06906
Principal Occupation Business development representative		Name of Employer N3, part of Accent	hure		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes If contribution is in excess of S40 does contributor or business he/sh valued at more than \$5,000?		andidate for a chief executiv	e officer of a municipality	y, Amor	unt of Contribution
Is this contribution associated with an event reported in Section L1? If yes, list Event # Is contributor a principal of a lifyes, indicate which broof government the contributor.	anch or	r brunches rith:	☐ Legislative		\$5.00
Method of Contribution: ☐ Cash ☐ Personal Check ☐ Credit/Debit Card ☐ Payroll Deduction ☐ Mone	ey Orde	Date Received 6/17/2021	Aggregate Contributions \$5.00		
Last Name Johnston		^{First} Charles			MI
Residential Street Address 6 Royal Crest drive	City Dou	ıglas		State MA	Zip Code 01516
Principal Occupation Sales	-1	Name of Employer Polar beverage			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? Amount of Contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000?				unt of Contribution	
Is this contribution associated with an event reported in Section L1? If yes, list Event # No Is contributor a principal of fyes, indicate which broggovernment the contributor apprincipal of fyes, indicate which broggovernment the contributor apprincipal of fyes, indicate which broggovernment the contributor apprincipal of fyes, indicate which broggive files the file of file o	anch o	r branches	te contractor? ☐ Yes ☐ No ☐ Legislative		\$1,000.00
Method of Contribution: ☐ Cash ☐ Personal Check ☐ Credit/Debit Card ☐ Payroll Deduction ☐ Mone	y Orde	Date Received 6/17/2021	Aggregate Contributions \$1,000.00		
Last Name	- 1	First		-	MI
Lasnick Residential Street Address		David		T _{G1} .	la: o i
20 Hobson Street	City Sta	mford		State CT	Zip Codc 06902
Principal Occupation Attorney	-!	Name of Employer Self			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes does contribution is in excess of \$40 does contributor or business he/sh valued at more than \$5,000?				y, Amo	unt of Contribution
Is this contribution associated with an event reported in Section L1? Yes Is contributor a principal of a state contractor or prospective state of the state contractor or prospective state of the state contractor or prospective state of the state of t			e contractor? ☐ Yes ☐ No ☐ Legislative		\$50.00
Method of Contribution: ☐ Cash ☐ Personal Check ☐ Credit/Debit Card ☐ Payroll Deduction ☐ Mono	ey Orde	Date Received 6/17/2021	Aggregate Contributions \$50.00		
SUB	тот	AL Section B — This	Page	31,055.0	00
TOTA	Lofa	additional Section B I	Pages &	\$16C	9
TOTAL OF ALL CONTRIBUTIONS FRO		DIVIDUALS (Sections A column A of Summary Page		8161	

Section B ADDITIONAL PAGE 94 of 141

NAME OF COMMITTEE (Provide Complete Na.	me as Registered with Filing Repository)			TYPE OF REPORT		
Caroline Simmons for				July	y 10 fil	ling
A. Total Contributions from S (See instructions for definition of Small			nis Period ONLY OTAL SECTION A	\$	0.0	00
	B. Itemized Co	ntrib	outions from Indivi	duals	ani š	
Last Name Christensen		F	irst Eleanor			Ml
Residential Street Address		City			State	Zip Code
206 Clay Hill Road		Star	mford		СТ	06905
Principal Occupation			Name of Employer			
Retired	40		Retired			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	If contribution is in excess of \$400 does contributor or business he/she valued at more than \$5,000?				y, An	nount of Contribution
Is this contribution associated with an event reported in Section L1? If yes, list Event #	Yes No Is contributor a principal of a If yes, indicate which bra of government the contra	nch or	branches	te contractor?		\$50.00
Method of Contribution:			Date Received	Aggregate Contributions	7	
☐ Cash ☐ Personal Check ■ Credit/Debit (Card Payroll Deduction Money	y Order	6/17/2021	\$75.00		
Last Name		F	irst			MI
Vlahakis		ŀ	Helen			
Residential Street Address		City			State	Zip Code
83 Little Hill Drive		Star	nford		CI	06905
Principal Occupation Accountant			Name of Employer RVI Group			
	1 vg			CC C		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	If contribution is in excess of \$400 does contributor or business he/she valued at more than \$5,000?				y, An	nount of Contribution
Is this contribution associated with an event reported in Section L1? If yes, list Event #	Yes Is contributor a principal of a If yes, indicate which bro of government the contra	ınch or	r branches	te contractor? Yes No Legislative		\$100.00
Method of Contribution:			Date Received	Aggregate Contributions	7	
☐ Cash ☐ Personal Check ☐ Credit/Debit (Card ☐ Payroll Deduction ☐ Money	y Order	6/17/2021	\$100.00		
Last Name			irst			MI
Bareiss			Hugh		4	
Residential Street Address		City	f l		State	Zip Code 06902
248 Stamford Ave		Star	mford		СТ	06902
Principal Occupation Retired			Name of Employer Retired			
Is contributor a lobbyist, spouse,	If contribution is in excess of \$400 does contributor or business he/she valued at more than \$5,000?				у, Аг	mount of Contribution
Is this contribution associated with an event reported in Section L1? If yes, list Event #	Yes No Is contributor a principal of a If yes, indicate which bra of government the contra	ınch or	branches	te contractor? ☐ Yes ☐ No ☐ Legislative		\$200.00
Method of Contribution:			Date Received	Aggregate Contributions		
☐ Cash ☐ Personal Check ☐ Credit/Debit	Card ☐ Payroll Deduction ☐ Mone	y Ordei	f 6/17/2021	\$200.00		
	SUB	TOT	AL Section B — This	Page	\$350.	.00
	TOTA	L of a	additional Section B	Pages §	3/61	19
TOTAL OF	ALL CONTRIBUTIONS FRO (Enter total on Line		DIVIDUALS (Sections . Jumn A of Summary Page	A + B) Totals)	8/6	[9

Section B ADDITIONAL PAGE 95 of 14/

NAME OF COMMITTEE (Provide Complete Name as Reg	egistered with Filing Repository)			TYPE OF REPORT	46.00	
Caroline Simmons for Mayo	or			July 10 filing		
A. Total Contributions from Small (See instructions for definition of Small Contrib			nis Period ONLY OTAL SECTION A	\$	0.00)
	B. Itemized Con	ıtrib	utions from Indivi	duals	Park.	1000
Last Name Henkind			Jennifer			M1
Residential Street Address 48 Eastover Road		City Stan	nford		State CT	Zip Code 06905
Principal Occupation Pediatrician			Name of Employer Stamford Pediatric	c Associates		
or dependent child of a lobbyist?	ntribution is in excess of \$400 t contributor or business he/she is				/, Amo	ount of Contribution
	Is contributor a principal of a s If yes, indicate which bran of government the contract	ch or	branches	e contractor? Yes No		\$50.00
Method of Contribution: ☐ Cash ☐ Personal Check ☐ Credit/Debit Card ☐			Date Received	Aggregate Contributions \$125.00		
Last Name Halberstam	_	- 1	ulia		-	MI
Residential Street Address 180 Stamford Avenue	II	City Stan	nford		State CT	Zip Code 06902
Principal Occupation Name of Employer Writer Self/penguin press						
or dependent child of a lobbyist?	ntribution is in excess of \$400 t contributor or business he/she i ed at more than \$5,000?				, Amo	unt of Contribution
Is this contribution associated with an Yes event reported in Section L1? No If yes, list Event #	Is contributor a principal of a s If yes, indicate which bran of government the contrac	ich or	branches	te contractor? Yes		\$150.00
Method of Contribution: □ Cash □ Personal Check ■ Credit/Debit Card □			Date Received	Aggregate Contributions \$150.00		
Last Name	Taylon Balaction Emoney		irst	4100100		[MI
Mehra			Karen			1411
Residential Street Address		City			State	Zip Code
44 Mayfair Lane		Gree	enwich		СТ	06831
Principal Occupation Volunteer			Name of Employer homemaker			
or dependent child of a lobbyist?	ntribution is in excess of \$400 t contributor or business he/she ed at more than \$5,000?				/, Amo	ount of Contribution
Is this contribution associated with an event reported in Section L1? Is contributor a principal of a state contractor or prospective state contractor? If yes, list Event # Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: Executive Legislative				\$1,000.00		
Method of Contribution: ☐ Cash ☐ Personal Check ☐ Credit/Debit Card ☐	Payroll Deduction Money	Order	Date Received 6/17/2021	Aggregate Contributions \$1,000.00		
	SUBT	OTA	AL Section B — This	Page	1,200.	00
			dditional Section B F		8161	9
TOTAL OF ALL C	CONTRIBUTIONS FROM (Enter total on Line 1		DIVIDUALS (Sections A lumn A of Summary Page		8/6/	
			- 0 - HH-CO - H - N	100000000000000000000000000000000000000	JIWI	1

Section B ADDITIONAL PAGE 96 of /4/

NAME OF COMMITTEE (Provide Complete Name as Registered with Filling Repository)			TYPE OF REPORT			
Caroline Simmons for Mayor			July	y 10 fili	ng	
A. Total Contributions from Small Contributors-Receiv (See instructions for definition of Small Contributor)		nis Period ONLY OTAL SECTION A	\$	0.0	0	
		outions from Indivi	duals		8 611	
Last Name Fleischer	F	^{irst} Kevin				MI
Residential Street Address 45 Bellmere Avenue	City Star	nford		State CT	Zip (06906
Principal Occupation student		Name of Employer student				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? No Yes If contribution is in excess of \$400 does contributor or business he/she valued at more than \$5,000?				y, Am	ount of	f Contribution
Is this contribution associated with an event reported in Section L1? If yes, list Event # Yes Is contributor a principal of a which bra of government the contra	nch or	ontractor or prospective state branches	e contractor? Yes No Legislative		\$	5.00
Method of Contribution: ☐ Cash ☐ Personal Check ☐ Credit/Debit Card ☐ Payroll Deduction ☐ Money	y Order	Date Received 6/17/2021	Aggregate Contributions \$5.00			
Last Name Findeisen		_{irst} .aurie				MI
Residential Street Address 167 Fairview Avenue	^{City} Star	mford		State CT	Zip C	06902
Principal Occupation YOGA INSTRUCTOR		Name of Employer New England We	llness			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes If contribution is in excess of \$400 does contributor or business he/she valued at more than \$5,000?				, Amo	ount of	f Contribution
Is this contribution associated with an event reported in Section L1? If yes, list Event # 2	nch or	branches	te contractor? Yes No Legislative		\$1,0	00.00
Method of Contribution: ☐ Cash ☐ Personal Check ☐ Credit/Debit Card ☐ Payroll Deduction ☐ Money		Date Received	Aggregate Contributions \$1,000.00			
Last Name	F	irst				MI
Shepherd	N	Madeline				
Residential Street Address 180 Turn of River Road, 7C	City	nford		State	Zip (Code 06905
Principal Occupation	Otal	Name of Employer				
Retired		Retired				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? No If contribution is in excess of \$400 does contributor or business he/she valued at more than \$5,000?				y, Am	ount o	f Contribution
Is this contribution associated with an event reported in Section L1? If yes, list Event # Yes	ınch or	branches Executive	Legislative No		\$5	50.00
Method of Contribution: ☐ Cash ☐ Personal Check ☐ Credit/Debit Card ☐ Payroll Deduction ☐ Mone	y Order	Date Received 6/17/2021	Aggregate Contributions \$140.00			
SUB	TOTA	AL Section B — This	Page	\$1,055.	.00	
		dditional Section B I	72 72	2/6/	n9	
TOTAL OF ALL CONTRIBUTIONS FROM		DIVIDUALS (Sections A	(A + B)	1601	9	
(2-inc. 15th On Date	, 00	,	U	141		

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NAME OF COMMITTEE (Provide Complete Na.	me as Registered with Filing Repository)			TYPE OF REPORT		
Caroline Simmons for	Mayor			July	10 filin	g
A. Total Contributions from S (See instructions for definition of Small			is Period ONLY OTAL SECTION A	\$	0.00	
						_
	B. Itemized Cor	ıtribı	utions from Indivi	duals		
Last Name		Fir	rst			MI
Malloy			Matthew			
Residential Street Address		City			State	Zip Code
102 Rockledge Drive		Stam	nford		СТ	06902
Principal Occupation			Name of Employer			
Agent			Malloy Insurance			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes No	If contribution is in excess of \$400 to does contributor or business he/she valued at more than \$5,000?				, Amou	ınt of Contribution
Is this contribution associated with an event reported in Section L1? If yes, list Event #	Yes Is contributor a principal of a s No If yes, indicate which bran of government the contrac	ich or t	branches	e contractor? Yes No		\$200.00
Method of Contribution:			Date Received	Aggregate Contributions	-	
☐ Cash ☐ Personal Check ☐ Credit/Debit (Card Payroll Deduction Money	Order	6/17/2021	\$200.00		
Last Name		Fir	st			MI
Bronson		N	ancy			
Residential Street Address		City			State	Zip Code
76 Haviland Court		Stam	nford		СТ	06903
Principal Occupation			Name of Employer			
Clinical Psychologist			Nancy L. Bronsor	n, PhD		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes No	If contribution is in excess of \$400 t does contributor or business he/she valued at more than \$5,000?				, Amou	ant of Contribution
	Yes Is contributor a principal of a selfyes, indicate which branched of government the contract	nch or	branches	te contractor? Yes No Legislative		\$100.00
Method of Contribution:			Date Received	Aggregate Contributions	7	
☐ Cash ☐ Personal Check ☐ Credit/Debit (Card Payroll Deduction Money	Order	6/17/2021	\$100.00		
Last Name		Fir	rst			MI
Fleischer		Р	atrick			
Residential Street Address		City			State	Zip Code
45 Bellmere Avenue		Starr	nford		СТ	06906
Principal Occupation			Name of Employer			
student			student			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☐ No	If contribution is in excess of \$400 does contributor or business he/she valued at more than \$5,000?				/, Amou	unt of Contribution
event reported in Section L1? If yes, list Event #	Yes No Is contributor a principal of a s If yes, indicate which bran of government the contract	nch or l	branches th:	☐ Legislative		\$5.00
Method of Contribution:		0.1	Date Received	Aggregate Contributions		
☐ Cash ☐ Personal Check ☐ Credit/Debit (Card Payroll Deduction Money	Order	6/17/2021	\$5.00		
	SUBT	ГОТА	L Section B — This	Page	\$305.00)
	TOTAL	ofac	dditional Section B l	Pages 55	31601	9
TOTAL OF	ALL CONTRIBUTIONS FROM	00 110			11 0	<u>-</u> G
			umn A of Summary Page		101	J

Section B ADDITIONAL PAGE 98 of 14/

NAME OF COMMITTEE (Provide Complete Name	e as Registered with Filing Repository)	NV		TYPE OF REPORT	1 20	
Caroline Simmons for M				July 10 filing		
A. Total Contributions from Sn (See instructions for definition of Small Control			is Period ONLY OTAL SECTION A	\$	0.00)
	B. Itemized Co.	- 12	utions from Indivi	duals	NAME OF	
Last Name Reilly		Fir	rst Patrick			MI
Residential Street Address 65 Wallacks Dr		City Stam	nford		State CT	Zip Code 06902
Principal Occupation Media company executive			Name of Employer Sirius XM			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☐ No	If contribution is in excess of \$400 does contributor or business he/she valued at more than \$5,000?				y, Amo	ount of Contribution
	Yes Is contributor a principal of a selection of government the contraction.	ich or l	branches	e contractor? ☐ Yes No ☐ Legislative		\$500.00
Method of Contribution: □ Cash □ Personal Check ■ Credit/Debit Ca	ard □Payroll Deduction □Money	Order	Date Received 6/17/2021	Aggregate Contributions \$500.00		
Last Name Allan		Fir	st legan			MI
Residential Street Address		City	.eyan		State	Zip Code
45 Bellmere Avenue		Stam	nford		СТ	06906
Principal Occupation student			Name of Employer student		141	
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	If contribution is in excess of \$400 does contributor or business he/she valued at more than \$5,000?				y, Amo	ount of Contribution
Is this contribution associated with an event reported in Section L1?	Is contributor a principal of a If yes, indicate which bra of government the contra	nch or	branches	te contractor? Yes		\$5.00
Method of Contribution:	1		Date Received	Aggregate Contributions	_	
☐ Cash ☐ Personal Check ☐ Credit/Debit Ca	ard Payroll Deduction Money	Order	6/17/2021	\$30.00		
Last Name		- 1	rst			MI
Allan			Regan			
Residential Street Address 45 Bellmere Avenue		City Stan	nford		State	Zip Code 06906
Principal Occupation			Name of Employer			
Program coordinator			Stamford Public E	Education Foundati	on	
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ■ No	If contribution is in excess of \$400 does contributor or business he/she valued at more than \$5,000?				y, Amo	ount of Contribution
Is this contribution associated with an event reported in Section L1? If yes, list Event #	Is contributor a principal of a If yes, indicate which braid of government the contract	nch or l	branches	te confractor? ☐ Yes ☐ No ☐ Legislative		\$25.00
Method of Contribution:	*		Date Received	Aggregate Contributions		
☐ Cash ☐ Personal Check ☐ Credit/Debit Ca	ard □ Payroll Deduction □ Money	Order	6/17/2021	\$30.00		
	SUBT	ОТА	L Section B — This	Page	\$530.0	0
	TOTAL	of a	dditional Section B 1	Pages \$ 5	3/6/9	?
TOTAL OF A	LL CONTRIBUTIONS FROM (Enter total on Line	IND 13, Col	IVIDUALS (Sections A lumn A of Summary Page		161	

Section B ADDITIONAL PAGE 99 of 191

NAME OF COMMITTEE (Provide Complete Na	me as Registered with Filing Repository)	all, Hvg		TYPE OF REPORT		gni ustimiza
Caroline Simmons for	Mayor			July	y 10 filin	g
A. Total Contributions from S (See instructions for definition of Small			nis Period ONLY OTAL SECTION A	\$	0.00	í
	B. Itemized Co	ntrib	utions from Indivi	duals		
Last Name		Fi	irst			MI
Demson			Robert			
Residential Street Address		City			State	Zip Code
100 Commons Park North, Apt 1508 Stamford					СТ	06902
Principal Occupation			Name of Employer			
Research Scientist			Henkel			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	If contribution is in excess of \$400 does contributor or business he/she valued at more than \$5,000?				y, Amor	unt of Contribution
event reported in Section L1?	Yes Is contributor a principal of a: No If yes, indicate which braid of government the contract	nch or	branches	e contractor? Yes No	7	\$100.00
If yes, list Event #	of government the contract	21 12 WH	Date Received		_	
Method of Contribution: ☐ Cash ☐ Personal Check ☐ Credit/Debit (Card Payroll Deduction Money	Order		Aggregate Contributions \$100.00		
Last Name			rst			Тмі
Druckman		1	Robin			1911
Residential Street Address		City			State	Zip Code
94 Fieldstone Terrace		stam	nford		СТ	06902
Principal Occupation			Name of Employer			
Retired			Retired			
Is contributor a lobbyist, spouse,	If contribution is in excess of \$400	to a car	ndidate for a chief executiv	e officer of a municipalit	y, Amor	unt of Contribution
or dependent child of a lobbyist?	does contributor or business he/she valued at more than \$5,000?	is asso	ciated with have a contract Yes No	with said municipality		
Is this contribution associated with an	Yes Is contributor a principal of a	state co	ontractor or prospective sta	te contractor?	,	#400.00
event reported in Section L1?	No If yes , indicate which bra of government the contra			■ No □ Legislative		\$100.00
Method of Contribution:	of government the contra	01 15 111	Date Received	Aggregate Contributions	\dashv	
☐ Cash ☐ Personal Check ☐ Credit/Debit (Card Payroll Deduction Money	Order	6/17/2021	\$200.00		
Last Name			irst			Мі
Salvatore			Ryan			
Residential Street Address		City			State	Zip Code
207 Stamford Avenue			nford		СТ	06902
Principal Occupation			Name of Employer			
Architect			Ryan Salvatore D	esign PLLC		
Is contributor a lobbyist, spouse, Yes	If contribution is in excess of \$400	to a car	ndidate for a chief executiv	e officer of a municipalit	y Amo	unt of Contribution
or dependent child of a lobbyist?	does contributor or business he/she valued at more than \$5,000?				, , , , , , , , , , , , , , , , , , ,	ant of Contribution
Is this contribution associated with an event reported in Section L1? If yes, list Event #	Yes No Is contributor a principal of a If yes, indicate which bra of government the contra	nch or	branches th:	Legislative No		\$100.00
Method of Contribution:			Date Received	Aggregate Contributions		
☐ Cash ☐ Personal Check ☐ Credit/Debit €	Card ☐ Payroll Deduction ☐ Money	Order	6/17/2021	\$100.00		
	SUBT	ГОТА	AL Section B — This	Page	\$300.00	0
	TOTAL	Lofa	dditional Section B l	Pages E	3161	9
TOTAL OF	ALL CONTRIBUTIONS FROM			1 m		C
THE RESERVE TO STATE OF THE PARTY OF THE PAR			lumn A of Summary Page	, V A	1619	

Section B ADDITIONAL PAGE 100 of 14/

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)	5.		TYPE OF REPORT	41.00	N LUS VIELE
Caroline Simmons for Mayor			July	/ 10 filin	g
A. Total Contributions from Small Contributors-Receiv (See instructions for definition of Small Contributor)		his Period ONLY OTAL SECTION A	\$	0.00	
B. Itemized Con	ntrik	outions from Indivi	duals		
Last Name	F	First			MI
Sherlock		Sara			
Residential Street Address	City			State	Zip Code
26 Wake Robin Lane	Star	mford		СТ	06903
Principal Occupation		Name of Employer			
Homemaker		Homemaker			
Is contributor a lobbyist, spouse, Yes If contribution is in excess of \$400	to a ca	andidate for a chief executiv	e officer of a municipality	y, Amo	unt of Contribution
or dependent child of a lobbyist? In No does contributor or business he/she valued at more than \$5,000?	is asso	ociated with have a contract Yes No	with said municipality		
Is this contribution associated with an Yes Is contributor a principal of a s	state co	ontractor or prospective stat		7	£400.00
event reported in Section L1? No If yes, indicate which bran of government the contract of government the government the contract of government the government that government the government that government the government the government that government the govern			Legislative No		\$100.00
3,755, 10.1 2.10.11.1	,t 13 WI	Date Received	Aggregate Contributions	_	
Method of Contribution:	0.1		\$150.00		
☐ Cash ☐ Personal Check ☐ Credit/Debit Card ☐ Payroll Deduction ☐ Money	Order	0/1//2021	\$150.00		
Last Name		irst			MI
Marlowe	5	Seth			
Residential Street Address	City			State	Zip Code
154 Pepper Ridge Rd, Unit 5	Star	mford		CT	06905
Principal Occupation	-	Name of Employer			
Product Manager, Banking		Synovus Bank			
Is contributor a lobbyist, spouse,	to a ca	Indidate for a chief executive	e officer of a municipality	. Amor	unt of Contribution
or dependent child of a lobbyist? No does contributor or business he/she valued at more than \$5,000?					
Is this contribution associated with an Yes Is contributor a principal of a	state c	contractor or prospective stat	te contractor?	7	#05.00
event reported in Section L1? No If yes, indicate which bra	nch or	r branches	■ No		\$25.00
If yes, list Event # of government the contract	ct is w		Legislative	4	
Method of Contribution:		Date Received	Aggregate Contributions		
☐ Cash ☐ Personal Check ☐ Credit/Debit Card ☐ Payroll Deduction ☐ Money	Order	6/17/2021	\$35.00		
Last Name		First			MI
Louizos	5	Stacy			
Residential Street Address	City			State	Zip Code
1867 Shippan Avenue	Star	mford		СТ	06902
Principal Occupation		Name of Employer			
Attorney		Blank Rome LLP			
Is contributor a lobbyist, spouse, Yes If contribution is in excess of \$400	to a ca	andidate for a chief executiv	e officer of a municipality	y, Amo	unt of Contribution
or dependent child of a lobbyist? No does contributor or business he/she valued at more than \$5,000?					
Is this contribution associated with an Yes Is contributor a principal of a	state o		e contractor?		# F00 00
event reported in Section L1?	nch or	rbranches	■ No		\$500.00
of government the contract	et is w		☐ Legislative	_	
Method of Contribution:		Date Received	Aggregate Contributions		
☐ Cash ☐ Personal Check ☐ Credit/Debit Card ☐ Payroll Deduction ☐ Money	Order	г 6/17/2021	\$500.00		
SUBT	rot ₂	AL Section B — This	Page	\$625.00	3
TOTAL	L of a	additional Section B I	ages 5	11000	7
TOTAL OF ALL CONTRIBUTIONS FROM			A + B)	14 1	
(Enter total on Line	13, Co	olumn A of Summary Page	Totals) 3	1619	

Section B ADDITIONAL PAGE 101 of 1/4/

NAME OF COMMITTEE (Provide Complete Nat	me as Registered with Filing Repository)	W.		TYPE OF REPORT			
Caroline Simmons for	Mayor		· ·	Jul	July 10 filing		
A. Total Contributions from S (See instructions for definition of Small			his Period ONLY TOTAL SECTION A	\$	0.00		
	B. Itemized Con	ntrik	butions from Indivi	duals			
Last Name		F	First			MI	
Baker			Theresa				
Residential Street Address		City			State	Zip Code	
50 Westover Avenue		Star	mford		СТ	06902	
Principal Occupation			Name of Employer				
Banker			Webster Bank				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	If contribution is in excess of \$400 does contributor or business he/she valued at more than \$5,000?				y, Amo	unt of Contribution	
Is this contribution associated with an event reported in Section L1?	Yes Is contributor a principal of a s No If yes, indicate which bran			e contractor? Yes		\$100.00	
If yes, list Event #	of government the contrac			☐ Legislative			
Method of Contribution:			Date Received	Aggregate Contributions			
☐ Cash ☐ Personal Check ☐ Credit/Debit (Card ☐ Payroll Deduction ☐ Money	Orde	r 6/17/2021	\$175.00			
Last Name		F	First			MI	
Grimm		[Duncan				
Residential Street Address		City			State	Zip Code	
155 W Newton Street		Bos	ton		MA	02118	
Principal Occupation			Name of Employer			1	
Law Student Law Student							
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	If contribution is in excess of \$400 does contributor or business he/she valued at more than \$5,000?				y, Amo	unt of Contribution	
Is this contribution associated with an		etata e	ACE TO	te contractor?	_		
	No If yes, indicate which brain of government the contract	nch o	r branches	Legislative		\$100.00	
Method of Contribution:			Date Received	Aggregate Contributions	_		
☐ Cash ☐ Personal Check ■ Credit/Debit C	Card Payroll Deduction Money	Orde	г 6/18/2021	\$100.00			
Last Name		F	First			MI	
Petersen		- 1	Ellen				
Residential Street Address		City			State	Zip Code	
77 Nottingham Dr		Star	mford		СТ	06907	
Principal Occupation			Name of Employer		1		
Asst Town Clerk			Town of New Car	aan, CT			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	If contribution is in excess of \$400 does contributor or business he/she valued at more than \$5,000?				y, Amo	unt of Contribution	
Is this contribution associated with an Yes Is contributor a principal of a state contractor or prospective state contractor?				\$200.00			
Method of Contribution			Date Received	Aggregate Contributions			
☐ Cash ☐ Personal Check ☐ Credit/Debit (Card Payroll Deduction Money	Orde	or 6/18/2021	\$200.00			
	SUBT	TOT	AL Section B — This	Page	\$400.0	0	
	TOTAL	of	additional Section B I	Pages SS	SI Car	7	
TOTAL OF	ALL CONTRIBUTIONS FROM		DIVIDUALS (Sections A	A + B)	1619		

Section B ADDITIONAL PAGE 102 of 1/4/

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)		TYPE OF REPORT		
Caroline Simmons for Mayor		July	10 filing	
A. Total Contributions from Small Contributors-Received (See instructions for definition of Small Contributor)	ed this Period ONLY SUBTOTAL SECTION A	\$	0.00	
B. Itemized Con	ntributions from Indivi	duals	For here it	
Last Name	First		MI	
Fleischer	James			
	City		State Zip Code	
	Stamford		CT 06906	
Principal Occupation	Name of Employer			
Finance Director	Heineken USA			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes does contribution is in excess of \$400 to does contributor or business he/she valued at more than \$5,000?			Amount of Contribution	
Is this contribution associated with an event reported in Section L1? If yes, list Event # Yes Is contributor a principal of a second reported in Section L1? No If yes, indicate which brant of government the contract		te contractor? Yes No	\$25.00	
Method of Contribution:	Date Received	Aggregate Contributions	-	
☐ Cash ☐ Personal Check ☐ Credit/Debit Card ☐ Payroll Deduction ☐ Money	Order 6/18/2021	\$50.00		
Last Name	First		MI	
Keeshan	James			
Residential Street Address	City		State Zip Code	
27 Van Rensselaer Avenue	Stamford		CT 06902	
Principal Occupation	Name of Employer		<u> </u>	
Governance Consultant Management Practice, Inc.				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes If contribution is in excess of \$400 to does contributor or business he/she valued at more than \$5,000?			Amount of Contribution	
Is this contribution associated with an event reported in Section L1? If yes, list Event # Is contributor a principal of a sevent reported in Section L1? If yes, list Event # Is contributor a principal of a sevent reported in Section L1?		te contractor? ☐ Yes ☐ No ☐ Legislative	\$250.00	
Method of Contribution:	Date Received	Aggregate Contributions	1	
☐ Cash ☐ Personal Check ☐ Credit/Debit Card ☐ Payroll Deduction ☐ Money	Order 6/18/2021	\$250.00		
Last Name	First		MI	
Delcourt	Marcia			
Residential Street Address	City		State Zip Code	
88 Malvern Road	Stamford		CT 06905	
Principal Occupation	Name of Employer			
Professor	Western Connect	ticut State Universit	y	
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes If contribution is in excess of \$400 does contributor or business hc/she valued at more than \$5,000?			Amount of Contribution	
Is this contribution associated with an event reported in Section L1? If yes, list Event # Is contributor a principal of a state contractor or prospective state contractor? Yes If yes, indicate which branch or branches of government the contract is with: Executive Legislative Legislative Is contributor a principal of a state contractor or prospective state contractor? Yes If yes, indicate which branch or branches of government the contract is with: Executive Legislative Is contributor a principal of a state contractor or prospective state contractor? Yes If yes, indicate which branch or branches of government the contract is with: Executive Is contributor a principal of a state contractor or prospective state contractor? Yes Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches If yes, indicate which branches If yes, in			\$100.00	
Method of Contribution:	Date Received	Aggregate Contributions		
☐ Cash ☐ Personal Check ☐ Credit/Debit Card ☐ Payroll Deduction ☐ Money	Order 6/18/2021	\$100.00		
SUBT	OTAL Section B — This	s Page	\$375.00	
TOTAL	of additional Section B	Pages \$ 8	81619	
TOTAL OF ALL CONTRIBUTIONS FROM (Enter total on Line	1 INDIVIDUALS (Sections 13, Column A of Summary Page	1 . 70	1619	

Section B ADDITIONAL PAGE 103 of 441

NAME OF COMMITTEE (Provide Complete Nat	me as Registered with Filing Repository)			TYPE OF REPORT		
Caroline Simmons for	Mayor			July	10 filin	g
A. Total Contributions from S (See instructions for definition of Small			S Period ONLY TAL SECTION A	\$	0.00	
	B. Itemized Cor	ntribu	tions from Indivi	duals		
Last Name		First				M1
Belfiore		M	latt			
Residential Street Address		City			State	Zip Code
13 Saint Charles Ave.		Stamf	ord		СТ	06907
Principal Occupation			Name of Employer			
Teacher			Stamford Public S	chools		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	If contribution is in excess of \$400 does contributor or business he/she valued at more than \$5,000?				, Amou	unt of Contribution
Is this contribution associated with an event reported in Section L1? If yes, list Event #	Yes Is contributor a principal of a s No If yes, indicate which bran of government the contrac	nch or br	anches	e contractor?		\$150.00
Method of Contribution:		- 1	Date Received	Aggregate Contributions	7	
☐ Cash ☐ Personal Check ☐ Credit/Debit (Card Payroll Deduction Money	Order	6/18/2021	\$150.00		
Last Name		First				MI
Adams		Te	rry			
Residential Street Address		City			State	Zip Code
15 Lipton Place		Stamf	ord		СТ	06902
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 does contributor or business he/she valued at more than \$5,000?				, Amou	ent of Contribution
	Yes Is contributor a principal of a significant of government the contract of government the government of government the contract of government the government of government of government the government of government	nch or bi	ranches	e contractor? Yes No Legislative		\$150.00
Method of Contribution:			Date Received	Aggregate Contributions	7	
☐ Cash ☐ Personal Check ☐ Credit/Debit C	Card ☐ Payroll Deduction ☐ Money	Order	6/18/2021	\$600.00		
Last Name		First				MI
Sandahi		Ma	argo			
Residential Street Address		City			State	Zip Codc
377 Glenbrook Rd, Unit 9		Stamf	ord		СТ	06906
Principal Occupation			Name of Employer			
Teacher			Stamford Board o	f Education		
ls contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes No	If contribution is in excess of \$400 does contributor or business he/she valued at more than \$5,000?				/, Amou	unt of Contribution
Is this contribution associated with an event reported in Section L1? If yes, list Event #	Yes Is contributor a principal of a s No If yes, indicate which bran of government the contract	nch or br	eanches Executive	☐ Legislative		\$25.00
Method of Contribution:	_		Date Received	Aggregate Contributions		
☐ Cash ☐ Personal Check ☐ Credit/Debit (Card Payroll Deduction Money	Order	6/20/2021	\$25.00		
	SUBT	IATO	Section B — This	Page	\$325.00)
	TOTAL	L of ad	ditional Section B I	Pages 5	8160	9
TOTAL OF	ALL CONTRIBUTIONS FROM		VIDUALS (Sections A	A I TOS	1619	
THE RESIDENCE OF THE PARTY OF T	Enter total on Line	is, colul	mm a vj summury rage	TOIMID!	1 41 1	

Section B ADDITIONAL PAGE 104 of 1/4/

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)	11111		TYPE OF REPORT	- 29	
Caroline Simmons for Mayor			July	10 filin	g
A. Total Contributions from Small Contributors-Recei (See instructions for definition of Small Contributor)		his Period ONLY OTAL SECTION A	\$	0.00	
B. Itemized Co	ontrib	outions from Indivi	duals		
Last Name		irst			MI
Henderson		Jeremy			
Residential Street Address	City			State	Zip Code
11 Althea Ln.	Larc	chmont		NY	10538
Principal Occupation		Name of Employer			
Financial executive		North Island			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes If contribution is in excess of \$400 does contributor or business he/sh valued at more than \$5,000?				/, Amou	unt of Contribution
Is this contribution associated with an event reported in Section L1? If yes, list Event # Yes Is contributor a principal of a lifyes, indicate which brace of government the contral of government the government the contral of government the	anch or	branches	e contractor? Yes No		\$250.00
Method of Contribution:		Date Received	Aggregate Contributions		
☐ Cash ☐ Personal Check ☐ Credit/Debit Card ☐ Payroll Deduction ☐ Mond	y Order	6/21/2021	\$250.00		
Last Name	Fi	irst			MI
McNair	ļκ	Karen			
Residential Street Address	City			State	Zip Code
50 Mathews Street	STA	MFORD		СТ	06902
Principal Occupation		Name of Employer			
Claims Manager		AXA			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes If contribution is in excess of \$400 does contributor or business he/sh valued at more than \$5,000?				Amou	unt of Contribution
Is this contribution associated with an event reported in Section L1? If yes, list Event # Yes Is contributor a principal of the section of government the contributor of government the contributor apprincipal of the section of government the section of gov	anch or	r branches	te contractor? Yes No Legislative		\$100.00
Method of Contribution:	uot 15 W	Date Received	Aggregate Contributions	-	
☐ Cash ☐ Personal Check ☐ Credit/Debit Card ☐ Payroll Deduction ☐ Mone	v Order	6/21/2021	\$250.00		
Last Name		irst	<u> </u>	-	MI
Werner		_ouise			1
Residential Street Address	City			State	Zip Code
50 Fieldstone Terrace	Star	mford		СТ	06902
Principal Occupation	1	Name of Employer			
Retired		Retired			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes does contribution is in excess of \$400 does contributor or business he/sh valued at more than \$5,000?				y, Amo	unt of Contribution
Is this contribution associated with an event reported in Section L1? If yes, list Event # Is contributor a principal of a state contractor or prospective state contract of the state contract or prospective state or prospective state contract o			■ No		\$100.00
Method of Contribution:		Date Received	Aggregate Contributions		
☐ Cash ☐ Personal Check ☐ Credit/Debit Card ☐ Payroll Deduction ☐ Mono	y Order	f 6/21/2021	\$100.00		
SUB	TOTA	AL Section B — This	Page	\$450.00)
TOTA	L of a	edditional Section B I	Pages 5 5	8/60	9
TOTAL OF ALL CONTRIBUTIONS FRO (Enter total on Line		DIVIDUALS (Sections A column A of Summary Page		3161	

Section B ADDITIONAL PAGE 104 of 4

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)			TYPE OF REPORT		
Caroline Simmons for Mayor			July 10 filing		
A. Total Contributions from Small Contributors-Received this Period ONLY (See instructions for definition of Small Contributor) SUBTOTAL SECTION A		\$ 0.00			
B. Itemized Co	ntrib	utions from Indivi	duals		
Last Name	Fir				MI
Henderson		Jeremy		Ctata	Zip Code
Residential Street Address 11 Althea Ln.	City Larcl	hmont		State NY	10538
Principal Occupation		Name of Employer North Island			
Financial executive			CC		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? No If contribution is in excess of \$400 does contributor or business he/she valued at more than \$5,000?				y, Am	ount of Contribution
Is this contribution associated with an event reported in Section L1? If yes, list Event # Is contributor a principal of a lf yes, indicate which braid of government the contract.	nch or	branches	e contractor? ☐ Yes ☐ No ☐ Legislative		\$250.00
Method of Contribution:		Date Received	Aggregate Contributions		
☐ Cash ☐ Personal Check ☐ Credit/Debit Card ☐ Payroll Deduction ☐ Money	Order	6/21/2021	\$250.00		
Last Name		rst			MI
McNair		Karen		T	I a c
Residential Street Address 50 Mathews Street	City STA	MFORD		State	Zip Code 06902
Principal Occupation		Name of Employer			
Claims Manager		AXA			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Solution Is in excess of \$400 does contributor or business he/she valued at more than \$5,000?	to a car is asso	ndidate for a chief executive ciated with have a contract Yes No	e officer of a municipality with said municipality	y, Am	ount of Contribution
Is this contribution associated with an event reported in Section L1? If yes, list Event # Yes Is contributor a principal of a If yes, indicate which bra of government the contra	nch or	branches	te contractor? ☐ Yes ☐ No ☐ Legislative		\$100.00
Method of Contribution:		Date Received	Aggregate Contributions		
☐ Cash ☐ Personal Check ☐ Credit/Debit Card ☐ Payroll Deduction ☐ Money	/ Order	6/21/2021	\$250.00		
Last Name		irst .			MI
Werner		Louise			
Residential Street Address	City	mford		State	Zip Code 06902
50 Fieldstone Terrace	Stan	nford		СТ	00902
Principal Occupation Name of Employer Retired Retired					
Retired	to c = :		a officer of a municipality	v A	ount of Contribution
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000?					ount of Contribution
Is this contribution associated with an event reported in Section L1? If yes, list Event # Yes No Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: Executive Legislative Legis			■ No		\$100.00
Method of Contribution: Date Received Aggregate Contributions					
☐ Cash ☐ Personal Check ☐ Credit/Debit Card ☐ Payroll Deduction ☐ Mone	y Order	6/21/2021	\$100.00		
SUBTOTAL Section B — This Page \$450.00					
TOTAL of additional Section B Pages 58669 TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B) (Enter total on Line 13, Column A of Summary Page Totals)					
TOTAL OF ALL CONTRIBUTIONS FRO	M INI 13, Co	DIVIDUALS (Sections Jumn A of Summary Page	A + B) & 8/4	019	

Section B ADDITIONAL PAGE 105 of 141

Caroline Simmons for Mayor A. Total Contributions from Small Contributors-Received this Period ONLY (See instructions for definition of Small Contributor) B. Itemized Contributions from Individuals Last Name Callaha Peter Residential Street Address 180 Turn of River Road, #13A July 10 filing 0.00	TYPE OF REPORT				
B. Itemized Contributions from Individuals Last Name Callaha Residential Street Address City Substitution of Small Contribution SUBTOTAL SECTION A O.00 Http://www.display.com/substitutions/from/substitutions/substitut	July 10 filing				
Last Name Callaha Peter Residential Street Address Gity First Peter MI State Zip Code					
Last Name Callaha Peter Residential Street Address Gity First Peter MI State Zip Code					
Callaha Peter Residential Street Address City State Zip Code	100				
Residential Street Address City State Zip Code	l				
180 Turn of River Road, #13A Stamford CT 06905	>				
	6905				
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 for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000?	ontribution				
Is this contribution associated with an event reported in Section L1? Yes Is contributor a principal of a state contractor or prospective state contractor? Yes Is contributor a principal of a state contractor or prospective state contractor? No If yes, indicate which branch or branches \$100.00\$.00				
If yes, list Event # of government the contract is with: Executive Legislative					
Method of Contribution: Date Received Aggregate Contributions					
□ Cash □ Personal Check ■ Credit/Debit Card □ Payroll Deduction □ Money Order 6/21/2021 \$100.00					
Last Name First MI	I				
Fiorita Tom					
Residential Street Address City State Zip Code					
38 Birchwood Drive Greenwich CT 06831	3831				
Principal Occupation Name of Employer					
CEO Point Pickup Technologies, Inc					
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000?	ontribution				
Is this contribution associated with an event reported in Section L1? Is contributor a principal of a state contractor or prospective state contractor? If yes, list Event # Is contributor a principal of a state contractor or prospective state contractor? If yes indicate which branch or branches of government the contract is with: Executive Legislative \$300.00	.00				
Method of Contribution: Date Received Aggregate Contributions					
□ Cash □ Personal Check ■ Credit/Debit Card □ Payroll Deduction □ Money Order 6/21/2021 \$300.00					
Last Name First MI	II				
Leonard Kim					
Residential Street Address City State Zip Code	e				
5 Surf Road Westport CT 06880					
Principal Occupation Name of Employer					
Homemaker Homemaker					
	ontuibution				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000?					
Is this contribution associated with an event reported in Section L1? If yes, list Event # Security	0.00				
Method of Contribution: Date Received Aggregate Contributions					
□ Cash □ Personal Check ■ Credit/Debit Card □ Payroll Deduction □ Money Order 6/22/2021 \$1,000.00					
SUBTOTAL Section B — This Page \$1,400.00					
TOTAL of additional Section B Pages \$8(6/9					
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B) (Enter total on Line 13, Column A of Summary Page Totals)					

Section B ADDITIONAL PAGE __106__

of	141	
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NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)			TYPE OF REPORT			
Caroline Simmons for Mayor			July 10 filing			
A. Total Contributions from Small Contributors-Received this Period ONLY (See instructions for definition of Small Contributor) SUBTOTAL SECTION A			\$	0.00)	
B. Itemized C	ontr	ibu	tions from Indivi	duals	ris .	
Last Name		First				MI
Johnson		L	acey			
Residential Street Address	City				State	Zip Code
452 Weston Road	W	elle	sley		MA	02482
Principal Occupation			Name of Employer			
Investor			Alumni Ventures			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes does contribution is in excess of \$40 does contributor or business he/sl valued at more than \$5,000?					/, Amo	ount of Contribution
Is this contribution associated with an			anches	■ No		\$250.00
If yes, list Event # of government the contri				☐ Legislative		
Method of Contribution:			Date Received	Aggregate Contributions		
☐ Cash ☐ Personal Check ☐ Credit/Debit Card ☐ Payroll Deduction ☐ Mon	ey Ord	der	6/22/2021	\$250.00		
Last Name		First				Ml
Craig		Ne	edenia			
Residential Street Address	City				State	Zip Code
30 Chapin Road	Be	erna	rdsville		NJ	07924
Principal Occupation	-1-	T	Name of Employer		-	
Homemaker Homemaker						
	does contributor or business he/she is associated with have a contract with said municipality				ount of Contribution	
Is this contribution associated with an event reported in Section L1? If yes, list Event # Is contributor a principal of If yes, indicate which b of government the contributor of government the contributor apprincipal of If yes, indicate which b	ranch	or b	ranches	te contractor? Yes No Legislative		\$350.00
Method of Contribution:			Date Received	Aggregate Contributions	-	
☐ Cash ☐ Personal Check ■ Credit/Debit Card ☐ Payroll Deduction ☐ Mon	ey Oro	der	6/23/2021	\$350.00		
Last Name		Firs	t			MI
Harvey		Ca	alvine			
Residential Street Address	City	,			State	Zip Code
108 East 96th Street	Ne	ew \	York		NY	10128
Principal Occupation			Name of Employer			
Sales			Sotheby's			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? No If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000?			y, Ame	ount of Contribution		
Is this contribution associated with an event reported in Section L1? If yes, list Event # Is contributor a principal of a state contractor or prospective state contract or prospective			Legislative		\$100.00	
Method of Contribution:			Date Received	Aggregate Contributions		
□ Cash □ Personal Check ■ Credit/Debit Card □ Payroll Deduction □ Money Order 6/24/2021 \$200.00						
SUBTOTAL Section B — This Page \$700.00						
TOTAL of additional Section B Pages S 81619					9	
TOTAL of additional Section B Pages TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B) (Enter total on Line 13, Column A of Summary Page Totals) \$\\$\\$\\$\\$\\$\\$\\$\\$\\$\\$\\$\\$\\$\\$\\$\\$\\$\\$			79			

Section B ADDITIONAL PAGE 107 of 14

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)	- 1964		TYPE OF REPORT		
Caroline Simmons for Mayor			July 10 filing		
A. Total Contributions from Small Contributors-Received this Period ONLY (See instructions for definition of Small Contributor) SUBTOTAL SECTION A		\$ 0.00		1	
B. Itemized Co	ontril	butions from Indivi	duals	3=45V	
Last Name	F	First			MI
Lewis		Catherine			
Residential Street Address	City			State	Zip Code
98 Barmore Drive West	Sta	mford		СТ	06905
Principal Occupation		Name of Employer			
Administrator		King Lower School	ol		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? No life contribution is in excess of \$400 does contributor or business he/sh valued at more than \$5,000?	0 to a c e is ass	andidate for a chief executive cociated with have a contract Yes No	e officer of a municipality with said municipality	y, Amo	unt of Contribution
Is this contribution associated with an event reported in Section L1? If yes, list Event # Is contributor a principal of a lf yes, indicate which brace of government the contral of government the	anch of	r branches	e contractor?		\$50.00
Method of Contribution:		Date Received	Aggregate Contributions	-	
☐ Cash ☐ Personal Check ☐ Credit/Debit Card ☐ Payroll Deduction ☐ Mone	ey Orde		\$50.00		
Last Name	F	First			MI
Craig	- 1	Charles			
Residential Street Address	City			State	Zip Code
510 North Street	1 1	enwich		СТ	06830
Principal Occupation	1	Name of Employer			
Businessman Craig Capital Corporation					
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? No If contribution is in excess of \$400 does contributor or business he/sh valued at more than \$5,000?				y, Amo	unt of Contribution
Is this contribution associated with an event reported in Section L1? If yes, list Event # Is contributor a principal of the section L1? No If yes, indicate which be of government the contributor associated with an event reported in Section L1?	anch o	or branches	te contractor? Yes No Legislative		\$250.00
Method of Contribution:		Date Received	Aggregate Contributions	7	
☐ Cash ☐ Personal Check ☐ Credit/Debit Card ☐ Payroll Deduction ☐ Mone	y Orde	er 6/24/2021	\$250.00		
Last Name	T	First			MI
Basch		James			
Residential Street Address	City			State	Zip Code
295 Smith Ridge Road	Nev	w Canaan		СТ	06840
Principal Occupation	-	Name of Employer			
Business Owner		JADB LLC			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000?				unt of Contribution	
Is this contribution associated with an event reported in Section L1? If yes, list Event # Yes No Is contributor a principal of a state contractor or prospective states and the section L1? If yes, indicate which branch or branches of government the contract is with: Executive			te contractor? Yes No Legislative		\$75.00
Method of Contribution: Date Received Aggregate Contributions					
☐ Cash ☐ Personal Check ☐ Credit/Debit Card ☐ Payroll Deduction ☐ Mone	ey Ordo	er 6/24/2021	\$75.00		
SUBTOTAL Section B — This Page \$375.00					0
TOTAL of additional Section B Pages \$ 8 6 9					<i>></i>
TOTAL OF ALL CONTRIBUTIONS FRO		DIVIDUALS (Sections A		1619	
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Section B ADDITIONAL PAGE 108 of 1911

NAME OF COMMITTEE (Provide Complete Nat	ne as Registered with Filing Repository)	Tie		TYPE OF REPORT	THE RES	1139
Caroline Simmons for Mayor			July 10 filing			
A. Total Contributions from Small Contributors-Received this Period ONLY (See instructions for definition of Small Contributor) SUBTOTAL SECTION A			\$ 0.00			
达到金融的企业的	B. Itemized Con	ntrib	utions from Indivi	duals		
Last Name Kelley Jr.			rst James			M1
Residential Street Address		City			State	Zip Code
26 Cooperspond Rd		Stan	nford		СТ	06905
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 does contributor or business he/she valued at more than \$5,000?	to a car is asso	ndidate for a chief executive ciated with have a contract	e officer of a municipality with said municipality	/. Amou	unt of Contribution
event reported in Section L1?	Yes Is contributor a principal of a s No If yes, indicate which bran	nch or	branches	e contractor? Yes No Legislative		\$200.00
If yes, list Event #	of government the contrac	t is wit			_	
Method of Contribution; ☐ Cash ☐ Personal Check ☐ Credit/Debit C	Card Payroll Deduction Money	Order	Date Received 6/24/2021	Aggregate Contributions \$200.00		
Last Name			rst			I MI
Farber			im			I WII
Residential Street Address		City			State	Zip Code
46 Ledge Lane				СТ	06905	
Principal Occupation			Name of Employer			
social services director National Service Office for NFP and Child First						irst
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?						ınt of Contribution
Is this contribution associated with an event reported in Section L1? If yes, list Event #	Yes Is contributor a principal of a No If yes, indicate which bra of government the contra	nch or	branches	te contractor? Yes No Legislative		\$40.00
Method of Contribution:			Date Received	Aggregate Contributions	=	
☐ Cash ☐ Personal Check ☐ Credit/Debit C	Card ☐ Payroll Deduction ☐ Money	Order	6/24/2021	\$40.00		
Last Name		Fi	irst			MI
Abt		V	/lichelle			
Residential Street Address		City			State	Zip Code
150 June Road		Stan	nford		СТ	06903
Principal Occupation		4	Name of Employer			
writer Self						
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000?					unt of Contribution	
Is this contribution associated with an event reported in Section L1? If yes, list Event # No				\$100.00		
Method of Contribution: Date Received Aggregate Contributions						
☐ Cash ☐ Personal Check ☐ Credit/Debit Card ☐ Payroll Deduction ☐ Money Order 6/24/2021 \$600.00						
SUBTOTAL Section B — This Page \$340.00					0	
TOTAL of additional Section B Pages 5 5 69					9	
TOTAL OF	ALL CONTRIBUTIONS FROM		DIVIDUALS (Sections a Jumn A of Summary Page	A + B) Totals)	101	<u>. </u>
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Section B ADDITIONAL PAGE 109 of 14 /

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)		TYPE OF REPORT				
Caroline Simmons for Mayor			July 10 filing			
A. Total Contributions from Small Contributors-Received this Period ONLY (See instructions for definition of Small Contributor) SUBTOTAL SECTION A		\$ 0.00				
	B. Itemized Cor	ntribu	tions from Individ	duals	7334	
Last Name		First				MI
Hearn		P	aul			
Residential Street Address		City			State	Zip Code
31 Center Drive		Old G	reenwich		CT	06870
Principal Occupation			Name of Employer	,		
Insurance Consultant			Baralmar Advisors	s LLC		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	If contribution is in excess of \$400 does contributor or business he/she valued at more than \$5,000?				/, Amo	unt of Contribution
Is this contribution associated with an event reported in Section L1?	Yes Is contributor a principal of a s No If yes, indicate which bran	nch or br	anches	e contractor? Yes No		\$100.00
If yes, list Event #	of government the contrac		Date Received	Aggregate Contributions	-	
Method of Contribution:	Ford T. Bornell Deduction T. Monor		6/25/2021	\$300.00		
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Last Name		First				MI
Residential Street Address		City			State	Zip Code
Principal Occupation Name of Employer						
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?						ant of Contribution
Is this contribution associated with an event reported in Section L1? If yes, list Event #	Yes Is contributor a principal of a significant which brain of government the contract	nch or b	ranches	te contractor? Yes No Legislative		
Method of Contribution:			Date Received	Aggregate Contributions		
☐ Cash ☐ Personal Check ☐ Credit/Debit C	Card Payroll Deduction Money	Order				
Last Name		First				MI
Residential Street Address		City			State	Zip Code
Principal Occupation Name of Employer						
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	If contribution is in excess of \$400 does contributor or business he/she valued at more than \$5,000?	to a cand is associ	lidate for a chief executiv ated with have a contract Yes No	e officer of a municipality with said municipality	y, Amo	unt of Contribution
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TOTAL of additional Section B Pages \$ \\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \					19	
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B) (Enter total on Line 13, Column A of Summary Page Totals)						

Section B ADDITIONAL PAGE 110 of 141

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Report	TYPE OF REPORT				
caroline simmons for n	J414 10				
A. Total Contributions from Small Contributors-R (See instructions for definition of Small Contributor)	\$				
	¥(
B. Itemize	ed Contributions from Indiv	iduals			
Last Name COMLY	First Rubin	MI			
Residential Street Address Short DNR	city Branford	State Zip Code CT 0 6 4'05			
Principal Occupation State rep.	Name of Employer CT Gel	reial assembly			
Is contributor a lobbyist, spouse, Yes If contribution is in excess of	of \$400 to a candidate for a chief executi s he/she is associated with have a contract	ve officer of a municipality, Amount of Contribution			
Is this contribution associated with an Yes Is contributor a princip	oal of a state contractor or prospective statich branch or branches	ate contractor? Ses No			
Method of Contribution:	Date Received	Aggregate Contributions			
☐ Cash ☐ Personal Check ☐ Credit/Debit Card ☐ Payroll Deduction ☐		a 5			
Last Name Strike	First Sloan	MI			
Residential Street Address 3(0 E. 715+ St., Apt 4D New York State Zip Code NY 16021					
Principal Occupation Principal Occupation Name of Employer Occidentus well Occidentus					
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000?					
Is this contribution associated with an event reported in Section L1? Is contributor a principal with an If yes, list Event # Is contributor a principal with an If yes, indicate who of government the	pal of a state contractor or prospective st tich branch or branches c contract is with:	ate contractor? Ses No \$50,00			
Method of Contribution: Cash Personal Check Credit/Debit Card Payroll Deduction	Date Received	Aggregate Contributions \$ 100.09			
Last Name	First	M			
Slap	Derek				
Residential Street Address 51 Fair let Rd	City West Havi	Frod State Zip Code D 487			
Principal Occupation STOURN OHOY	Name of Employer State	of CT			
	Is contributor a lobbyist, spouse, or dependent child of a lobbyist? If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality				
Is this contribution associated with an event reported in Section L1? Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: Executive Legislative Legisla					
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SUBTOTAL Section B — This Page 5/25					
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TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B) (Enter total on Line 13, Column A of Summary Page Totals) \$\int \geg(\left(\varphi\) \frac{\geg}{\geg} \left(\varphi\) \frac{\geg}{\geg}					

Section B ADDITIONAL PAGE (1)

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NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)	TYPE OF REPORT				
Caroline Simmon) for mayor	Julylo				
A. Total Contributions from Small Contributors-Received this Period ONLY (See instructions for definition of Small Contributor) SUBTOTAL SECTION A	\$				
B. Itemized Contributions from Individual	duals				
Baynstein First Marci	C ₁				
Residential Street Address 25 Washinston Coult City tam Forel	State Zip Code 0 6 9 1 2				
Principal Occupation Name of Employer 19					
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? If contribution is in excess of \$400 to a candidate for a chief executive does contributor or business he/she is associated with have a contract valued at more than \$5,000?	e officer of a municipality, with said municipality Amount of Contribution				
Is this contribution associated with an event reported in Section L1? If yes, list Event # Is contributor a principal of a state contractor or prospective state for the section L1? If yes, indicate which branch or branches of government the contract is with:	e contractor?				
Method of Contribution: Cash Personal Check Credit/Debit Card Payroll Deduction Money Order Date Received ()30/4	Aggregate Contributions 18.00				
Last Name First	М				
John son Anne					
Residential Street Address 130 IALL MOVED DY IVE City Stam Ford	State Zip Code C7 06905				
Principal Occupation Educator TCC					
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? If contribution is in excess of \$400 to a candidate for a chief executive does contributor or business he/she is associated with have a contract valued at more than \$5,000?	e officer of a municipality, with said municipality Amount of Contribution				
Is this contribution associated with an event reported in Section L1? If yes, list Event # Is contributor a principal of a state contractor or prospective state of government the contract is with: Executive	te contractor?				
Method of Contribution: Date Received	Aggregate Contributions				
□ Cash □ Personal Check □ Credit/Debit Card □ Payroll Deduction □ Money Order □ 0/30/2/	\$ 10.00				
Last Name Krill First ICay	MI				
Residential Street Address 59 ROSERS Rd Stam Fore	State Zip Code CT 06912				
Principal Occupation Name of Employer Whred					
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? If contribution is in excess of \$400 to a candidate for a chief executive does contributor or business he/she is associated with have a contract valued at more than \$5,000? Yes No	re officer of a municipality, with said municipality Amount of Contribution				
Is this contribution associated with an event reported in Section L1? If yes, list Event # 2 Is contributor a principal of a state contractor or prospective state of government the contract is with: Executive	☐ Legislative				
Method of Contribution: □ Cash □ Personal Check □ Credit/Debit Card □ Payroll Deduction □ Money Order □ Column □ Column □ Money Order □ Column □ Money Order □ Column	Aggregate Contributions				
SUBTOTAL Section B — This Page / 028,08					
TOTAL of additional Section B Pages \$8[619					
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B) (Enter total on Line 13, Column A of Summary Page Totals)					

Section B ADDITIONAL PAGE 12 of 191

The state of the s		TYPE OF REPORT			
NAME OF COMMITTEE (Provide Camplete Name as Re	TYPE OF REPORT				
carolin simmo	J2(x 1)				
A. Total Contributions from Small	\$				
(See instructions for definition of Small Contri	butor) SUBTOTAL SECTION A	I ·			
	¥				
	B. Itemized Contributions from Indiv	iduals			
Last Name	First	MI			
Snellock	Sara				
Residential Street Address 2 6 Walle Robin (ene strimford	State Zip Code C7 06903			
Principal Occupation Nome maker	Name of Employer	malch			
or dependent child of a lobbyist?	ntribution is in excess of \$400 to a candidate for a chief executive contributor or business he/she is associated with have a contracted at more than \$5,000?				
	Is contributor a principal of a state contractor or prospective states of government the contract is with:	te contractor?			
Method of Contribution: ☐ Cash ☐ Personal Check ☐ Credit/Debit Card ☐	Payroll Deduction Money Order	Aggregate Contributions			
Last Name Hornig an	First Linds au	7 7			
Residential Street Address	price City Stampere	State Zip Code CT 06912			
Principal Occupation BUSINESS	Name of Employer	n he rs			
or dependent child of a lobbyist?	ntribution is in excess of \$400 to a candidate for a chief executive contributor or business he/she is associated with have a contracted at more than \$5,000?	t with said municipality			
Is this contribution associated with an event reported in Section L1? If yes, list Event #	Is contributor a principal of a state contractor or prospective state of government the contract is with: Executive of government the contract is with:	ate contractor? \(\text{Yes} \) \(\frac{1}{50} \). \(\text{O} \)			
Method of Contribution:	Date Received	Aggregate Contributions			
□ Cash □ Personal Check □ Credit/Debit Card □	Payroll Deduction Money Order 6/30/21	150,00			
Last Name Brad Forch	First Phillip	MI			
Residential Street Address 38 44 44	COUP Stamford	State Cip Code D6905			
Principal Occupation professor Consult	Name of Employer UCON	n			
or dependent child of a lobbyist?	ontribution is in excess of \$400 to a candidate for a chief executive contributor or business he/she is associated with have a contracted at more than \$5,000?	ve officer of a municipality, twith said municipality Amount of Contribution			
Is this contribution associated with an event reported in Section L1? No If yes, list Event #	Is contributor a principal of a state contractor or prospective state. If yes, indicate which branch or branches of government the contract is with:	ate contractor?			
Method of Contribution: ☐ Cash ☐ Personal Check ☐ Credit/Debit Card ☐	Payroll Deduction ☐Money Order	Aggregate Contributions			
	SUBTOTAL Section B — Thi	s Page 5260			
TOTAL of additional Section B Pages \$8(6/9)					
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B) (Enter total on Line 13, Column A of Summary Page Totals)					

Section B ADDITIONAL PAGE 113 of 14/

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)	TYPE OF REPORT						
Caroline Simmons for may or	July 10						
A. Total Contributions from Small Contributors-Received this Period ONL (See instructions for definition of Small Contributor) SUBTOTAL SECTION							
B. Itemized Contributions from Inc	dividuals						
Last Name First Robe	IT MI						
Residential Street Address City	7217 State Zip Code CT 0605/						
Principal Occupation Name of Employer	te of CT						
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes If contribution is in excess of \$400 to a candidate for a chief excess of does contributor or business he/she is associated with have a convalued at more than \$5,000?							
Is this contribution associated with an event reported in Section L1? If yes, list Event # Is contributor a principal of a state contractor or prospective of government the contract is with:	e state contractor?						
Method of Contribution: □ Cash □ Personal Check □ Credit/Debit Card □ Payroll Deduction □ Money Order □ Color □ Colo	Aggregate Contributions						
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Residential Street Address 31 PEPPER Ridge Plaw Principal Occupation Name of Employer	State Zip Code O6 70 S						
Principal Occupation Name of Employer UNEM Ployed UNEM	N. ST. L.						
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	cutive officer of a municipality, Amount of Contribution						
Is this contribution associated with an event reported in Section L1? If yes, list Event # No	re state contractor?						
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Last Name UN be First An Sc	el JC.						
Residential Street Address 54 My Ale Ave Unit 3 City Aun Por	State Zip Code 202						
Principal Occupation Sty dent Sty dent Sty dent	en 7						
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? If contribution is in excess of \$400 to a candidate for a chief excess of does contributor or business he/she is associated with have a convalued at more than \$5,000?	cutive officer of a municipality, fract with said municipality No						
Is this contribution associated with an event reported in Section L1? If yes, list Event # Is contributor a principal of a state contractor or prospective of government the contract is with:	e state contractor?						
Method of Contribution: Cash Personal Check Credit/Debit Card Payroll Deduction Money Order 6/36/2	Aggregate Contributions Aggregate Contributions Aggregate Contributions						
SUBTOTAL Section B — 7	This Page \$\dag{135}						
TOTAL of additional Section B Pages 58/6/9							
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Section (Enter total on Line 13, Column A of Summary)							

Section B ADDITIONAL PAGE 119 of 191

Section D ADDITIONAL TAGS			
NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)	TYPE OF REPORT		
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A. Total Contributions from Small Contributors-Received this Po (See instructions for definition of Small Contributor) SUBTOTAL	eriod ONLY SECTION A S		
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B. Itemized Contribution	ns from Individuals		
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Last Name First	an rel M		
	imford State Zip Code CT Oblob		
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TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B) (Enter total on Line 13, Column A of Summary Page Totals) \$\begin{align*} \begin{align*} \begi			

Section B ADDITIONAL PAGE //5 of /9/

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)	TYPE OF REPORT		
capilme simmons for mayor	rely 10		
A. Total Contributions from Small Contributors-Received this (See instructions for definition of Small Contributor) SUBTOT	Period ONLY \$ AL SECTION A		
	a)		
B. Itemized Contributi	ons from Individuals		
Last Name First T)1e90 M		
Residential Street Address 808 WESTMUMT Dr. ATT City M	est Hollywood CA Zip Code		
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	ate for a chief executive officer of a municipality, Amount of Contribution		
Is this contribution associated with an event reported in Section L1? If yes, list Event # Yes Is contributor a principal of a state contra If yes, indicate which branch or branch of government the contract is with:	ctor or prospective state contractor?		
Method of Contribution.	te Received Aggregate Contributions 6/36/21 \$5		
Last Name GEVANTER First	LOXIS		
Residential Street Address 40 6 HeV & OCIC DV City City City City City City City CT 0 6830			
Principal Occupation No No No No No No No No No	homemake		
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Principal Occupation Name of Employer CT General as Hambly			
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TOTAL of addi	tional Section B Pages 81619		
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIOUS (Enter total on Line 13, Column			

Section B ADDITIONAL PAGE 116 of 191

	TYPE OF REPORT		
NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)			
	yor July 17		
A. Total Contributions from Small Contributors-Recei	ived this Period ONLY SUBTOTAL SECTION A		
(See instructions for definition of Small Contributor)	SUBTUTAL SECTION A		
B. Itemized Co	Contributions from Individuals		
Last Name	First MI		
Druckman	Richard		
Residential Street Address 94 Fled Hone Lone	State Zip Code CT 06902		
Principal Occupation	Name of Employer		
retired	retired		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Z No If contribution is in excess of \$40 does contributor or business he/sh valued at more than \$5,000?	00 to a candidate for a chief executive officer of a municipality, the is associated with have a contract with said municipality Yes No		
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Last Name	First MI		
PMCKMan	Sarah City State Zip Code		
Residential Street Address [110] NEW Hampshire Ave NE	Washinston DC 2003=		
Principal Occupation Principal Occupation Name of Employer OGUIG			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000?			
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Residential Street Address PG 13773 UHAVY DV.	Palm Beach Garden State Zip Code B340		
Principal Occupation Name of Employer			
retired	retired		
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SUBTOTAL Section B — This Page \$ 610			
TOTAL of additional Section B Pages \$ 8/6/9			
TOTAL OF ALL CONTRIBUTIONS FRO	COM INDIVIDUALS (Sections A + B) ine 13, Column A of Summary Page Totals)		

Section B ADDITIONAL PAGE 117 of 191

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)	TYPE OF REPORT		
Caroline Simmons prinayor	July 10		
A. Total Contributions from Small Contributors-Received this Period ONLY (See instructions for definition of Small Contributor) SUBTOTAL SECTION A	\$		
in the state of th			
B. Itemized Contributions from Indivi	duals		
Last Name First SUJAN	MI		
Residential Street Address City	State Zip Code		
301 West Atlantic Avenue helray Be	0 Ch FL 33444		
Principal Occupation Name of Employer Pettred Pettred	l		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? If contribution is in excess of \$400 to a candidate for a chief executive does contributor or business he/she is associated with have a contract valued at more than \$5,000?			
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Residential Street Address City Stampora	State Zip Code O6A05		
Principal Occupation Name of Employer Petred			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? If contribution is in excess of \$400 to a candidate for a chief executive does contributor or business he/she is associated with have a contract valued at more than \$5,000?	with said municipality		
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Residential Street Address 1011 Washinston BIVA Stamford	State Zip Code CT 06901		
Principal Occupation Name of Employer Keep Anunca Blauthy			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? If contribution is in excess of \$400 to a candidate for a chief executive does contributor or business he/she is associated with have a contract valued at more than \$5,000?			
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TOTAL of additional Section B Pages \$\$[619]			
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A (Enter total on Line 13, Column A of Summary Page			

Section B ADDITIONAL PAGE //8 of /41

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)		TYPE OF REPORT	
Capollhe Jimmon for may or			
A. Total Contributions from Small Contributors-Received this Period ONLY		Tuly 10	
(See instructions for definition of Small Contributor)	SUBTOTAL SECTION A	\$	
B. Itemized Co	ntributions from Indivi	duals	
Rochelle Rochelle	First	MI	
Residential Street Address 46 Ba SJeth St.	an Jonia	State Zip Code CT 064V	
Principal Occupation Le GIS 1 9 DY	Name of Employer CT GCN	eral Assembly	
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? If contribution is in excess of \$400 does contributor or business he/she valued at more than \$5,000?	to a candidate for a chief executiv	re officer of a municipality, Amount of Contribution	
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Last Name Ord	First	MI	
Residential Street Address 27 Und Strom Road, 73	Stamford	State Zip Code CT 06962	
Principal Occupation EXTENTIFE GIJIITAIN 7	Name of Employer The AJh-	form company	
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Is this contribution associated with an event reported in Section L1? If yes, list Event # Security Security			
Method of Contribution: Date Received Aggregate Contributions			
Last Name SWIIN LY	First	MI	
Residential Street Address 44 Strawberm Hill Ave Apt 57 Strimford CT 06902			
Principal Occupation Name of Employer CHTCd			
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Method of Contribution: Date Received Aggregate Contributions			
SUBTOTAL Section B — This Page 5 150			
TOTAL of additional Section B Pages \$ \$(619)			
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B) (Enter total on Line 13, Column A of Summary Page Totals)			

Section B ADDITIONAL PAGE 119 of 141

	I mm on superm		
NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)	TYPE OF REPORT		
Capoline Jimmom for mayor	J4/4/0		
A. Total Contributions from Small Contributors-Received this Period ONLY			
(See instructions for definition of Small Contributor) SUBTOTAL SECTION A	\$		
E	,		
B. Itemized Contributions from Indivi			
Lord-Sharma First Lois	MI		
Paridential Street Address	State Zip Code		
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Principal Occupation Name of Employer	mall madicumi		
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	nd and homelessness		
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Druckman Shayna			
Residential Street Address Oct FILD Flore Herra G Stam Ford	State Zip Code CT 0 6 9 02		
71 1120-0101			
Principal Occupation Student Name of Employer Student	nt		
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or dependent child of a lobbyist? No does contributor or business he/she is associated with have a contract valued at more than \$5,000?	t with said municipality		
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SUBTOTAL Section B — This Page \$ 125			
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Section B ADDITIONAL PAGE 120 of 191

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)	TYPE OF REPORT		
Canoline simmons Br mayor	July 10		
A. Total Contributions from Small Contributors-Received this Period ONI (See instructions for definition of Small Contributor) SUBTOTAL SECTION			
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B. Itemized Contributions from In	ndividuals		
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Residential Street Address 5 le Shenwed Red City Steim Por	d State CT 06 905		
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Principal Occupation Name of Employer Petrone	ed		
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Residential Street Address 26 D Weld HIII Ave City Stam Po	State CT O6 907		
Principal Occupation Name of Employer Httel			
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Section B ADDITIONAL PAGE 121 of 14

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)		TYPE OF REPORT		
Caroline simmons for mayor		JULYID		
A. Total Contributions from Small Contributors-Received this Period ONLY		\$		
(See instructions for definition of Small Contributor)	SUBTOTAL SECTION A			
B. Itemiz	zed Contributions from Indiv			
Last Name Commisso	First OCCO	М		
Residential Street Address F P HOVEL DY I HE	City Saddle DITER	State Zip Code O 745 8		
Principal Occupation Chairman & Ceo	Name of Employer Mediai	Communication) (or		
Is contributor a lobbyist shouse. The If contribution is in excess	s of \$400 to a candidate for a chief executives he/she is associated with have a contract	ve officer of a municipality, Amount of Contribution		
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Residential Street Address FRIEND PVIVE	city Saddle RIVE	State Zip Code 0.7 458		
Principal Occupation	Name of Employer	sconnius matrices CON		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Is contributor a lobbyist, spouse, or dependent child of a lobbyist? If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality				
valued at more than \$5,000? Yes No				
Method of Contribution: Date Received Aggregate Contributions				
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Residential Street Address 100 HOVE Shot Rd	city Mill neck	State Zip Code NJ 1765		
Principal Occupation Prolitor Name of Employer So Faveh				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contribution or business he/she is associated with have a contract with said municipality valued at more than \$5,000? Amount of Contribution Yes UNO Yes No				
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	SUBTOTAL Section B — Thi	s Page \$3 000		
TOTAL of additional Section B Pages \$ 8169				
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NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)	TYPE OF REPORT		
Carolline simmons for mayor	Julylo		
A. Total Contributions from Small Contributors-Received this Period ONLY (See instructions for definition of Small Contributor) SUBTOTAL SECTION A	\$		
B. Itemized Contributions from Individual			
Last Name JOAN First JOAN	М		
Residential Street Address City	State Zip Code		
ado Columbus Blvd Waterbury	CT 06710		
	OFCT		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? If contribution is in excess of \$400 to a candidate for a chief executive does contributor or business he/she is associated with have a contract valued at more than \$5,000?	with said municipality		
Is this contribution associated with an event reported in Section L1? If yes, list Event # Is contributor a principal of a state contractor or prospective state If yes, indicate which branch or branches of government the contract is with:	e contractor? Ses No \$1,000		
Method of Contribution: □ Cash □ Personal Check □ Credit/Debit Card □ Payroll Deduction □ Money Order □ Column □ Colum	Aggregate Contributions \$\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\		
Last Name First DONAL	M Z		
Residential Street Address City	State Zip Code		
458 Wre mill Rd Stanford	CT 06983		
Principal Occupation Hele Capist (LCSW) Name of Employer SCIF			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000?			
Is this contribution associated with an event reported in Section L1? Is contributor a principal of a state contractor or prospective state contractor? If yes, list Event # Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: Executive Legislative			
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Samer Samer First Shappan	MI		
Residential Street Address 122 FWSt Pond Rd City Stam Ford	State Zip Code CT 06903		
Principal Occupation Nethred Name of Employer Nethred			
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SUBTOTAL Section B — This	Page \$1200		
TOTAL of additional Section B Pages 88(69			
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A (Enter total on Line 13, Column A of Summary Page 2)			

Section B ADDITIONAL PAGE 123 of 14/

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)		TYPE OF REPORT	
Carolinesimmons for nayor		July 10	
A. Total Contributions from Small Contributors-Received this Period ONLY (See instructions for definition of Small Contributor) SUBTOTAL SECTION A		\$	
B. Itemized	Contributions from Indivi		
Last Name Manewal	First ellen		
Residential Street Address	City	State Zip Code	
75 H Street	Hull	MA 02045	
Principal Occupation NHYC	Name of Employer		
Is contributor a lobbyist, spouse. Yes If contribution is in excess of \$	400 to a candidate for a chief executives says associated with have a contract	ve officer of a municipality, twith said municipality	
valued at more than \$5,000?	☐ Yes ☐ You of a state contractor or prospective star	te contractor? 1/Yes \$75	
event reported in Section L1? If yes, list Event # If yes, list Event # If yes, list Event #	branch or branches	_ 121 No	
Method of Contribution:	Date Received	Aggregate Contributions	
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Last Name Denneny	First GINGEV	MI	
Residential Street Address	City Ster Konk	State Zip Code	
51 Lincoln St.		mt 02771	
Principal Occupation Name of Employer N A			
·	400 to a candidate for a chief executive	ve officer of a municipality, Amount of Contribution	
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? If contribution is in excess of \$4 does contributor or business he/valued at more than \$5,000?	/she is associated with have a contract Yes You	t with said municipality	
Is this contribution associated with an event reported in Section L1? Is contributor a principal of a state contractor or prospective state contractor? If yes, list Event # Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: Executive Legislative Legislative			
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Last Name (NEXANULY	First Heather		
Residential Street Address 70 Samora Lone	City Stamford	State Zip Code CT 06905	
Principal Occupation Name of Employer N G			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000?			
Is this contribution associated with an event reported in Section L1? If yes, list Event # 2			
Method of Contribution: □ Cash □ Personal Check □ Credit/Debit Card □ Payroll Deduction □ Money Order □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □			
SUBTOTAL Section B — This Page \$ 475			
TOTAL of additional Section B Pages \$ \$66.9			
TOTAL OF ALL CONTRIBUTIONS FR (Enter total on L	ROM INDIVIDUALS (Sections ine 13, Column A of Summary Page	A + B) \$ 8 \(\text{9} \)	

Section B ADDITIONAL PAGE 124 of 4

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)	TYPE OF REPORT		
(aroline Jimmons for may or	11/4/10		
A. Total Contributions from Small Contributors-Received this Period ONLY	1 0 9 1 7 1		
(See instructions for definition of Small Contributor) SUBTOTAL SECTION A	\$		
B. Itemized Contributions from Indivi	iduals		
Last Name First	М		
Gui Kyle Residential Street Address City City City City City City City City	State Zip Çode		
Residential Street Address 208 Stamford Avenve City Stamford	CT 06902		
Principal Occupation Name of Employer SELY-EN	npluged		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes does contributor or business he/she is associated with have a contract valued at more than \$5,000?	ve officer of a municipality, twith said municipality Amount of Contribution		
yya, ist Event i	☐ Legislative		
Method of Contribution: □ Cash □ Personal Check □ Credit/Debit Card □ Payroll Deduction □ Money Order □ Column □ Colum	Aggregate Contributions		
Last Name Gedney First William	MI		
Residential Street Address (ay ocean DNH East Stamford	State CT State Code 0 690 2		
P1C3((C1))	Hack Inc.		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? If contribution is in excess of \$400 to a candidate for a chief executive does contributor or business he/she is associated with have a contract valued at more than \$5,000?	ve officer of a municipality, t with said municipality Amount of Contribution		
Is this contribution associated with an event reported in Section L1? If yes, list Event # 2 Is contributor a principal of a state contractor or prospective state contractor? Yes If yes, indicate which branch or branches of government the contract is with: Executive Legislative			
Method of Contribution: □ Cash □ Personal Check □ Credit/Debit Card □ Payroll Deduction □ Money Order □ Date Received □ Payroll Deduction □ Money Order □ Payroll Deduction □ Payrol	Aggregate Contributions		
Schley First Daniel	MI		
Residential Street Address 186 Pine Creek Ave City Fair Held	State		
0 0 (5 1 1 60 1)			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? If contribution is in excess of \$400 to a candidate for a chief executive does contributor or business he/she is associated with have a contract valued at more than \$5,000?	ve officer of a municipality, twith said municipality Amount of Contribution		
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Method of Contribution: □ Date Received Aggregate Contributions □ Cash □ Personal Check □ Credit/Debit Card □ Payroll Deduction □ Money Order □ (28/2) □ 375-			
SUBTOTAL Section B — This	s Page \$ \$50		
TOTAL of additional Section B Pages & 8699			
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections (Enter total on Line 13, Column A of Summary Page	A+B) \$8(Q9		

Section B ADDITIONAL PAGE 125 of 41

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)		TYPE OF REPORT	
capoline simmons for may or		July 10	
A. Total Contributions from Small Contributors-Received this Period ONLY (See instructions for definition of Small Contributor) SUBTOTAL SECTION A		\$	
	B. Itemized Cor	ntributions from Indivi	duals
Last Name		First Stephen	МІ
Residential Street Address		City	State Zip Code
18 LOCKNOOD F	tue	Old Gycenu Name of Employer	1 1 - 1 0 - 1
State Representation		State o	
or dependent child of a lobbyist?	If contribution is in excess of \$400 t does contributor or business he/she valued at more than \$5,000?		
Is this contribution associated with an event reported in Section L1? If yes, list Event #	Is contributor a principal of a s If yes, indicate which bran of government the contract		e contractor?
Method of Contribution:	of government are contract	Date Received	Aggregate Contributions
Cash Personal Check Credit/Debit Ca	rd □Payroll Deduction □Money	Order 6 28/21	8 (00
Last Name		First	МІ
maloney	- P	Daniel	
Residential Street Address 120 Wood bnd Je	pr. South	Stom ford	State CT O6 9u2
		Name of Employer	.) (0
Principal Occupation Wronn pulse Wronn pulse			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000?			
Is this contribution associated with an event reported in Section L1? If yes, list Event # Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: Executive Legislative Legislative			
Method of Contribution: □ Cash □ Personal Check □ Credit/Debit Card □ Payroll Deduction □ Money Order □ 2 2 1 Aggregate Contributions □ 3 25.			
Last Name		First	МІ
BUT 9855		Bndset	
Residential Street Address U		HINShum	State Zip Code MY+ 02043
Principal Occupation Name of Employer M(15) (V) C and EAC			
Is contributor a lobbyist, spouse, Yes If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, Amount of Contribution			
or dependent child of a lobbyist? No No No No No No No No No N			
Is this contribution associated with an event reported in Section L1? If yes, list Event # Is contributor a principal of a state contractor or prospective state contractor?			
Method of Contribution: □ Date Received Aggregate Contributions □ Cash □ Personal Check □ Credit/Debit Card □ Payroll Deduction □ Money Order □ (2)			
SUBTOTAL Section B — This Page \$ 50			
TOTAL of additional Section B Pages \$ \$669			
TOTAL OF A	LL CONTRIBUTIONS FROM (Enter total on Line 1	INDIVIDUALS (Sections A 3, Column A of Summary Page	

Section B ADDITIONAL PAGE 126 of 14/

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)	The state of the s	TYPE OF REPORT
Capline Jimmons Por mayor		Julula
A. Total Contributions from Small Contributors-Received this Period ONLY (See instructions for definition of Small Contributor) SUBTOTAL SECTION A		\$
, and the same of		
B. Itemized Contr	ributions from Indivi	duals
Last Name	First Do Ci L L Do A	МІ
SITGE Residential Street Address City	maun	State Zip Code
49 Mazelmod Lane	Stan Ford	C7 06905
residential real estata specialist		regel home sales
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? If contribution is in excess of \$400 to a does contributor or business he/she is a valued at more than \$5,000?	candidate for a chief executive ssociated with have a contract Yes	e officer of a municipality, with said municipality Amount of Contribution
Is this contribution associated with an event reported in Section L1? If yes, list Event # Is contributor a principal of a state of government the contract is	or branches	e contractor? Ves No 250
Method of Contribution: □ Cash □ Personal Check □ Credit/Debit Card □ Payroll Deduction □ Money Ord	der 02720	Aggregate Contributions \$ 755
Last Name LAWN DEGRAW	First EUN 1	МІ
Residential Street Address [12 W 1) + 1 and Y oad City	& Ann	State Zip Code O 6061
Principal Occupation State representative State of connecticut		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? Amount of Contribution Yes No		
Is this contribution associated with an event reported in Section L1? Is contributor a principal of a state contractor or prospective state contractor? If yes, list Event # Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: Executive Legislative		
Method of Contribution: □ Cash □ Personal Check □ Credit/Debit Card □ Payroll Deduction □ Money Ord	/ / > - 10	Aggregate Contributions 50.00
Last Name QUINN	First	MI
Residential Street Address YA BEAN ANN CIVIU	Menden	State Zip Code CT (G G 450
Principal Occupation Name of Employer Mahon, Quinn + Mahon PC		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? If contribution is in excess of \$400 to a does contributor or business he/she is a valued at more than \$5,000?	candidate for a chief executive issociated with have a contract	e officer of a municipality, with said municipality Amount of Contribution
Is this contribution associated with an event reported in Section L1? If yes, list Event # Is contributor a principal of a state contractor or prospective state contractor?		
Method of Contribution: □ Cash □ Personal Check □ Credit/Debit Card □ Payroll Deduction □ Money Order □ Date Received □ Aggregate Contributions □ 100 □ 10		
SUBTOTAL Section B — This Page & 405		
TOTAL of additional Section B Pages \$ 81619		
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B) (Enter total on Line 13, Column A of Summary Page Totals)		

Section B ADDITIONAL PAGE 127 of 141

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)		TYPE OF REPORT
caplinesimmom for nayor		Julylo
A. Total Contributions from Small Contributors-Received this Period ONLY (See instructions for definition of Small Contributor) SUBTOTAL SECTION A		\$
B. Itemized Co	ntributions from Indivi	duals
Last Name Styuttu	First Anthuny	MI
Residential Street Address 1 2 5 KN DX R DQ d	city Stam Rual	State
Principal Occupation CON SYITAN +	Name of Employer Sty 427	a consultins
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? If contribution is in excess of \$400 does contributor or business he/she valued at more than \$5,000?	to a candidate for a chief executive is associated with have a contract	e officer of a municipality, with said municipality Amount of Contribution
	state contractor or prospective state	te contractor?
Method of Contribution: ☐ Cash ☐ Personal Check ☐ Credit/Debit Card ☐ Payroll Deduction ☐ Money	Order 6 28/21	Aggregate Contributions \$ 200
Last Name Guite	First	MI
Residential Street Address 1185 PANC AVENUE	City New Yon C	State Zip Code 10/28
Principal Occupation Self (mp loyed art cm) m/n) Fine arts redarch		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes If contribution is in excess of \$400 does contributor or business he/she valued at more than \$5,000?	to a candidate for a chief executiv is associated with have a contract Yes No	with said municipality Amount of Contribution
Is this contribution associated with an event reported in Section L1? If yes, list Event # Yes Is contributor a principal of a If yes, indicate which bra of government the contra		☐ Legislative
Method of Contribution: ☐ Cash ☐ Personal Check ☐ Credit/Debit Card ☐ Payroll Deduction ☐ Money	Order Date Received	Aggregate Contributions OD
Last Name COMPN	City Gulford	MI
Residential Street Address 45 Che my St.	City Gulfort	State Zip Code CT O 6437
Principal Occupation Styld Henator	Statt of	
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	to a candidate for a chief executive is associated with have a contract Yes No	ve officer of a municipality, with said municipality Amount of Contribution
Is this contribution associated with an event reported in Section L1? If yes, list Event # Is contributor a principal of a If yes, indicate which bra of government the contra	ct is with:	☐ Legislative
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SUBTOTAL Section B — This Page \$ 50		
TOTAL of additional Section B Pages \$ \$1669		
TOTAL OF ALL CONTRIBUTIONS FROM (Enter total on Line	M INDIVIDUALS (Sections . 13, Column A of Summary Page	

Section B ADDITIONAL PAGE 128 of 141

NAME OF COMMITTEE (Provide Complete Name as Registered with Filin	ng Repository)	TYPE OF REPORT	
Camine Simmons for	mayor	July10	
A. Total Contributions from Small Contributor (See instructions for definition of Small Contributor)			
-		*	
B. Ite	mized Contributions from	Individuals	ne sylfundige
Last Name	First		MI
EXUM	Tamr	riy	St. A. Zin Code
Residential Street Address 40 BIN Still Lave	City Nest Ha		State Zip Code CT O6107
Principal Occupation (C)) (A) (A) (A)	Name of Employe	General AS8	mbly
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	excess of \$400 to a candidate for a chief usiness he/she is associated with have a \$5,000?	executive officer of a municipality, contract with said municipality ☑No	Amount of Contribution
Is this contribution associated with an event reported in Section L1? Yes Is contributor a If yes, indicate	principal of a state contractor or prospectate which branch or branches		50.00
If yes, list Event # of governm Method of Contribution:	Date Received	Aggregate Contributions	-
☐ Cash ☐ Personal Check ☐ Credit/Debit Card ☐ Payroll Deduct:	ion Money Order 6128121	\$50	
Last Name	First		MI
Hom	man		
Residential Street Address 137 Salmon Kill Rd	City Sall Jbur		State Zip Code O 6068
Principal Occupation	Name of Employer		
State representative		eneval Assembly	
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	excess of \$400 to a candidate for a chief usiness he/she is associated with have a \$5,000?	executive officer of a municipality, contract with said municipality No	Amount of Contribution
Is this contribution associated with an event reported in Section L1? If yes, list Event # Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: Executive Legislative			
Method of Contribution: Date Received Aggregate Contributions			
☐ Cash ☐ Personal Check ☐ Credit/Debit Card ☐ Payroll Deduction		21 \$ [00.00	
Last Name Oath an	First		MI
Residential Street Address 450 Silvermine Road	city New Ca	naan	State Zip Code O 6 8 40
Principal Occupation UG 151970Y	Name of Employe		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? If contribution is in e does contributor or b valued at more than s	excess of \$400 to a candidate for a chief ousiness he/she is associated with have a \$5,000?	executive officer of a municipality contract with said municipality No	Amount of Contribution
event reported in Section L1?	principal of a state contractor or prospecate which branch or branches tent the contract is with:	decutive ☐ Legislative	25.00
Method of Contribution:	Date Received tion □Money Order Φ/2 3/2 \	Aggregate Contributions	
SUBTOTAL Section B — This Page \$ 175.00			
TOTAL of additional Section B Pages 5 8669			
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B) (Enter total on Line 13, Column A of Summary Page Totals)			

Section B ADDITIONAL PAGE / 9 of /4/

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Reposi	itory)	TYPE OF REPORT
Cawlinesimmons for may	OR	July10
A. Total Contributions from Small Contributors-Received this Period ONLY (See instructions for definition of Small Contributor) SUBTOTAL SECTION A		\$
B. Itemized	d Contributions from Indivi	duals
Last Name WOOd	First Kerm	МІ
Residential Street Address 2 6 5 Fran 6 57.	City RUCKY HIL	State Zip Code (7 () (606) +
Principal Occupation Y La Hoy	Name of Employer NEW ENSIGN	nd retail properties
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes If contribution is in excess of does contributor or business valued at more than \$5,000?	f \$400 to a candidate for a chief executive he/she is associated with have a contract ☐ Yes ☐ No	ve officer of a municipality, t with said municipality Amount of Contribution
Is this contribution associated with an event reported in Section L1? If yes, list Event # Is contributor a principal of yes, indicate which of government the contributor of government the contributor apprincipal of yes, indicate which of government the contributor apprincipal of yes, indicate which of government the contribution associated with an event reported in Section L1?	al of a state contractor or prospective sta ch branch or branches	te contractor?
Method of Contribution:	((-0 - 1	/00
Last Name RIHEY	First matt	МІ
Residential Street Address 169 NOM 13 Cacon St	City Hartford	State Zip Code D 6 105
Principal Occupation Othornel	Name of Employer Shipman	rGoodun LLP
Is contributor a lobbyist spouse \(\sigma\) \(\text{Yes}\) If contribution is in excess of	f \$400 to a candidate for a chief executive he/she is associated with have a contract	ve officer of a municipality, with said municipality
Is this contribution associated with an event reported in Section L1? If yes, list Event # Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: Executive Legislative Legislative		
Method of Contribution: □ Cash □ Personal Check □ Credit/Debit Card □ Payroll Deduction □	Money Order Date Received (2/2 8/2)	Aggregate Contributions
Elam Elam	First	MI
Residential Street Address UL GLINDNOL Rd	city Strim Ford	State Zip Code CT 06902
Principal Occupation Name of Employer Nethred		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes If contribution is in excess or does contributor or business valued at more than \$5,000?	of \$400 to a candidate for a chief executive he/she is associated with have a contract Yes No	ve officer of a municipality, at with said municipality Amount of Contribution
event reported in Section L1? If yes, list Event # Of government the		ate contractor? Typ's Typ's Legislative Aggregate Contributions
Method of Contribution: □ Date Received Aggregate Contributions □ Cash □ Personal Check □ Credit/Debit Card □ Payroll Deduction □ Money Order □ 12 8 / 21 □ 4 7		
SUBTOTAL Section B — This Page \$375. 00		
TOTAL of additional Section B Pages 58/6/9-00		
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B) (Enter total on Line 13, Column A of Summary Page Totals)		

Section B ADDITIONAL PAGE 130 of 141

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)	TYPE OF REPORT	
Carolle simmons for mayor	July 10	
A. Total Contributions from Small Contributors-Received this Period ONLY (See instructions for definition of Small Contributor) SUBTOTAL SECTION A	\$	
B. Itemized Contributions from Indivi	duals	
Rubin First Han	MI	
Residential Street Address 14 Com Stock Court Pidsefield	State	
Principal Occupation Principal Occupation Principal Occupation Rame of Employer Blank	Rone LLC	
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes lif contribution is in excess of \$400 to a candidate for a chief executive does contributor or business he/she is associated with have a contract valued at more than \$5,000?		
Is this contribution associated with an event reported in Section L1? Is contributor a principal of a state contractor or prospective state and the section L1? If yes, indicate which branch or branches	te contractor?	
Method of Contribution: □ Cash □ Personal Check □ Credit/Debit Card □ Payroll Deduction □ Money Order □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □	Aggregate Contributions \$ 250	
Last Name Neumann First Sabine	МІ	
Residential Street Address 1 LIGHTHOUH Way City Stan Rord	State Zip Code CT 06 90 Z	
Principal Occupation Name of Employer Number of Employer		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? If contribution is in excess of \$400 to a candidate for a chief executive does contributor or business he/she is associated with have a contract valued at more than \$5,000?	e officer of a municipality, with said municipality	
Is this contribution associated with an event reported in Section L1? If yes, list Event # Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: Executive Legislative		
Method of Contribution: □ Cash □ Personal Check □ Credit/Debit Card □ Payroll Deduction □ Money Order □ Date Received □ Payroll Deduction □ Money Order □ Payroll Deduction □ Payroll Deduction □ Money Order □ Payroll Deduction □ Money Order □ Payroll Deduction □ Pa	Aggregate Contributions \$ 150	
Last Name First CAY 10 S	MI A	
Residential Street Address 50 Fairfield Rd City Grunmen	State Zip Code CT 0 6830	
Principal Occupation PEIVATI Equity Pelotin Equity LLC		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? If contribution is in excess of \$400 to a candidate for a chief executive does contributor or business he/she is associated with have a contract valued at more than \$5,000? Yes Yes No	re officer of a municipality, with said municipality Amount of Contribution	
Is this contribution associated with an event reported in Section L1? If yes, list Event # Method of Contribution: 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: Date Received Aggregate Contributions		
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SUBTOTAL Section B — This Page 8 1400		
TOTAL of additional Section B Pages 8/6/9		
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A (Enter total on Line 13, Column A of Summary Page		

Section B ADDITIONAL PAGE 13 of 14

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)	TYPE OF REPORT	
can the simmons for mayor	Julylo	
A. Total Contributions from Small Contributors-Received this Period ONLY	\$	
(See instructions for definition of Small Contributor) SUBTOTAL SECTION A		
	Short a	
B. Itemized Contributions from Indivi	duais	
Butler Thomas		
Residential Street Address 191 Oclan Dr. East Stamford	State Zip Code CT 0 6902	
Principal Occupation Name of Employer	, SOCIATI Stratesic Communication	
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? If contribution is in excess of \$400 to a candidate for a chief executive does contributor or business he/she is associated with have a contract valued at more than \$5,000?		
Is this contribution associated with an event reported in Section L1? No If yes, list Event # Yes Is contributor a principal of a state contractor or prospective state If yes, indicate which branch or branches of government the contract is with:	_ Wo \$ 50	
Method of Confribution: Date Received	Aggregate Contributions	
□ Cash □ Personal Check □ Credit/Debit Card □ Payroll Deduction □ Money Order □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □	\$150	
Last Name SILA di Mahva S	h	
Residential Street Address City	State Zip Code	
Principal Occupation Name of Employer	CT 06902	
NIA CONSULTO	any	
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? If contribution is in excess of \$400 to a candidate for a chief executive does contributor or business he/she is associated with have a contract valued at more than \$5,000? Yes Valued at more than \$5,000?	re officer of a municipality, with said municipality	
Is this contribution associated with an event reported in Section L1? If yes, list Event # Secutive Legislative Is contributor a principal of a state contractor or prospective state contractor? Yes If yes, list Event # Executive Legislative Legislative Legislative Legislative		
Method of Contribution: Cash Personal Check Credit/Debit Card Payroll Deduction Money Order Date Received Aggregate Contributions S/VA		
Last Name First	Y V & MI	
Brown Kim		
Residential Street Address 1940 Wan DN4 West Stamford	State Zip Code CT DEA 12	
Principal Occupation SCIF Name of Employer		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? If contribution is in excess of \$400 to a candidate for a chief executive does contributor or business he/she is associated with have a contract valued at more than \$5,000?		
	□ Legislative □ □ Legislative □ □ Legislative □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □	
Method of Contribution: Date Received Aggregate Contributions		
SUBTOTAL Section B — This	Page \$1,250	
TOTAL of additional Section B Pages & & & 6/9		
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A (Enter total on Line 13, Column A of Summary Page		

Section B ADDITIONAL PAGE 132 of 14/

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)		TYPE OF REPORT
Caroline simmono-Brmayor		July10
A. Total Contributions from Small Contributors-Received this Period ONLY (See instructions for definition of Small Contributor) SUBTOTAL SECTION A		\$
	121	
B. Itemized Cor	tributions from Indivi	
Last Name 1 rc land	First Thomas	
Residential Street Address 75 WILLIAM St	Greenmer	State Zip Code CT 06830
Principal Occupation CHT d	Name of Employer PHRE	
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? If contribution is in excess of \$400 to does contributor or business he/she valued at more than \$5,000?	o a candidate for a chief executive is associated with have a contract Yes	e officer of a municipality, with said municipality
Is this contribution associated with an event reported in Section L1? If yes, list Event # Is contributor a principal of a s If yes, indicate which bran of government the contract	t is with:	□ Legislative □ No
Method of Contribution: ☐ Cash ☐ Personal Check ☐ Credit/Debit Card ☐ Payroll Deduction ☐ Money	Order Date Received	Aggregate Contributions
Last Name Palm	Eirst	MI
Residential Street Address 29 E9St UberM St CheSHer C7 06412		
Principal Occupation State representative	Name of Employer State C	of CT
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? Amount of Contribution Yes Yes No		
Is this contribution associated with an event reported in Section L1? If yes, list Event # Is contributor a principal of a state contractor or prospective state contractor? If yes, list Event # Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: Executive Legislative Legisl		
Method of Contribution: Cash Personal Check Credit/Debit Card Payroll Deduction Money Order Date Received Aggregate Contributions Contributions		
Bhargava Shobhana MI		
Residential Street Address HT Haremeyer Lune Sult 343 City Stamford CT 06 902		
Principal Occupation Name of Employer Petred		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000?		
Is this contribution associated with an event reported in Section L1? If yes, list Event # No		
Method of Contribution: Cash Personal Check Credit/Debit Card Payroll Deduction Money Order Date Received Date Received Aggregate Contributions 500		
SUBTOTAL Section B — This Page (1525)		
TOTAL of additional Section B Pages \$ \\$ \[\lambda \left[\left[\left] \]		
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B) (Enter total on Line 13, Column A of Summary Page Totals)		

Section B ADDITIONAL PAGE 133 of 141

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository,		TYPE OF REPORT
carolinesimmom for ma	YUY	JUly10
A. Total Contributions from Small Contributors-Rece (See instructions for definition of Small Contributor)	eived this Period ONLY SUBTOTAL SECTION A	\$
	GC.	
B. Itemized C	Contributions from Indivi	iduals
Last Name Adams	First TCM	MI
Residential Street Address 15 WHON Place	Stamford	State Zip Code CT 06942
Principal Occupation	Name of Employer	-ed
	00 to a candidate for a chief executive the is associated with have a contract Yes No	
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28 Alden Rd	Orcenwe Name of Employer	ch CT 06831
Principal Occupation	Mone	_
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	f a state contractor or prospective sta oranch or branches	ate contractor?
Method of Contribution: □ Cash □ Personal Check □ Credit/Debit Card □ Payroll Deduction □ Mor	ney Order 0/28/21	Aggregate Contributions 500
Last Name MCCAMY-VAN-LY	First CNJAn	MI
Residential Street Address 1625 Me IVIÚ	City Fairfield	State Zip Code CT 06825
Principal Occupation Statisfier S		
	00 to a candidate for a chief executive she is associated with have a contract Yes No	
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Section B ADDITIONAL PAGE 134 of 141

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)	TYPE OF REPORT	
Carolle simmons for mayor	101010	
A. Total Contributions from Small Contributors-Received this Period ONLY	\$	
(See instructions for definition of Small Contributor) SUBTOTAL SECTION A	3	
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B. Itemized Contributions from Indivi		
Last Name BUT S First Fronnie	MI	
Residential Street Address 281 Old Chiurch Rd Green Me	State CT 29830	
Principal Occupation Name of Employer Honem a	KR	
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? If contribution is in excess of \$400 to a candidate for a chief executive does contributor or business he/she is associated with have a contract valued at more than \$5,000?		
Is this contribution associated with an event reported in Section L1? If yes, list Event # Is contributor a principal of a state contractor or prospective state of government the contract is with: Yes Is contributor a principal of a state contractor or prospective state of government the contract is with:	□ Legislative	
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Schmal'ZI First Thom		
Residential Street Address 307 SIIVET HILL L.D. Stamford	State Zip Code CT 06905	
Principal Occupation Name of Employer THE	C	
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? If contribution is in excess of \$400 to a candidate for a chief executive does contributor or business he/she is associated with have a contract valued at more than \$5,000? If contribution is in excess of \$400 to a candidate for a chief executive does contributor or business he/she is associated with have a contract valued at more than \$5,000?	re officer of a municipality, with said municipality	
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Residential Street Address 95 1 N HW a U Rd Unit 10 Stan Force	State Zip Code CT 06705	
Principal Occupation Name of Employer Name of Employer Name of E		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes of dependent child of a lobbyist? Yes of September 1 in excess of \$400 to a candidate for a chief executive does contributor or business he/she is associated with have a contract valued at more than \$5,000?		
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TOTAL of additional Section B Pages 8 8 6 9		
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Section B ADDITIONAL PAGE 135 of 141

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)	TYPE OF REPORT	
Canlled mmom for may or	JULYID	
A. Total Contributions from Small Contributors-Received this Period ONLY		
(See instructions for definition of Small Contributor) SUBTOTAL SECTION A	\$	
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B. Itemized Contributions from Indivi	duals	
Last Name PANCEY First John-M	nichael MI	
Residential Street Address 27 MUNSEI FORM Rd City Mad 1 Jun	State	
Principal Occupation Name of Employer A745-Bor Ce	eimins CT COA	
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes of dependent child of a lobbyist? If contribution is in excess of \$400 to a candidate for a chief executive does contributor or business he/she is associated with have a contract valued at more than \$5,000?		
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Residential Street Address (City Principal Occupation Name of Employer	State PA Zip Code 15217	
Lawyer X+LG	ates LLP	
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Residential Street Address 216 Bennett St Mount Plea	asant State Zip Code 29464	
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SUBTOTAL Section B — This	Page \$250	
TOTAL of additional Section B Pages & 8/6/9		
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B)		

Section B ADDITIONAL PAGE /36 of /9/

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)	0	TYPE OF REPORT
capolinesimmons for ma	MUK	July10
A. Total Contributions from Small Contributors-Received this Period ONLY (See instructions for definition of Small Contributor) SUBTOTAL SECTION A		\$
	<u> </u>	
B. Itemized C	Contributions from Indivi	
Last Name GCI05	First	MI
Residential Street Address 118 HIIC rest & GNC Fel	Greenme	6 State Zip Code CT 0 & 80 7
Principal Occupation Director Of Physical therapy	Name of Employer	
Is contributor a lobbyist, spouse,	00 to a candidate for a chief executive the is associated with have a contract	
valued at more than \$5,000?	Yes No	
Is this contribution associated with an event reported in Section L1? If yes, list Event # Is contributor a principal of If yes, indicate which b of government the cont	ranch or branches	□ Legislative
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Last Name	First	MI
Residential Street Address	Geraldin	State Zip Code
54 my me Are junit 3	Stanford	CT 06962
Principal Occupation Student	Name of Employer STude	n J
Is contributor a lobbyist, spouse, \(\sigma\)/Yes If contribution is in excess of \$40	00 to a candidate for a chief executive the is associated with have a contract Yes No	e officer of a municipality, with said municipality Amount of Contribution
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Method of Contribution: Date Received Aggregate Contributions		
Last Name	First Chn?	М
Syncl air	Chn)	State Zip Code
309 Dunbar Rd Palm Beach PL 33480		
Principal Occupation Phred A	Name of Employer	/
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TOTAL of additional Section B Pages § 8/6/9		
TOTAL OF ALL CONTRIBUTIONS FRO	OM INDIVIDUALS (Sections Anne 13, Column A of Summary Page	A+B) \$81669

Section B ADDITIONAL PAGE /37 of 141

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)	TYPE OF REPORT	
candinisimmons for mayor	J4(v/0	
A. Total Contributions from Small Contributors-Received this Period ONLY (See instructions for definition of Small Contributor) SUBTOTAL SECTION A	\$	
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B. Itemized Contributions from Indiv	iduals	
Last Name CANJON First E1129 be	2 H	
Residential Street Address 350 9th St Southeast Washinst	State Zip Code DC ZOO3	
Confinition to the contract of	se of representative,	
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? If contribution is in excess of \$400 to a candidate for a chief execution does contributor or business he/she is associated with have a contract valued at more than \$5,000?	et with said municipality	
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Last Name PMSday First Laurer	МІ	
Residential Street Address (06 Man NDU + Read Street Street)	State Zip Code CG 907	
Principal Occupation Name of Employer Stamford realth		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? If contribution is in excess of \$400 to a candidate for a chief execution does contributor or business he/she is associated with have a contract valued at more than \$5,000?	t with said municipality	
77	ate contractor?	
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Residential Street Address 141 Great Plain Rd City Danbut	y State Zip Code Ob 8 11	
(C) 101 11 C	OF CT	
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? If contribution is in excess of \$400 to a candidate for a chief execution does contributor or business he/she is associated with have a contract valued at more than \$5,000?	ct with said municipality	
	e ☐ Legislative	
Method of Contribution: □ Cash □ Personal Check □ Credit/Debit Card □ Payroll Deduction □ Money Order □ Color □ Colo	Aggregate Contributions	
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TOTAL of additional Section B Pages \$ 8 6 9		
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B) (Enter total on Line 13, Column A of Summary Page Totals)		

Section B ADDITIONAL PAGE 138 of 141

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)	TYPE OF REPORT	
caroline simmom for mayor	July10	
A. Total Contributions from Small Contributors-Received this Period Of (See instructions for definition of Small Contributor) SUBTOTAL SECTION		
B. Itemized Contributions from Individuals		
Last Name HAFF Mym	G MI	
Residential Street Address LOW WORM PAVE PRY 311 Palm Beach EL 334.80		
Principal Occupation Commercial real estady Name of Employer hhh properties		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? If contribution is in excess of \$400 to a candidate for a chief does contributor or business he/she is associated with have a valued at more than \$5,000?		
Is this contribution associated with an event reported in Section L1? If yes, list Event # Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with:		
Method of Contribution: Cash Personal Check Credit/Debit Card Payroll Deduction Money Order 5/29	Aggregate Contributions 3 00,00	
Chafel Brandon MI		
Residential Street Address 13 10 ACM Rd MIddletom State Zip Code CT 06457		
Principal Occupation Principal Occupation Principal Occupation Principal Occupation Principal Occupation		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000?		
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Last Name First MI Amm		
Residential Street Address City Danen State Zip Code CT 06820		
Principal Occupation Name of Employer Petred		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? If contribution is in excess of \$400 to a candidate for a chief does contributor or business he/she is associated with have a valued at more than \$5,000?		
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Method of Contribution: Cash Personal Check Credit/Debit Card Payroll Deduction Money Order Date Received Aggregate Contributions UCredit/Debit Card Payroll Deduction Money Order		
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TOTAL of additional Section B Pages 8/6/9		
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B) (Enter total on Line 13, Column A of Summary Page Totals)		

Section B ADDITIONAL PAGE 139 of 141

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)	TYPE OF REPORT	
Caroline simmon for mayor	JULYID	
A. Total Contributions from Small Contributors-Received this Period ONLY (See instructions for definition of Small Contributor) SUBTOTAL SECTION A	\$	
· ·		
B. Itemized Contributions from Individuals		
Last Name Band First Jen	МІ	
Residential Street Address 18 DUN WOOLE Place City Greenme	State Zip Code CT 06838	
Principal Occupation, Name of Employer Petred		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? Amount of Contribution		
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Method of Contribution: Cash Personal Check Credit/Debit Card Payroll Deduction Money Order Colbo/21 Aggregate Contributions Aggregate Contributions		
Last Name OVEISTOM First Stefani	l MI	
Residential Street Address 69 PACMILLA DVENVE Stam Rod	State Zip Code CT 06905	
Principal Occupation Name of Employer Howena Ver		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000?		
Is this contribution associated with an event reported in Section L1? If yes, list Event # Is contributor a principal of a state contractor or prospective state contractor?		
Method of Contribution: □ Cash □ Personal Check □ Credit/Debit Card □ Payroll Deduction □ Money Order □ Date Received □ Aggregate Contributions □ S		
Last Name First MI		
Residential Street Address State Zip Code City State Zip Code CT 06983		
Principal Occupation Name of Employer Carry		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes Volume a contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality / valued at more than \$5,000? Amount of Contribution		
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TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B) (Enter total on Line 13, Column A of Summary Page Totals)		

Section B ADDITIONAL PAGE 145 of 141

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)	TYPE OF REPORT
Carolines Immomfor mayor	14/4/0
A. Total Contributions from Small Contributors-Received this Period ONL (See instructions for definition of Small Contributor) SUBTOTAL SECTION	
(5)	
B. Itemized Contributions from Inc	lividuals
Record Anderson First Build	& Paul
Residential Street Address 14 Cluwence Hill Rd City Stam Force	State Zip Code C7 06903
Principal Occupation Name of Employer Com Da	f Stamford
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? If contribution is in excess of \$400 to a candidate for a chief exe does contributor or business he/she is associated with have a convalued at more than \$5,000?	
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Method of Contribution: □ Cash □ Personal Check □ Credit/Debit Card □ Payroll Deduction □ Money Order □ Color □ Colo	Aggregate Contributions 4 5,00
Last Name Cooper John	М
Residential Street Address City	State Zip Code
re me Eldseway Greenme	ch CT 06831
Principal Occupation Name of Employer Pthred	d
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Last Name First	MI
conetta Juani	
Residential Street Address 277 Lovelend Road City Stam;	Ford State Zip Code 06905
Principal Occupation Name of Employer Petropal Occupation	ed
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? If contribution is in excess of \$400 to a candidate for a chief exe does contributor or business he/she is associated with have a convalued at more than \$5,000?	tract with said municipality
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SEEC FORM 20 Revised Jimuary 2015

Section B ADDITIONAL PAGE 191 of 191

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)	TYPE OF REPORT						
Cawline simmons for mayor	July 10						
A. Total Contributions from Small Contributors-Received	ed this Period ONLY UBTOTAL SECTION A	\$					
B. Itemized Cor	tributions from Indivi	duals	=				
Last Name	First Hand Cl	М					
Residential Street Address	Handa Stamford	State Zip Code					
Residential Street Address 23 RIMY Oaks DNH	Stamford	CT 06902	<i>7</i>				
Principal Occupation	Name of Employer						
Is contributor a lobbyist, spouse,	to a candidate for a chief executiv	re officer of a municipality, Amount of Contrib	oution				
or dependent child of a lobbyist? Do No does contributor or business he/she valued at more than \$5,000?	with said municipality						
event reported in Section L1?	tate contractor or prospective state the prospective state of the prospective state of the prospective state contractor or pro	te contractor? Yes No 5//006					
If yes, list Event # of government the contract	Date Received	Aggregate Contributions					
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Residential Street Address ILLE MOMINSSIDE DV. South	nt otpon	State Zip Code	80				
Principal Occupation	Name of Employer	sone of medical sours					
Is contributor a lobbyist, spouse, Yes If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, Amount of Contribution							
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? If contribution is in excess of \$400 to does contributor or business he/she valued at more than \$5,000?	is associated with have a contract Yes No	t with said municipality	7441034				
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C1. Contributions from Other Committees											
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				I	L	Date Receiv		st Event #	te Contributions	150	0
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	on Reyas	P	AC						uleson-	SCUPI	U 9
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Name of Committee							Name of Treasu	urer		4	
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Name of Committee							Name of Treasu	штег			
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	(Sections)	01 (04)	Later 10	.u. vn Late 14,	, 001	and of t	any ruge				

NAME OF COMMITTEE (Provide Complete Name as Registered with Fi	iling Repository)			TY	TYPE OF REPORT			
Caroline Simmons for mou					Julylo			
	Loans Rec	ceived th	is Period		yj (
Name of Lender			of Loan: Bank	didate 🔲 Ind	lividua	I □ Other Committee	Date of Receipt	
Street Address	City			Sta	te	Zìp Code	Is there a Cosigner or Guarantor of this loan? ☐ Yes ☐ No	
Name of Cosigner/Guarantor (if applicable)				·			Amount Received	
Street Address	City			Sta	ate	Zip Code		
Name of Lender			e of Loan: Bank 🔲 Cano	didate 🔲 Inc	lividua	l Other	Date of Receipt	
Street Address	City			Sta	te	Zip Code	Is there a Cosigner or Guarantor of this loan? ☐ Yes ☐ No	
Name of Cosigner/Guarantor (if applicable)							Amount Received	
Street Address	City			Sta	ate	Zip Code		
Name of Lender			e of Loan: Bank	didate 🗌 Inc	lividua	l Other	Date of Receipt	
Street Address	City			Sta	te	Zip Code	Is there a Cosigner or Guarantor of this loan? ☐ Yes ☐ No	
Name of Cosigner/Guarantor (if applicable)							Amount Received	
Street Address	City			Sta	ate	Zip Code		
		TO	TAL SECT	ION D				
E. Receipts from Entities other tha	n Individu	als or O	ther Com	mittees (R	oforor	dum Committe	es ONLY)	
Name of Entity	in thaiviau	als of O	ther Com	inteces (A	ejeren	The Committee		
Street Address				Date Rece	ived		Amount Received	
City	State	e Z	ip Code	Aggregate	Contrib	outions		
Name of Entity								
Street Address				Date Rece	ived		Amount Received	
City	State	2	ip Code	Aggregate	Contril	outions		
Name of Entity							la .	
Street Address				Date Reco	ived		Amount Received	
City	State	e 2	Cip Code	Aggregate	e Contril	butions		
		TO	TAL SECT	TION E				

NAME OF COMMITTEE	(Provide Complete Name as Regista	ered with Filing Repository)		TYPE OF REPORT
Canolin	u simmon stor	mayor		July 10
			siness Treasury (Busi	iness Entity Committees ONLY)
Date of Receipt	Is this transaction associ event reported in Section		If yes, list Event#	Amount
Date of Receipt	Is this transaction associ		If yes, list Event #	Amount
Date of Receipt	Is this transaction associ		If yes, list Event #	Amount
Date of Receipt	Is this transaction associ	_ 100	If yes, list Event#	Amount
1,21			TOTAL SECTIO	ON F
G. Amount Tra	nnsferred from Affilia	ted Labor Union of	Other Organization	Treasury (Organization Committees ONLY) Date of Receipt
An	nount	A	mount	Amount
			TOTAL SECTION	I G
	H. Personal Funds of	the Candidate Rec	eived this Period (Ca	andidate Committees ONLY)
Date of Receipt	Method of payment:			Amount
	☐ Cash	☐ Personal Che	ck Credit/Debit	t Card
Date of Receipt	Method of payment:			Amount
	☐ Cash	☐ Personal Che	ck Credit/Debit	t Card
Date of Receipt	Method of payment: ☐ Cash	☐ Personal Che	ck 🛘 Credit/Debit	Amount t Card
Date of Receipt	Method of payment:			Amount
	☐ Cash	☐ Personal Che	ck	t Card
			TOTAL SECTI	ION H
		I. Anonymou	s Contributions	
amo	ount. If a committee	receives an anony	mous contribution, t	nger be deposited in <i>any</i> the campaign treasurer shall nforcement Commission

NAME OF COMMITTEE (Provide Complete Name as Regis			TYPE	OF REPORT	
capille simmons i	Br may or			July 10	
	terest from Deposits in Author	ized Accoun	ts		
Name of Institution			Date Re	eceived	Amount
		153410			
Street Address	City	S	tate	Zip Code	
Name of Institution			Date Re	eccived	Amount
	l c:	I e	tate	Zip Code	
Street Address	City	l'	iato	Zip Code	
			T		
	TO1	TAL SECTION	41		
K. Miscellane	ous Monetary Receipts not Co	nsidered Co	ntrib	utions	
Name		_	D	ate of Transaction	Amount Received
	T at		State	Zip Code	
Street Address	City		State	Zip Code	
Description					
Name			D	ate of Transaction	Amount Received
			State	Zip Code	
Street Address	City		State	Zip Code	
Description			-		
Name			D	ate of Transaction	Amount Received
G	City		State	Zip Code	
Street Address	City				
Description					
			15	6.TD	
Name				Pate of Transaction	Amount Received
Street Address	City		State	Zip Code	
Description					
			_		
	TOTALS	SECTION K			
SUMMARY OF C	OTHER MONETARY RECEI	PTS (Section	s D t	hrough K)	
Total Loans Received this Period (Section D)				Ī	
	1 04 C		+		
Total Receipts from Entities other than Individu					
Total Amount Transferred from Affiliated Busin	ness Treasury (Section F)		+		
Total Amount Transferred from Affiliated Labo	r Union or Other Organization Treas	sury (Section G) +		
Total Amount of Personal Funds of the Candida	te Received this Period (Section H)		+		
Total Amount of Interest from Deposits in Autho			+		
Total Miscellaneous Monetary Receipts not Con			+ D	:-40	
(Add Sections D	Total of Oth through K) (Enter total on Line 15, Colo				

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)		TYPE OF REPORT				
Caplin limmons for mayor		July 10				
L1. Event	Information		حجييل والمراقع فيماثر ثي			
Event # Date of Event Letter (0 10 21 1 JUNE 10 EVEN †			Was this a fundraising event? ☑ Yes □ No			
Location: Street Address 39 Sofiel drown 10ad	stamford stamped		State Zip Code CT 06963			
Subpart 1: (All Committees) Was this event hosted at a personal residence?	Yes (If yes, go to Section L5 Associated with a Hou purchases made by host	se Party and complete	required information for any			
Did this fundraiser include goods or services donated by a business entity of up to \$200 or items donated by an individual of up to \$100?	Yes (If yes, go to Section L4 and complete required i		ot Considered Contributions			
Was this fundraiser a tag sale, auction, or other sale of donated items with purchases from an individual of up to \$100?	☐ Yes (If yes, enter Total Reco	eipts here.)	\$			
Subpart 2: (Party Committees, Municipal Candidates and Political Comm Were there purchases of advertising space in a program book or on a sign associated with this fundraiser?	nittees other than Exploratory Yes (If yes, go to Section L3 or on a Sign and comp	Purchases of Adverti				
Subpart 3: (Town Committees ONLY) Did your committee sell food or beverage at a fair or similar mass gathering held within the state with this fundraiser?	☐ Yes (If yes, enter Total Reco	eipts here.)	\$			
Event # Date of Event Letter (e 17 21 2 Description Unle 17 elent			Was this a fundraising event? ✓ Yes □ No			
Location: Street Address 167 Farrew aren't	Stamford		State Zip Code			
Subpart 1: (All Committees) Was this event hosted at a personal residence?	Yes (If yes, go to Section L5 In-Kind Donations not Considered Contributions Associated with a House Party and complete required information for any purchases made by host(s) for food, beverage and invitations.) No					
Did this fundraiser include goods or services donated by a business entity of up to \$200 or items donated by an individual of up to \$100?	Yes (If yes, go to Section L and complete required to No		not Considered Contributions			
Was this fundraiser a tag sale, auction, or other sale of donated items with purchases from an individual of up to \$100?	Yes (If yes, enter Total Reco	eipts here.)	\$			
Subpart 2: (Party Committees, Municipal Candidates and Political Comm Were there purchases of advertising space in a program book or on a sign associated with this fundraiser?	nittees other than Exploratory Yes (If yes, go to Section L3 or on a Sign and comp	Purchases of Adverti				
Subpart 3: (Town Committees ONLY) Did your committee sell food or beverage at a fair or similar mass gathering held within the state with this fundraiser?	☐ Yes (If yes, enter Total Reco	eipts here.)	\$			
SUBTOTAL Section L1—Subpart 1 (All Committees) Total Receipts fr	om Sale of Donated Items —	This Page				
SUBTOTAL Secti	ion L1—Subpart 3 (Town Commit ipts from Food Purchases — '	ttees ONLY)				
	TOTAL of additional Section	Lı Pages				
TOTAL OF ALL RECE	IPTS FROM SMALL PUI Line 16a, Column A of Summary	RCHASES Page Totals				

Per Pu individua	ublic Act 11-48, effect al purchases from a co	tive January 1 mmittee tag s	, 2012 comn ale, auction,	nittees are no or a sale of d	longer requionated items	ired t s. Se	to itemize ection L2.	small removed
NAME OF COMMITTEE	(Provide Complete Name as Register	end with Filing Panasite	and a	Jan Dan	TYPE OF REPOR	RT	78 17 1	TIS TO A
	mmom Brs		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		Julyi			
Carpine sin		es of Advertisi	ng in a Progr	am Book or o		l Vill	w.w.kin	v sá ky n n Y
Name of Purchaser	L3. Ful Chase	S Of Advertish	ng m a i rogi	am book or o	l a Sign	Purchas	e Made By:	
Name of Furchaser					(siness Entity	☐ Other
							lividual/Sole P.	roprietorship
Street Address			City				State	Zip Code
Direct Facilities								
Date Received	Event #	Aggregate Purchases	for All Events	Amount of Pro	gram Ad Purcha	se	Amount of Sig	gn Purchase
Name of Purchaser							e Made By:	C) Other
							siness Entity	Other
			To:				lividual/Sole P	Zip Code
Street Address			City				State	Zip Code
	·							<u> </u>
Date Received	Event #	Aggregate Purchases	for All Events	Amount of Pro	gram Ad Purcha	se	Amount of Sig	gn Purchase
Name of Purchaser				A:		Purchas	sc Made By:	
						☐ Bu	siness Entity	☐ Other
						☐ Inc	lividual/Sole P	roprietorship
Street Address			City				State	Zip Code
Date Received	Event #	Aggregate Purchases	for All Events	Amount of Pro	gram Ad Purcha	ise	Amount of Sig	n Purchase
Date Received	Event	Tiggloguio I assussi						
Name of Purchaser				,		Purchas	se Made By:	
						☐ Bu	siness Entity	☐ Other
						☐ Inc	lividual/Sole P	roprietorship
Street Address			City				State	Zip Code
	Event #	Aggregate Purchases	for All Figure	Amount of Pro	ogram Ad Purcha		Amount of Sig	un Purchase
Date Received	Event #	Aggregate ruiciases	, lot All Events	Amount of Fre	gram Au i urcha	isc	Amount of Sa	gn i utchase
Name of Purchaser	1			-		Purchas	se Made By:	
						☐ Bu	siness Entity	☐ Other
						☐ Inc	lividual/Sole P	roprietorship
Street Address			City				State	Zip Code
Date Received	Event #	Aggregate Purchases	for All Events	Amount of Pro	gram Ad Purcha	ise	Amount of Sig	gn Purchase
~\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	SUBTOTAL Section L ₃ T	otal Purchases of	Advertising in	Program Book -	— This Page			
	SUBTOTAL Sect	ion L3 Total Pur	chases of Adver	tising on a Sign -	— This Page	-		
				additional Secti				
ТОТА	L OF ALL PURCHASES (OF ADVERTISIN	G IN A PROG	RAM BOOK or	ON A SIGN	_		
Salar Carrier		(Enter total on	Line 16c, Colum	n A of Summary	Page Totals)			

	E (Provide Complete Name as Registere		gubattalect		TYPE OF REPORT		8.157.=1	F115 F118
(G101	The Jimmons	Br may	VY	1	July10			
L4. In-Kind Donations Not Considered Contributions								
Name of Donor								
Street Address			City				State	Zip Code
Donation Given By:	Description of Donation					Fair N	Market Val	ue of Donation
☐ Business Entity								
☐ Individual	Date Received	Event #		Aggregate Value for	r this Event			
☐ Sole Proprietorship								
Name of Donor				<u>'</u>				
Street Address			City				State	Zip Code
()								
Donation Given By:	Description of Donation					Fair N	L Market Val	ue of Donation
☐ Business Entity								
☐ Individual	Date Received	Event #		Aggregate Value for	r this Event			
☐ Sole Proprietorship								
Name of Donor								
Street Address			City				State	Zîp Code
Donation Given By:	Description of Donation					Fair I	Market Val	ue of Donation
☐ Business Entity								
	Date Received	Event #		Aggregate Value fo	r this Event			
☐ Sole Proprietorship								
Name of Donor				<u> </u>			1	
Street Address			City				State	Zip Code
Donation Given By:	Description of Donation					Fair I	Market Val	ue of Donation
☐ Business Entity								
☐ Individual	Date Received	Event #		Aggregate value for	this Event			
☐ Sole Proprietorship								
And the second	Takan militar	SURTO	TAI Section	L4 — This Page				
		SOBIC	TAL Section	LA — I III3 I age				
THE CASE OF		TOTAL	of additional	Section L4 Page	es			
тот	CAL OF ALL IN-KIND DONA (Enter	ATIONS NOT CON total on Line 21, Col	SIDERED CO	ONTRIBUTION mary Page Total	(S)			
l'								

NAME OF COMMITTEE (Prov	TYPE OF REPORT							
camine)	Jul							
L5. In-Kind Donations Not Considered Contributions Associated with a House Party								
Name of Host			committee?)	e candidate or		
Street Address		City			State	Zip Code		
Description of Donation				Fair Mar	ket Value o	f Donation		
Event #	Aggregate Value of this Event—all hosts	Aggregate Value of all Events—this h	·					
Name of Host			committee?	supporting mo)			
Street Address		City			State	Zip Code		
Description of Donation				Fair Mar	ket Value o	of Donation		
Event #	Aggregate Value of this Event—all hosts	Aggregate Value of all Events—this h						
Name of Host	<u>*</u>		committee?	supporting mo Yes No mplete Itemiza)	e candidate or		
Street Address		City			State	Zip Code		
Description of Donation				Fair Mar	ket Value o	of Donation		
Event #	Aggregate Value of this Event—all hosts	Aggregate Value of all Events—this h	ost/candidate					
Name of Host	·		committee?	supporting mo Yes No	D	ne candidate or		
Street Address		City			State	Zip Code		
Description of Donation				Fair Mar	ket Value	of Donation		
Event #	Aggregate Value of this Event—all hosts	Aggregate Value of all Events—this h	nost/candidate					
		SUBTOTAL Section L5	This Page					
		TOTAL of additional Section						
TOTAL OF ASSOCIATED WITH A	ALL IN-KIND DONATIONS NO HOUSE PARTY (Enter total on I	OT CONSIDERED CONTRI Line 22, Column A of Summary	IBUTIONS Page Totals)					

III. NONMONETARY RECEIPTS (Sections M—O)

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository) TYPE OF REPORT									EA VENE	
cawline simmon	MBr	mau	15				JL	lylo		
M. In-Kind Contributions										
Name Shira Tarantino										
Street Address 455 Hope Street	i Api	4)		C	ity	Stamf	brd		State	2ip Code 0.6906
Type of contributor: Committee								1 9 1FT	bası 1	cords
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes or dependent child of a lobbyist? If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000?								Iarket Value Contribution		
Is this contribution associated with an event reported in Section L1? If yes, list Event #	□ No .	If yes, inc		branch or b	rand	etor or prospective statches Executive		☑ No	10	70
Name Maya NO	ren									2
Street Address 321 Sufieldto		100	1	C	ity	Stam Po	rol		State	Zip Code
Type of contributor: ☐Committee ☐Individual / Sole Proprietorship ☐Other	Date Received	21	ggregate Cont	٠		Description of In-Kind C	eis	141		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Is contributor a lobbyist, spouse, or dependent child of a lobbyist? If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? Fair Market Value of this Contribution										
Is this contribution associated with an event reported in Section L1? If yes, list Event # Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: Executive Legislative Legislative							0			
Name										
City State Zip Code										
Street Address					ity				State	Zip Code
Type of contributor: Committee	Date Received	A	ggregate Cont	ributions	1	Description of In-Kind (Contribution			
☐ Individual / Sole Proprietorship ☐ Other	Ifdiland	is in or		O to a candida	ote f	for a chief executive	officer of	municipality I	Fair N	Market Value
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	does contrib valued at mo	utor or bu ore than \$	usiness he/sh 55,000?	e is associate	ed w	vith have a contract w ☐ Yes ☐ No	ith said m	unicipality		Contribution
Is this contribution associated with an event reported listed in Section L1? If yes, list Event #	□ No .	If yes, inc	r a principal or dicate which ment the con	branch or br	rano	tor or prospective statches Executive		□ No		
			SUB	TOTAL S	ecti	ion M — This Pag	ge			
			TOTA	L of additi	ion	al Section M Page	es			
TOTAL OF ALL IN-KIND CON	TRIBUTIO	NS (Ent	ter total on Li	ne 23, Colum	ın A	of Summary Page To	tals)			
	N. Re	efunda	ble Depo	sit to Te	lep	hone Compan	у	a Y jer iko	17. 5	
Last Name of Individual				First				MI	Date Deposi	t Made
Residential Street Address			City				State	Zip Code		Amount of Deposit
Name of Telephone Company										
Street Address			City				State	Zip Code		
TOTAL SE	ECTION N	(Enter to	tal on Line 2	4, Column A	1 of	Summary Page Total	ils)			

Page 13 of 17

NAME OF COMMIT	TEE (Provide Complete Name as Registered with Filing Repository)	TYPE OF REPORT					
Camplin	ellmons or mayor	July 10)				
P. Expenses Paid by Committee							
Name of Payee		Date of Payment	Method of Payment:				
I Van t	5SCC	4/22/21	☐ Check #(UO				
Street Address	City		☐ Debit Card ☐ EFT State Zip Code				
	our St. Suile 106A Halfford		CT 06106				
Purpose of Expenditure	Description	nt#	Amount				
(by code) MISC	Woler database		1,75				
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is chec	ked)	\$ 635,00				
	✓ None of the below						
		OA OB OC OD					
Name of Payee		Date of Payment	Method of Payment:				
Ryan	Ravto	14/12/21	Check#/06				
Street Address	City	1 1 1	☐ Debit Card ☐ EFT State Zip Code				
	le creek Kood Apt 3 Toms River		NJ 0753				
Purpose of Expenditure	Description Ever	nt #	Amount				
(by code)	manceting + Communication services						
CNSLI			8 3,000				
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is check	ked)					
	 ✓ None of the below ☐ Coordinated with reimbursement sought (joint expenditure) ☐ Independent 						
	Cooldinated with Johnson confined Comments of the Confined Comments of	OA OB OC OD					
Name of Payee		Date of Payment	Method of Payment:				
I land by	acan annulhar lic	4/21/21	☐ Check # 167 ☐ Debit Card ☐ EFT				
Street Address	asan consultins LLC	1 -1/0(10)	State Zip Code				
141 VIn	1 rd stamfo-d		CT 06905				
Purpose of Expenditure	Description	nt #	Amount				
(by code)	"Fundraisins consultant						
CNSLT			\$7,884				
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is che	cked)	47,801				
	None of the below Coordinated with reimbursement sought (joint expenditure) Independent		,				
		од ов ос ор					
Name of Payee	8	Date of Payment	Method of Payment:				
S11301	na Vidan		Check #(O\)				
Street Address	City	1	☐ Debit Card ☐ EFT State Zip Code				
12 P-111	PIGCE Stanford		CT 06905				
Purpose of Expenditure		ent#	Amount				
(by code) RMB	reimbursemut for mebsitusemes		\$ 351.33				
Expenditure #	Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is chec	cked)	D 757.73				
(if applicable)	□ None of the below						
	☐ Coordinated with reimbursement sought (joint expenditure) ☐ Independent ☐ Coordinated without reimbursement sought (in-kind contribution) ☐ Organization	OA OB OC OD					
vet and the	SUBTOTAL Section P — Th		876,33				
	TOTAL of additional Section P Pages \$ 5 (0. 3(0. 3)						
	$\psi \circ \psi_1 \circ \psi_2$						
	TOTAL OF ALL EXPENSES PAID BY COMM (Enter total on Line 19, Column A of Summary Pag		49,56				

SEEC FORM	20
Revised January 2015	

Section PADDITIONAL PAGE / of S

Revised January 2015 Section P ADDITIONA	ETAGE	UI	
NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)		TYPE OF REPORT	
Camling umman for mayor		tuly	10
P. Expenses	Paid by Committee		
Name of Payee		Date of Payment	Method of Payment: Check # 58
Dean Pigott		6/21/21	□ Debit Card □ EFT
Street Address	City		State Zip Code
15 Quaker Plage Rd	Stamford		CT 06903
Purpose of Expenditure (by code) (NSLT) Description Payment (1) 11	AHEBURN	ent#	Amount
Expenditure # Type of Expenditure (Itemization in Addendum P Required un		cked)	\$1200
((f applicable) None of the below	ness Trone of the below is one		'
☐ Coordinated with reimbursement sought (joint expenditure			
Coordinated without reimbursement sought (in-kind contra	ibution)	Date of Payment	Method of Payment:
Raddw UPS STORE # 2657			Check #
		6/23/21	Debit Card DEFT
Street Address 1127 HIGH RIDGE RA	Stamford		State Zip Code CT 0695
Purpose of Expenditure Description	Eve	ent#	Amount
abbase BST Stamps purchase			_
Expenditure # Type of Expenditure (Itemization in Addendum P Required un (f applicable)	less "None of the below" is chec	cked)	\$39.00
☑ None of the below	e) Independent		7 0 1 0 0
☐ Coordinated with reimbursement sought (joint expenditure ☐ Coordinated without reimbursement sought (in-kind contri	′ <u> </u>	OA OB OC OD	
Name of Payce	<u> </u>	Date of Payment	Method of Payment:
Summer East Holdings LLC			☐ Check # 75 Debit Card ☐ EFT
Street Address	City		☐ Debit Card ☐ EFT State Zip Code
500 Bed ford Street	Stamford		CT 06901
Purpose of Expenditure Description		ent #	Amount
OVHO headquarier rent p		ookal\	\$ [0006]
Expenditure # Type of Expenditure (Itemization in Addendum P Required u.	niess Ivone oj ine veiow is chi	ecneu)	9 10000
✓ None of the below ☐ Coordinated with reimbursement sought (joint expenditu	re) Independen	t	
☐ Coordinated without reimbursement sought (in-kind cont	ribution)	n:oA oB oC oD	les in a second
Name of Payee		Date of Payment	Method of Payment: ☑ Check# 176
Geraldina unbe		6/23/21	☐ Debit Card ☐ EFT
Canada A disease	City		State Zip Code
54 MyPU Ave unit 3	Stamfact		CT 06902
Purpose of Expenditure Description		rent#	Amount
(by code) reimburemul for ha			t12.20
Expenditure # (if applicable) Type of Expenditure (Itemization in Addendum P Required us	nless "None of the below" is che	ecked)	\$17.79
□ None of the below □ Coordinated with reimbursement sought (joint expenditure)	re)	t	
Coordinated with reimbursement sought (in-kind control	26 (20)	noA oB oC oD	
	SUBTOTAL Section P — T	his Page 75	56,75
то	TAL of additional Section	P Pages \$ 56 1	369
TOTAL OF ALL EXPE	CNSES PAID BY COMM e 19, Column A of Summary Pa	HTTEE \$ 65,9	19.54

SEEC FORM 20

Section PADDITIONAL PAGE 2 of §

Revised January 2015	Section F ADDITIONAL	TAGE U		
	TEE (Provide Complete Name as Registered with Filing Repository)		TYPE OF REPORT	
Constin	Jimmon for mayor		July10	
7 8 1 3	P. Expenses Pa	aid by Committee		
Name of Payee			Date of Payment	Method of Payment:
alphac	graphics		6/23/21	☐ Check #
Street Address		ity	14121-1	Debit Card EFT State Zip Code
16 Pyre	· ·	Stanford		CT 06902
Purpose of Expenditure	Description		Event #	Amount
(by code) A - DTH	Buttons.	3 N		Ch N. T. (a)
Expenditure # (if applicable)	Type of Expenditure (Hemization in Addendum P Required unless	s "None of the below" is	checked)	1 9 168 400 1
(y appricaore)	None of the below ☐ Coordinated with reimbursement sought (joint expenditure) ☐ Coordinated without reimbursement sought (in-kind contribute)	☐ Independ	dent	\$175.48
Name of Payee			Date of Payment	Method of Payment:
Printak	nlitus		3/17/21	☐ Check # [50] ☐ Debit Card ☐ EFT
Street Address	Ci	ity	t e	State Zip Code
180 Tum	OF RIVER Rd Sult 130	Stamford		CT 06905
Purpose of Expenditure	Description		Event #	Amount
(by code) A - () TH	campaisn apparel			d n 02 95
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required unless	"None of the below" is c	checked)	9 308.95
	None of the below	☐ Independ	ent	
	☐ Coordinated with reimbursement sought (joint expenditure) ☐ Coordinated without reimbursement sought (in-kind contribution)		tion: OA OB OC OD	
Name of Payee			Date of Payment	Method of Payment:
I lean Va	san consulting LLC		4115121	Check# O
Street Address	Ci	tv	1117)21	Debit Card DEFT State Zip Code
141 nre		Stamfarel		CT 06905
Purpose of Expenditure	Description		Event #	Amount
CNSIT	Pundraisins contultar			URRED
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required unles	ss "None of the below" is	checked)	1,001
	☐ None of the below ☐ Coordinated with reimbursement sought (joint expenditure)	☐ Indepen	dent	
	Coordinated without reimbursement sought (in-kind contribu		ation: OA OB OC OD	
Name of Payee		1.00 10011100	Date of Payment	Method of Payment:
anto	lot		4/1-6/30/21	Check #
Street Address		ity		Debit Card EFT State Zip Code
		new onea	in s	CA 70112
Purpose of Expenditure	Bescription		Event#	Amount
(by code) WFB	vendor online payment le			daici a
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required unless	s "None of the below" is	checked)	\$3156,76
	None of the below Coordinated with reimbursement sought (joint expenditure)	☐ Independ	lent .	
	Coordinated with reimbursement sought (in-kind contribut		tion: OA OB OC OD	
	SUI	BTOTAL Section P —		147,19
	TOTA	AL of additional Section		,
	MOMAL OF ALL PARTIES	DEC BATE BY CON		
	TOTAL OF ALL EXPENS (Enter total on Line 19)	SES PAID BY CON. O, Column A of Summary	Page Totals) \$ 65,9	49.54

DADDITIONAL PACE 3

of O

Revised January 2015	Section P ADDITIONA	LPAGE 5	01 _ 7			
NAME OF COMMIT	TEE (Provide Complete Name as Registered with Filing Repository)		TYPE OF REPORT			
Canaline	11 mmon for may of		July w			
	P. Expenses	Paid by Committee	Pilipin water France			
Name of Payee	Name of Payee Unda Albrecht Date of Payment UIS/21					
Street Address	men Avenue	Stanford		Debit Card DEFT State Zip Code CT OGGV7		
Purpose of Expenditure (by code)	Description Photography	E	Event #	Amount		
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required un None of the below Coordinated with reimbursement sought (joint expenditure) Coordinated without reimbursement sought (in-kind contri	e) 🔲 Independe	nt on: OA OB OC OD	\$150.00		
	mite Jackson		Date of Payment WWW 121	Method of Payment: Check # 55 Debit Card DEFT		
Street Address 458	WH MILLE	stampord	190	State Zip Code CT 06913		
Purpose of Expenditure (by code)	CONJUHNS For Gold No		ivent #	Amount		
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required und None of the below Coordinated with reimbursement sought (joint expenditure Coordinated without reimbursement sought (in-kind contri	e) Independer		\$ 3, 000		
	ine Uribe		Date of Payment Who is 21 21			
Street Address 5 4 W	14the Arenve Unit 3	Stam For		State Zip Code CT OGV2		
Purpose of Expenditure (by code)	Fuld Urganiuns		vent #	Amount		
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required und None of the below Coordinated with reimbursement sought (joint expenditure)			\$ 500		
	Coordinated with reimbursement sought (in-kind control		on: OA OB OC OD			
Name of Payee	aggie muster		Date of Payment	Method of Payment. ☐ Check # \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \		
Street Address	d Birch Lane	Stamford		State Zip Code OGOS		
Purpose of Expenditure (by code)	Description Payment G121		Event #	Amount		
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required un None of the below Coordinated with reimbursement sought (joint expenditur Coordinated without reimbursement sought (in-kind contraction)	e) Independe		\$ 1200		
	s	SUBTOTAL Section P — 1	This Page GIST)		
	то	TAL of additional Section	P Pages \$ 56,3	69		
	TOTAL OF ALL EXPE (Enter total on Line	NSES PAID BY COMP 2 19, Column A of Summary P	MITTEE \$65,9	149.56		

NAME OF COMMIT	TEE (Provide Complete Name as Registered with Filing Repository)		TYPE OF REPORT		
Carolli	relimmon for mayor		July 10)	
Name of the state of		Paid by Committee			
Name of Payee	<u> </u>		Date of Payment	Method of Payment:	
Lean 10	agari		4/12/21	□ Debit Card □ EFT	
Street Address		City		State Zip Code	
ITIVINE	rd	Stanford		CT 06905	
Purpose of Expenditure (by code)	Description	Eve	ent #	Amount	
Emsent	office supply purcha	JC .			
Expenditure # (if applicable)	Type of Expenditure (Hemization in Addendum P Required un	less "None of the below" is chec	eked)	37.78	
Oxom	None of the below Coordinated with reimbursement sought (joint expenditure	e)			
CIMIO	Coordinated with reimbursement sought (in-kind contri	·	OA OB OC OD		
Name of Payee			Date of Payment	Method of Payment:	
Stamfi	ovet muxum and nature	Unter	**	☐ Check # Debit Card ☐ EFT	
Street Address		City		State Zip Code	
39 Scoti	Adtowned	Stom Firel		BY 06903	
Purpose of Expenditure	Description	Ever	nt #	Amount	
(by code)	event venue deposit		1	Amount	
FNDR	, , , , , , , , , , , , , , , , , , , ,			ED ROLL	
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required uni	less "None of the below" is checi	ked)	ecu.	
F	■ None of the below □ Coordinated with reimbursement sought (joint expenditure	Independent		740	
	☐ Coordinated without reimbursement sought (in-kind contri	bution)	OA OB OC OD		
Name of Payee	3		Date of Payment	Method of Payment:	
Marcia	selder caterins		5/20/21	☐ Debit Card ☐ EFT	
Street Address	h.e	City Carl		State Zip Code	
56 W	caren Dr	stantord		CT 06906	
Purpose of Expenditure (by code)	Description	Ever	nt#	Amount	
FNDR	deposit		1	<u> </u>	
Expenditure #	Type of Expenditure (Itemization in Addendum P Required un	nless "None of the below" is che	cked)	\$500	
(if applicable)	None of the below				
MALAN	☐ Coordinated with reimbursement sought (joint expenditure) ☐ Coordinated without reimbursement sought (in-kind controller)	·	EOA OB OC OD		
Name of Payee		Organization	Date of Payment	Method of Payment:	
BRUJON	Gillette LLC		6/7/21	⊡ Check #	
Street Address	Children Foo	City	1 91 1101	Debit Card DEFT State Zip Code	
1,400,2-15,400,000	Van onalist	Santa Barb	CNC	CM 93101	
		Eve			
Purpose of Expenditure (by code)	Palm (art)		II. 11	Amount	
Expenditure #	Type of Expenditure (Itemization in Addendum P Required un	less "None of the below" is chec	cked)	+2060	
(if applicable)	None of the below			2 000	
	☐ Coordinated with reimbursement sought (joint expenditure)☐ Coordinated without reimbursement sought (in-kind contri		OA OB OC OD		
		UBTOTAL Section P — Th	ing 6	D. 083137.79	
	то	TAL of additional Section P	Pages \$56,	369	
		NSES PAID BY COMMI 19, Column A of Summary Pag	ITTEE \$ 60C	949.56	

SEEC FORM 20 Revised January 2015	Section PADDITIONAL	L PAGE <u>5</u>	of <u> </u>	
NAME OF COMMITT	EE (Provide Complete Name as Registered with Filing Repository)	tismi Rijk i savaju i	TYPE OF REPORT	
Capoli	re limmon Brocky or		Jy (yc)	
	P. Expenses F	Paid by Committee		
Name of Payee			Date of Payment 5/30/2(Method of Payment: ☐ Check # 15 1 ☐ Debit Card ☐ EFT
Street Address 300 /	ilais Avenie	Stam ford		State Zip Code CT 66905
Purpose of Expenditure (by code)	Description NOIMBURUMH ARINNED	UYCh UX	#	Amount
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required unla None of the below Coordinated with reimbursement sought (joint expenditure) Coordinated without reimbursement sought (in-kind contribution)	Independent	d) A O B O C O D	\$ [62.00
Name of Payee HOME	rd muteum and natur		Date of Payment	Method of Payment: ☐ Check # ☐ T ☐ Debit Card ☐ EFT State Zip Code
Street Address 30 S		Ston-Ford		CT 06903
Purpose of Expenditure (by code)	Description Count venu payme	17	1	Amount
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required unled None of the below Coordinated with reimbursement sought (joint expenditure) Coordinated without reimbursement sought (in-kind contribution)	☐ Independent	d) A O B O C O D	\$540.00
Name of Payee	sonth party renta		Date of Payment (O 1(0 2)	Method of Payment: Check # Debit Card
Street Address	mason street	City Green Me	.h	State
Purpose of Expenditure (by code)	Description Chair Man/table rental	Event #	¥	Amount
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required unit None of the below Coordinated with reimbursement sought (joint expenditure) Coordinated without reimbursement sought (in-kind contribution)	e) Independent	ed) AOBOCOD	648.31
	on Gillete LLC		Date of Payment 6/38/2/	Method of Payment: Check # Debit Card DEFT
Street Address	Yanonali St.	Santa Barba	ra	State Zip Code CA 9311)
Purpose of Expenditure (by code) A - DM	Punting + mailins	STMW Event;	#	Amount
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required unlo		rd)	\$7,809.30
	☐ Coordinated with reimbursement sought (joint expenditure) ☐ Coordinated without reimbursement sought (in-kind contrib		A OB OC OD	
	st	JBTOTAL Section P — This	Page 909	9,61
	тот	TAL of additional Section P P	ages \$54,	369
		NSES PAID BY COMMIT 19, Column A of Summary Page 1		149,54

Revised January 2015	Section 1 14DD11101111			
NAME OF COMMIT	TEE (Provide Complete Name as Registered with Filing Repository)		TYPE OF REPORT	
Caholi	relinimons for mayor		July	(0
	P. Expenses	Paid by Committee		
Name of Payee			Date of Payment	Method of Payment:
In avoid	i reldin catenns		617/21	Check # 153
	1) Clair Ealerting	City		Debit Card DEFT State Zip Code
Street Address	La al Cita Del	_		CT 06906
56 FT	securch Dr	Stanto	rcl	C1 100100
Purpose of Expenditure	upose of Expenditure Description Event #			Amount
(by code)	Rood + Stax + semus		\	-
Expenditure #		lens "None of the holon" in	ohaokad)	2705 0
(if applicable)	Type of Expenditure (Itemization in Addendum P Required un	iess None of the velow is	спескей)	3785.00
	None of the below ☐ Coordinated with reimbursement sought (joint expenditure)) Independ	dent	
	Coordinated with reimbursement sought (in-kind contri	· ==:	tion: OA OB OC OD	
Name of Payee			Date of Payment	Method of Payment:
Drinta	bilities			DVCheck # 15 2
Street Address	75[((166)	City		Debit Card DEFT State Zip Code
Street Address	Co. bat city	Charty of		CT 06905
18011	im of River kd sub	3 100 0 (1 - 1 - 0)		C1 0010
Purpose of Expenditure	Description		Event #	Amount
(by code)				
Expenditure #	Type of Expenditure (Itemization in Addendum P Required unit	ess "None of the below" is	checked)	638.10
(if applicable)	None of the below	•	,	
	☐ Coordinated with reimbursement sought (joint expenditure	Independ	lent	
	☐ Coordinated without reimbursement sought (in-kind contril	oution)	tion: OA OB OC OD	
Name of Payee			Date of Payment	Method of Payment:
BeV				☐ Check # ☐ Debit Card ☐ EFT
Street Address		City		State Zip Code
72 W	Inward Ave	Venice		CA 90291
120	111000000 710 -	othta	15	41 70211
Purpose of Expenditure (by code)	Description		Event #	Amount
PNDL	Beveragolo event		\	1 297.79
Expenditure #	Type of Expenditure (Itemization in Addendum P Required un	less "None of the below" is	checked)	
(if applicable)	None of the below			
	☐ Coordinated with reimbursement sought (joint expenditur			
	☐ Coordinated without reimbursement sought (in-kind contr	ibution)	ation: OA OB OC OD	
Name of Payee	Davis caffee 17-	0 1 10	Date of Payment	Method of Payment: Check #
IUM	ng Point coffee 120	asters		☐ Debit Card ☐ EFT
Street Address	12 1 2 12 1	City	1	State Zip Code
55 HI	8n Ridse Rd	Stanton	d	CT 069
	T		Event #	<u> </u>
Purpose of Expenditure (by code)	Description 12 and 16 S 20		1	Amount
PMPK	Beverasen		Y	۲٠ و حرب
Expenditure #	Type of Expenditure (Itemization in Addendum P Required un	less "None of the below" is	checked)	553, 87
(if applicable) None of the below				
	Coordinated with reimbursement sought (joint expenditure)			
		UBTOTAL Section P —	This Page	774 Ha
				274.76
	ТО	TAL of additional Section	on P Pages \$56/3	569
	TOTAL OF ALL EXPE	NSES PAID BY CON	MITTEE \$ 65	949.56

Section P ADDITIONAL PAGE ______ of _____

NAME OF COMMIT	TEE (Provide Complete Name as Registered with Filing Repository)		TYPE OF REPORT	
carolina	Immin for mayo		Juyeo	
	P. Expenses l	Paid by Committee		
Name of Payee	ant contact		Date of Payment	Method of Payment: ☐ Check # Debit Card
Street Address	rapely Road Suile 329	city Waltham		State Zip Code MA 02451
Purpose of Expenditure (by code)	Description & Mus	Event	#	Amount
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required unit None of the below Coordinated with reimbursement sought (joint expenditure Coordinated without reimbursement sought (in-kind contril)	A OB OC OD	\$143.58
Name of Payee	ounts Bank		Date of Payment (0 3 2	Method of Payment: Check # Debit Card
Street Address	ign Ridge Rel	Stanford		State Zip Code CT 06905
Purpose of Expenditure (by code)	Description Bank Fel	Event	#	Amount
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required unla None of the below Coordinated with reimbursement sought (joint expenditure) Coordinated without reimbursement sought (in-kind contribusement)	Independent	A O B O C O D	\$15.00
Name of Payee ZOOM	Video Communications	Ind	Date of Payment S 20 2	Method of Payment: Check # Debit Card EFT
Street Address 55 Alm	iader Blvd Leth Ploor	san Jose		State
Purpose of Expenditure (by code)	Description Zuom remas 411- a	5 3 × 2 \ Event	#	Amount
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required un None of the below Coordinated with reimbursement sought (joint expenditure)		sed)	99570
	Coordinated with reimbursement sought (in-kind control		OA OB OC OD	4 (3, 19
Name of Payee	n to Go		Date of Payment 5/20/2(Method of Payment: ☐ Check # ☐ Debit Card ☐ EFT
Street Address	ommerce or.	Fall River		MA C 2:720
Purpose of Expenditure (by code)	Podum	Event	#	Amount
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required und None of the below Coordinated with reimbursement sought (joint expenditure) Coordinated without reimbursement sought (in-kind contri	e)	oA oB oC oD	()(, 80
	s in the second	UBTOTAL Section P — This	s Page 42/	80,
		TAL of additional Section P	0)6/3	
	TOTAL OF ALL EXPE	NSES PAID BY COMMIT 19, Column A of Summary Page	TTEE & (65)	949.36

SEEC FORM 20

Section PADDITIONAL PAGE 9 of 4

Revised January 2015	Section F ADDITIONA	LIAGE_/		
	TEE (Provide Complete Name as Registered with Filing Repository)		TYPE OF REI	
capolin	re 1mmors for/ mayor		Ju	(y 10
	P. Expenses	Paid by Committee		
Name of Payee	. /		Date of Payment	H/01 14 179
Chris	malloy stoot Road		(b/30/2	Debit Card DEFT
Street Address		City		State Zip Code
24 me	trolf Road	Stankord		C7 06912
Purpose of Expenditure	Description		Event #	Amount
(by code)	reimbulzement for V	end or atems	2	
Expenditure #	Type of Expenditure (Itemization in Addendum P Required un		checked)	\$1566.88
(if applicable)	None of the below	near Trone of the Color.		
	Coordinated with reimbursement sought (joint expenditur			54 U.O. 223
N. Change	☐ Coordinated without reimbursement sought (in-kind contr	ibution)	Date of Payment	
Name of Payee				☐ Check #
		·		□ Debit Card □ EFT
Street Address		City		State Zip Code
Purpose of Expenditure	Description		Event #	Amount
(by code)				
Expenditure #	Type of Expenditure (Itemization in Addendum P Required un	less "None of the below" is	checked)	
(if applicable)	☐ None of the below	N		
	☐ Coordinated with reimbursement sought (joint expenditure)☐ Coordinated without reimbursement sought (in-kind contra		lent tion: o A o B o C	7 O D
Name of Payee	Coordinated without rollinguiscinent sought (all mins const.)	Organiza	Date of Payment	
				□ Check #
Street Address		City		Debit Card DEFT State Zip Code
Sireet Address		City		
			I 77	
Purpose of Expenditure (by code)	Description		Event #	Amount
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required u	nless "None of the below" is	checked)	
(у аррисаме)	□ None of the below	re) Indeper	ndent.	
	☐ Coordinated with reimbursement sought (joint expenditude of Coordinated without reimbursement sought (in-kind control of Coordinated without reimbursement sought (in-kind control of Coordinated without reimbursement sought (in-kind control of Coordinated with reimbursement sought (in-kind control of Co	,	ation: OA OB O	СОР
Name of Payee			Date of Payment	t Method of Payment:
				Check #
Street Address		City		□ Debit Card □ EFT State Zip Code
	Talli		Event #	
Purpose of Expenditure (by code)	Description		Dvene "	Amount
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required un	nless "None of the below" is	checked)	
(5	☐ None of the below ☐ Coordinated with reimbursement sought (joint expenditure)	re) 🔲 Indepen	dent	
	Coordinated with reinhoursement sought (in-kind cont		ation: OA OB O	C O D
		SUBTOTAL Section P -	-This Page	1566,88
	TC	OTAL of additional Secti	on P Pages	56,369
	TOTAL OF ALL EXPE	ENSES PAID BY CON	MMITTEE	56,369

NAME OF COMMIT	TEE (Provide Complete Name as Registered with Filing	Repository)	TYPE OF REPORT			
	esimmon to may		July	July 10		
W- 1, E. J.	Q. Campai	gn Expenses Paid l	y Candidate			
Name of Payce (Name of)	Vendor, Person or Entity who candidate paid directly)		Date of Payment	Is reimbursement claimed?		
				☐ Yes ☐ No		
Street Address		City		State Zip Code		
D 6E 1'5	I Description		Event #	Amount		
Purpose of Expenditure (by code)	Description					
Name of Payee (Name of	Vendor, Person or Entity who candidate paid directly)		Date of Payment	Is reimbursement claimed?		
				☐ Yes ☐ No		
Street Address		City		State Zip Code		
	In the		Event #	Amount		
Purpose of Expenditure (by code)	Description		Even n	Amount		
Name of Payee (Name of	Vendor, Person or Entity who candidate paid directly)		Date of Payment	Is reimbursement claimed?		
				☐ Yes ☐ No		
Street Address		City		State Zip Code		
Purpose of Expenditure	Description		Event #	Amount		
(by code)	Description					
			ID 4 SP: made	T : 1		
Name of Payee (Name of	Vendor, Person or Entity who candidate paid directly)		Date of Payment	Is reimbursement claimed?		
				☐ Yes ☐ No		
Street Address		City		State Zip Code		
Purpose of Expenditure	Description	- Alle	Event #	Amount		
(by code)	EV.					
Name of Pavec (Nume of	 Vendor, Person or Entity who candidate paid directly)		Date of Payment	Is reimbursement claimed?		
Name of Tayee (Name by	, a classify a classify and a classify a classification and a classification a classification and a classification a classification and a classification and a classification a classification and a classification			☐ Yes ☐ No		
		To		State Zip Code		
Street Address		City		State Zip Code		
Purpose of Expenditure (by code)	Description		Event #	Amount		
(by code)						
Name of Payee (Name of	Vendor, Person or Entity who candidate paid directly)		Date of Payment	Is reimbursement claimed?		
				☐ Yes ☐ No		
Strect Address		City		State Zip Code		
Sirect Address						
	In the		Event #	Amount		
Purpose of Expenditure (by code)	Description		Event #	Amount		
		SUBTOTAL S	ection Q — This Page			
		TOTAL of additi	onal Section Q Pages			
	TOTAL OF A	LL EXPENSES PAI	D BY CANDIDATE			
	(Enter to	otal on Line 26, Column A	of Summary Page Totals)			

NAME OF COMMITT	EE (Provide Complete Name as Registered with Filing Repository)		TYPE OF REPOR	RT STATE OF THE ST
Canlli			Tu	410
	R. Expenses Incurre		dit Card	
Name of Issuing Insti	tution	Type of Credit Card:		
		☐ Visa ☐ Master C	Card Discover A	merican Express
Name of Vendor, Person of	or Entity	- 10		Date of Transaction
Street Address		City		State Zip Code
Purpose of Expenditure (by code)	Description		Event #	Amount
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum R Required None of the below Coordinated with reimbursement sought (joint expending Coordinated without reimbursement sought (in-kind coordinated without reimbursement sought)	iture) 🔲 Indepe		о р
Name of Vendor, Person (or Entity			Date of Transaction
Street Address		City		State Zip Code
Purpose of Expenditure (by code)	Description		Event #	Amount
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum R Required None of the below Coordinated with reimbursement sought (joint expend Coordinated without reimbursement sought (in-kind co	liture)		о D
Name of Vendor, Person	or Entity			Date of Transaction
Street Address		City		State Zip Code
Purpose of Expenditure (by code)	Description		Event #	Amount
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum R Required None of the below Coordinated with reimbursement sought (joint expend	liture) 🔲 Indep		0 D
Marian Marian	SI THE THE SI	UBTOTAL Section R —	This Page	
	тот	FAL of additional Section	n R Pages	
то	TAL OF ALL EXPENSES INCURRED ON (Enter total on Lin	COMMITTEE CRED te 27, Column A of Summary		
TO	OTAL OF ALL EXPENSES INCURRED ON	COMMITTEE CRED	OIT CARD	

NAME OF COMMITT	EE (Provide Complete Name as Registered with Filing Repository)		TYPE OF REPORT			
			- ,	0		
Curoni	S. Expenses Incurred by Comm	nittee but Not Paid I	During this Period			
Name of Creditor	B. Expenses invariously comme			Date Incurre	Date Incurred	
Street Address		City		State	Zip Code	
Purpose of Expenditure (by code)	Description		Event #		ount Incurred mate or Actual)	
Expenditure # (if opplicable)	Type of Expenditure (Itemization in Addendum S Required and None of the below Coordinated with reimbursement sought (joint expending Coordinated without reimbursement sought (in-kind coordinated without reimbursement sought)	☐ Indepe				
Name of Creditor				Date Incurre	ed	
Street Address		City		State	Zip Code	
Purpose of Expenditure (by code)	Description		Event #		ount Incurred mate or Actual)	
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum S Required in None of the below Coordinated with reimbursement sought (joint expendit Coordinated without reimbursement sought (in-kind con	Indepe				
Name of Creditor	•			Date Incurre	ed	
Street Address		City		State	Zip Code	
Purpose of Expenditure (by code)	Description		Event #		ount Incurred mate or Actual)	
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum S Required in None of the below Coordinated with reimbursement sought (joint expendit Coordinated without reimbursement sought (in-kind coordinated without reimbursement sought)	☐ Indeperture) ☐ Organi				
		SUBTOTAL Section	S-This Page			
	T	OTAL of additional Sec	tion S Pages			
TOTAL OF ALL I	EXPENSES INCURRED BY COMMITTEE DURI (Enter total on L	NG THIS PERIOD BUT ine 28, Column A of Summa	NOT PAID Ty Page Totals)			
	Previously reported Exp	enses Unpaid and still O	utstanding			
	TOTAL OF ALL EXPENSES INCURRED (Enter total on Lin	BY COMMITTEE BU ne 28a, Column A of Summa	T NOT PAID ry Page Totals)			
1						

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)				TYPE OF REPORT							
Calpine Simmons for mayor				July12							
T. Itemization of Reimbursements and Secondary Payees											
Last Name of Worker/Cons	ultant	First			МІ	Date of Pa Person or	ayment to Vendor,				
KUSA	in .	lech				4//					
	Entity Paid by Committee Worker/Consultant			Payment to	o Reimburse	Committee W	/orker/Consultant as				
					reported in Section P: Check# 105 Debit Card EFT						
Amaton semuo LC					JK #	State	Zip Code				
	erson or Entity Paid by Committee Worker/Consultant	City					88109				
440 T.	erns Avenue num	1 (41) 30				00.7	\$0101				
Purpose of Expenditure (by code)	Description		Event #				Amount				
Office	Ink purchase										
Expenditure #	Type/of Expenditure (Itemization in Addendum T Requir	red unless "None of the below" is checked)									
(if applicable)	None of the below (does not involve another candidate or committee)										
	☐ Coordinated with reimbursement sought (joint expenditure) ☐ Independent										
	☐ Coordinated without reimbursement sought (in-kind	r	zation: O A	O B C		Date of P	avment to Vendor,				
Last Name of Worker/Cons		First			MI	Person or	Entity				
meyer		Lauren				5/3	0/2/				
Name of Vendor, Person or	Entity Paid by Committee Worker/Consultant				o Reimburse n Section P:		/orker/Consultant as				
Canva Check #_						Z/51 Det	oit Card 🔲 EFT				
Street Address of Vendor, F	Person or Entity Paid by Committee Worker/Consultant	City				State	Zip Code				
110 kg	ppax St.	Surray Hil	/)			aur .	Aystralia				
Purpose of Expenditure	Description		Event #				Amount				
(by code)	Inntations			2							
FNDR Expenditure #	Type of Expenditure (Itemization in Addendum T Required unless "None of the below" is checked) [0 2 0 0										
(if applicable)	☐ None of the below (does not involve another candidate		,			'					
	☐ Coordinated with reimbursement sought (joint expenditure) ☐ Independent										
	Coordinated without reimbursement sought (in-kind	Contribution)	zation: o A	о в с	COD						
Last Name of Worker/Cons	,	First			MI	Date of P Person or	ayment to Vendor, Entity				
malluy		Chris									
Name of Vendor, Person or					Committee V	Worker/Consultant as					
Vazzy	s Osteria				n Section P:	Ī □ Del	bit Card				
	Person or Entity Paid by Committee Worker/Consultant	City				State	Zip Code				
	ain st	monroe				Ct	0 6468				
			Event#				A == 0.000 f				
Purpose of Expenditure (by code)	Description		L. CHILIF	2			Amount				
PNDR	event expenses					J.	566.88				
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum T Requir	ed unless "None of the below"	is checked)			1 3/2	06,00				
,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	☐ None of the below (does not involve another candidate		ando-+								
	☐ Coordinated with reimbursement sought (joint expenditure) ☐ Independent ☐ Coordinated without reimbursement sought (in-kind contribution) ☐ Organization: O A O B O C O D										
SUBTOTAL Section T — This Page 1706.66											
TOTAL of additional Section T Pages 1981.99											
TOTAL OF ALL REIMBURSEMENT TO COMMITTEE WORKERS AND CONSULTANTS 1981. 79											
TOTAL OF ALL	REMIDURSEMENT TO COMMITTEE	WORLD HID COLL	Julian	-~		• ' '					

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)				TYPE OF REPORT							
Can line Immom for mayus.			di	MIYID							
T. Itemization of Reimbursements and Secondary Payees											
Last Name of Worker/Cons	ultant	First		MI	Date of Payment to Vendor, Person or Entity						
Unbe		Geraldine			6/12/21						
	Entity Paid by Committee Worker/Consultant			reported in Section P:	Committee Worker/Consultant as						
Staple		Ť		□ Check #	Debit Card EFT State Zip Code						
	Cerson or Entity Paid by Committee Worker/Consultant	Stam Ford	1		CT 06905						
Purpose of Expenditure	Description		Event #		Amount						
(by code)	SUPPLES			Amount							
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum T Require	Expenditure (Itemization in Addendum T Required unless "None of the below" is checked) \$ 9.56									
(9 447	None of the below Coordinated with reimbursement sought (joint expenditure) Coordinated without reimbursement sought (in-kind contribution) Organization: O A O B O C O D										
Last Name of Worker/Cons	ultant	First		MI	Date of Payment to Vendor, Person or Entity						
Unbe		Ceraldine			6/12/71						
In the control of the				Payment to Reimburse Committee Worker/Consultant as reported in Section P:							
pary		_		Check #	Debit Card EFT						
Street Address of Vendor, Person or Entity Paid by Committee Worker/Consultant 2255 SUM Wer St State Zip Code CT 069											
Purpose of Expenditure (by code)	Description	1	Event #		Amount						
OFFICE	Supplies				\$ 8.23						
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum T Required unless "None of the below" is checked)										
	None of the below ☐ Coordinated with reimbursement sought (joint expe	. 9 . 6 . 5		0 B 0 C 0 D							
Last Name of Worker/Cons	ultant VICIGN	First EVANNS SUSC	ans	MI	Date of Payment to Vendor, Person or Entity						
reported in Section I											
				Check #_ 19	- Mary 1						
	Person or Entity Paid by Committee Worker/Consultant	City Tel ANV			State Zip Code 1 S rael 6 3506 71						
Purpose of Expenditure	Description		Event #		Amount						
(by code) WEB	web hostins and	dumain			Classon 27						
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum T Required unless "None of the below" is checked)										
(ANE	None of the below Coordinated with reimbursement sought (joint expe	nditure)	ıdent								
0000	Coordinated without reimbursement sought (in-kind			0 B 0 C 0 D							
SUBTOTAL Section T — This Page 275.33											
TOTAL of additional Section T Pages 1981, 99											
TOTAL OF ALL	REIMBURSEMENT TO COMMITTEE V	WORKERS AND CONSU	ULTANI	rs 198	1, 29						