

# SEEC FORM 20

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



Lydia Ruyter  
Town Clerk  
10/12/2021  
RECEIVED FOR RECORD  
Do Not Mark in This Space  
Page Only

COVER PAGE OCT 12 P 1:04

1. NAME OF COMMITTEE

Caroline Simmons for mayor

STAMFORD TOWN CLERK

2. TREASURER NAME

First: Leah MI: Last: Kagan Suffix:

3. TREASURER ADDRESS

Street Address: 141 Vine Road City: Stamford State: CT Zip Code: 06905

4. ELECTION/REFERENDUM DATE 5. OFFICE SOUGHT (Complete only if Candidate Committee) 6. DISTRICT NUMBER

(mm/dd/yyyy) 11/02/2021 mayor (if applicable)

7. CANDIDATE NAME (Complete only if Candidate or Exploratory Committee)

First: Caroline MI: Last: Simmons Suffix:

8. TYPE OF REPORT (Check One Box)

- January 10 filing
- April 10 filing
- July 10 filing
- October 10 filing
- 24 Hour Independent Expenditure  
o Primary o Election
- 7th day preceding primary
- 30 days following primary
- 7th day preceding election
- 12th day preceding election  
(State Central Committees Only)
- 45 days following election  
not held in November
- 7th day preceding referendum
- 45 days following referendum
- Deficit
- Termination
- Initial Contribution or Disbursement  
(PACs ONLY)
- Amendment to

9. PERIOD COVERED

Beginning Date: 9/6/21 Ending Date: 9/30/21

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 Signature: Leah Kagan PRINT NAME OF SIGNER: Leah Kagan DATE (mm/dd/yyyy): 10/10/21

A person who is found to have knowingly and willfully violated any provisions of the campaign finance statutes faces a civil penalty or imprisonment or both.

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

## SUMMARY PAGE TOTALS

NAME OF COMMITTEE <i>(Provide Complete Name as Registered with Filing Repository)</i>	TYPE OF REPORT	
Candline (Immo) for mayr	October 10 filings	
	COLUMN A This Period	COLUMN B Aggregate
11. Balance on hand January 1 of current year for ongoing and party committees OR Balance on hand from day committee was formed for all other committees		
12. Balance on hand at the beginning of Reporting Period	\$31,077.23	
13. Contributions Received from Individuals (Sections A and B)	\$148,854.00	\$421,506.49
14. Receipts from Other Committees (Sections C1 and C2)	\$3,750.00	\$8,100.00
15. Other Monetary Receipts (Sections D through K)	.	
16a. Total Proceeds from Small Purchases (Section L1 Subpart 1 + Subpart 3)		
16b. <i>Per Public Act 11-48, effective January 1, 2012 Section L2. removed</i>		
16c. Total Purchases of Advertising—Program Book or Sign (Section L3)		
17. Total Monetary Receipts (add totals for Lines 13 through 16c)	\$152,604.00	\$429,606.49
18. Subtotals (add totals in Line 12 + 17 in Column A; and in Line 11 + 17 in Column B)	\$183,681.23	\$429,606.49
19. Expenses Paid by Committee (Section P)	\$36,548.07	\$282,500.33
20. Balance on hand at close of Reporting Period (Subtract Line 19 from Line 18 in both Columns)	\$147,133.16	\$147,133.16
21. In-Kind Donations not Considered Contributions Received (Section L4)		
22. In-Kind Donations not Considered Contributions — House Party (Section L5)	\$800	\$1200.
23. In-Kind Contributions Received (Section M)		
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	
Caroline Simmons for Mayor				October 10 filing	
<b>A. Total Contributions from Small Contributors-Received this Period ONLY</b> (See instructions for definition of Small Contributor) <b>SUBTOTAL SECTION A</b>				\$	
<b>B. Itemized Contributions from Individuals</b>					
Last Name Friesen		First Janet		MI	
Residential Street Address 2711 Bella Vista Drive		City Montecito		State CA	Zip Code 93108
Principal Occupation Not employed		Name of Employer None			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="radio"/> Yes <input checked="" type="radio"/> 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? <input type="radio"/> Yes <input checked="" type="radio"/> No		Amount of Contribution \$500.00	
Is this contribution associated with an event reported in Section L1? If yes, list Event # _____ <input type="radio"/> Yes <input checked="" type="radio"/> 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: <input type="radio"/> Executive <input checked="" type="radio"/> Legislative <input type="radio"/> Yes <input checked="" type="radio"/> No			
Method of Contribution: <input type="radio"/> Cash <input type="radio"/> Personal Check <input checked="" type="radio"/> Credit/Debit Card <input type="radio"/> Payroll Deduction <input type="radio"/> Money Order		Date Received 09/06/2021	Aggregate Contributions \$500.00		
Last Name Wenner		First Jane		MI	
Residential Street Address 364 Further Lane		City East Hampton		State NY	Zip Code 11937
Principal Occupation Publishing		Name of Employer Straight Arrow LLC			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="radio"/> Yes <input checked="" type="radio"/> 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? <input type="radio"/> Yes <input checked="" type="radio"/> No		Amount of Contribution \$500.00	
Is this contribution associated with an event reported in Section L1? If yes, list Event # _____ <input type="radio"/> Yes <input checked="" type="radio"/> 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: <input type="radio"/> Executive <input checked="" type="radio"/> Legislative <input type="radio"/> Yes <input checked="" type="radio"/> No			
Method of Contribution: <input type="radio"/> Cash <input type="radio"/> Personal Check <input checked="" type="radio"/> Credit/Debit Card <input type="radio"/> Payroll Deduction <input type="radio"/> Money Order		Date Received 9/7/2021	Aggregate Contributions \$500.00		
Last Name Douglas		First Michael		MI	
Residential Street Address 1375 Broadway		City New York		State NY	Zip Code 10018
Principal Occupation Actor		Name of Employer self			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="radio"/> Yes <input checked="" type="radio"/> 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? <input type="radio"/> Yes <input checked="" type="radio"/> No		Amount of Contribution \$500.00	
Is this contribution associated with an event reported in Section L1? If yes, list Event # _____ <input type="radio"/> Yes <input checked="" type="radio"/> 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: <input type="radio"/> Executive <input checked="" type="radio"/> Legislative <input type="radio"/> Yes <input checked="" type="radio"/> No			
Method of Contribution: <input type="radio"/> Cash <input type="radio"/> Personal Check <input checked="" type="radio"/> Credit/Debit Card <input type="radio"/> Payroll Deduction <input type="radio"/> Money Order		Date Received 9/7/2021	Aggregate Contributions \$500.00		
<b>SUBTOTAL Section B — This Page</b>				\$1,500.00	
<b>TOTAL of additional Section B Pages</b>					
<b>TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B)</b> (Enter total on Line 13, Column A of Summary Page Totals)				\$ 148,854	

Section B ADDITIONAL PAGE 1 of 126

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)			TYPE OF REPORT		
Caroline Simmons for Mayor			October 10 filing		
<b>A. Total Contributions from Small Contributors-Received this Period ONLY</b> <i>(See instructions for definition of Small Contributor)</i>			SUBTOTAL SECTION A		
			\$ 0.00		
<b>B. Itemized Contributions from Individuals</b>					
Last Name Midler		First Bette		MI	
Residential Street Address 700 12th Avenue South, 201		City Nashville		State TN	Zip Code 37203
Principal Occupation Entertainer		Name of Employer self			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<b>Amount of Contribution</b>  \$500.00	
Is this contribution associated with an event reported in Section L1? <i>If yes, list Event # _____</i> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a principal of a state contractor or prospective state contractor? <i>If yes, indicate which branch or branches of government the contract is with:</i> <input type="checkbox"/> Executive <input type="checkbox"/> Legislative <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
Method of Contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		Date Received 9/7/2021	Aggregate Contributions \$500.00		
Last Name Clark		First Kathryn		MI	
Residential Street Address 59 Holbrook Drive		City Stamford		State CT	Zip Code 06906
Principal Occupation Retired		Name of Employer Retired			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<b>Amount of Contribution</b>  \$25.00	
Is this contribution associated with an event reported in Section L1? <i>If yes, list Event # _____</i> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a principal of a state contractor or prospective state contractor? <i>If yes, indicate which branch or branches of government the contract is with:</i> <input type="checkbox"/> Executive <input type="checkbox"/> Legislative <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
Method of Contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		Date Received 9/7/2021	Aggregate Contributions \$50.00		
Last Name Tarantino		First Shira		MI	
Residential Street Address 455 Hope Street, 4D		City Stamford		State CT	Zip Code 06906
Principal Occupation Homemaker		Name of Employer Homemaker			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<b>Amount of Contribution</b>  \$75.00	
Is this contribution associated with an event reported in Section L1? <i>If yes, list Event # _____</i> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a principal of a state contractor or prospective state contractor? <i>If yes, indicate which branch or branches of government the contract is with:</i> <input type="checkbox"/> Executive <input type="checkbox"/> Legislative <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
Method of Contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		Date Received 9/7/2021	Aggregate Contributions \$695.00		
<b>SUBTOTAL Section B — This Page</b>			\$600.00		
<b>TOTAL of additional Section B Pages</b>					
<b>TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B)</b> <i>(Enter total on Line 13, Column A of Summary Page Totals)</i>			1148, 854		

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)		TYPE OF REPORT	
Caroline Simmons for Mayor		October 10 filing	
<b>A. Total Contributions from Small Contributors-Received this Period ONLY</b> (See instructions for definition of Small Contributor)		\$ 0.00	
<b>B. Itemized Contributions from Individuals</b>			
Last Name Cimino		First Emma MI	
Residential Street Address 115 Tennessee Ave NE		City Washington DC Zip Code 20002	
Principal Occupation Legislative Aide		Name of Employer US Senate	
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
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: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative	
Method of Contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		Date Received 9/7/2021	Aggregate Contributions \$25.00
Last Name Shepherd		First Madeline MI	
Residential Street Address 180 Turn of River Road, 7C		City Stamford CT Zip Code 06905	
Principal Occupation Retired		Name of Employer Retired	
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
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: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative	
Method of Contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		Date Received 9/7/2021	Aggregate Contributions \$805.00
Last Name Maloney		First Daniel MI	
Residential Street Address 120 Woodridge Dr S		City Stamford CT Zip Code 06902	
Principal Occupation Product manager		Name of Employer Virgin Pulse	
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
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: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative	
Method of Contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		Date Received 9/8/2021	Aggregate Contributions \$150.00
<b>SUBTOTAL Section B — This Page</b>		<b>\$125.00</b>	
<b>TOTAL of additional Section B Pages</b>			
<b>TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B)</b> (Enter total on Line 13, Column A of Summary Page Totals)		<b>\$148,854</b>	

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)			TYPE OF REPORT		
Caroline Simmons for Mayor			October 10 filing		
<b>A. Total Contributions from Small Contributors-Received this Period ONLY</b> (See instructions for definition of Small Contributor)			SUBTOTAL SECTION A		
			\$ 0.00		
<b>B. Itemized Contributions from Individuals</b>					
Last Name		First		MI	
Van Eick		Lynn			
Residential Street Address		City		State	Zip Code
33 Palmer Street		Stamford		CT	06907
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?		<b>Amount of Contribution</b>  \$5.00	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Is this contribution associated with an event reported in Section L1? <i>If yes, list Event #</i> _____		Is contributor a principal of a state contractor or prospective state contractor? <i>If yes, indicate which branch or branches of government the contract is with:</i> <input type="checkbox"/> Executive <input type="checkbox"/> Legislative			
Method of Contribution:		Date Received	Aggregate Contributions		
<input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		9/8/2021	\$5.00		
Last Name		First		MI	
Wilson		Rita			
Residential Street Address		City		State	Zip Code
9100 Wilshire Boulevard, 1000W		Beverly Hills		CA	90212
Principal Occupation		Name of Employer			
ACTOR		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?		<b>Amount of Contribution</b>  \$500.00	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Is this contribution associated with an event reported in Section L1? <i>If yes, list Event #</i> _____		Is contributor a principal of a state contractor or prospective state contractor? <i>If yes, indicate which branch or branches of government the contract is with:</i> <input type="checkbox"/> Executive <input type="checkbox"/> Legislative			
Method of Contribution:		Date Received	Aggregate Contributions		
<input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		9/8/2021	\$500.00		
Last Name		First		MI	
Fink		Jesse M			
Residential Street Address		City		State	Zip Code
1135 Post Road East		Westport		CT	06880
Principal Occupation		Name of Employer			
Non-Executive Chairman		MissionPoint Partners			
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?		<b>Amount of Contribution</b>  \$1,000.00	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Is this contribution associated with an event reported in Section L1? <i>If yes, list Event #</i> _____		Is contributor a principal of a state contractor or prospective state contractor? <i>If yes, indicate which branch or branches of government the contract is with:</i> <input type="checkbox"/> Executive <input type="checkbox"/> Legislative			
Method of Contribution:		Date Received	Aggregate Contributions		
<input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		9/9/2021	\$1,000.00		
<b>SUBTOTAL Section B — This Page</b>				\$1,505.00	
<b>TOTAL of additional Section B Pages</b>					
<b>TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B)</b> <i>(Enter total on Line 13, Column A of Summary Page Totals)</i>				\$148,854	

Section B ADDITIONAL PAGE 4 of 126

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)		TYPE OF REPORT	
Caroline Simmons for Mayor		October 10 filing	
<b>A. Total Contributions from Small Contributors-Received this Period ONLY</b> (See instructions for definition of Small Contributor)		\$ 0.00	
SUBTOTAL SECTION A			
<b>B. Itemized Contributions from Individuals</b>			
Last Name Salzman		First Marian	
Residential Street Address 19 Hilltop Road		City Norwalk	
Principal Occupation Senior Vice President, Global Communications		Name of Employer Philip Morris International	
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
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: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative	
Method of Contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		Date Received 9/8/2021	
		Aggregate Contributions \$500.00	
Amount of Contribution \$500.00			
Last Name Turner		First Sally	
Residential Street Address 275 Lake Avenue		City Greenwich	
Principal Occupation Retired		Name of Employer Retired	
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
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: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative	
Method of Contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		Date Received 9/8/2021	
		Aggregate Contributions \$275.00	
Amount of Contribution \$25.00			
Last Name Obrien		First Mary	
Residential Street Address 145 Muhlenbrink Road		City Colts Neck	
Principal Occupation administration		Name of Employer Thrill Hill Recording	
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
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: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative	
Method of Contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		Date Received 9/9/2021	
		Aggregate Contributions \$500.00	
Amount of Contribution \$500.00			
<b>SUBTOTAL Section B — This Page</b>		\$1,025.00	
<b>TOTAL of additional Section B Pages</b>			
<b>TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B)</b> (Enter total on Line 13, Column A of Summary Page Totals)		\$148,854	

NAME OF COMMITTEE <i>(Provide Complete Name as Registered with Filing Repository)</i>				TYPE OF REPORT	
Caroline Simmons for Mayor				October 10 filing	
<b>A. Total Contributions from Small Contributors-Received this Period ONLY</b> <i>(See instructions for definition of Small Contributor)</i>				SUBTOTAL SECTION A	
				\$ 0.00	
<b>B. Itemized Contributions from Individuals</b>					
Last Name Bieler		First Charles		MI	
Residential Street Address 212 West 112th St		City New York		State NY	Zip Code 10026
Principal Occupation entrepreneur		Name of Employer self			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<b>Amount of Contribution</b>  \$500.00	
Is this contribution associated with an event reported in Section L1? <i>If yes, list Event # _____</i> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a principal of a state contractor or prospective state contractor? <i>If yes, indicate which branch or branches of government the contract is with:</i> <input type="checkbox"/> Executive <input type="checkbox"/> Legislative <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Method of Contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		Date Received 9/9/2021	Aggregate Contributions \$500.00		
Last Name Wenner		First Theo		MI	
Residential Street Address 11 Mason Avenue		City Lincoln Park		State NJ	Zip Code 07035
Principal Occupation Artist		Name of Employer Theo Wenner LLC			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<b>Amount of Contribution</b>  \$500.00	
Is this contribution associated with an event reported in Section L1? <i>If yes, list Event # _____</i> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a principal of a state contractor or prospective state contractor? <i>If yes, indicate which branch or branches of government the contract is with:</i> <input type="checkbox"/> Executive <input type="checkbox"/> Legislative <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Method of Contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		Date Received 9/8/2021	Aggregate Contributions \$500.00		
Last Name Diamond		First Mark		MI	
Residential Street Address 24 West Trail		City Stamford		State CT	Zip Code 06903
Principal Occupation attorney		Name of Employer Mark Diamond			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<b>Amount of Contribution</b>  \$250.00	
Is this contribution associated with an event reported in Section L1? <i>If yes, list Event # _____</i> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a principal of a state contractor or prospective state contractor? <i>If yes, indicate which branch or branches of government the contract is with:</i> <input type="checkbox"/> Executive <input type="checkbox"/> Legislative <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Method of Contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		Date Received 9/10/2021	Aggregate Contributions \$250.00		
<b>SUBTOTAL Section B — This Page</b>				\$1,250.00	
<b>TOTAL of additional Section B Pages</b>					
<b>TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B)</b> <i>(Enter total on Line 13, Column A of Summary Page Totals)</i>				\$148,954	



Section B ADDITIONAL PAGE 6 of 120

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)				TYPE OF REPORT			
Caroline Simmons for Mayor				October 10 filing			
<b>A. Total Contributions from Small Contributors-Received this Period ONLY</b> <i>(See instructions for definition of Small Contributor)</i>				<b>SUBTOTAL SECTION A</b>			
				\$ 0.00			
<b>B. Itemized Contributions from Individuals</b>							
Last Name			First			MI	
Chambang			Nyanthiol				
Residential Street Address			City		State	Zip Code	
75 Tresser Boulevard, 417			Stamford		CT	06901	
Principal Occupation			Name of Employer				
Quality Control Manager			KW Griffen Company				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000?			<b>Amount of Contribution</b>  \$100.00	
Is this contribution associated with an event reported in Section L1? <i>If yes, list Event #</i>		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Is contributor a principal of a state contractor or prospective state contractor? <i>If yes, indicate which branch or branches of government the contract is with:</i>				
			<input type="checkbox"/> Executive <input type="checkbox"/> Legislative				
Method of Contribution:			Date Received	Aggregate Contributions			
<input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order			9/11/2021	\$100.00			
Last Name			First			MI	
Adler			Erica				
Residential Street Address			City		State	Zip Code	
7 Owenoke Park			Westport		CT	06880	
Principal Occupation			Name of Employer				
Therapist			Erica Justine Adler				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000?			<b>Amount of Contribution</b>  \$75.00	
Is this contribution associated with an event reported in Section L1? <i>If yes, list Event #</i>		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Is contributor a principal of a state contractor or prospective state contractor? <i>If yes, indicate which branch or branches of government the contract is with:</i>				
			<input type="checkbox"/> Executive <input type="checkbox"/> Legislative				
Method of Contribution:			Date Received	Aggregate Contributions			
<input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order			9/12/2021	\$75.00			
Last Name			First			MI	
Bronfman			Joanna				
Residential Street Address			City		State	Zip Code	
7 Lincoln Ave			Greenwich		CT	06830	
Principal Occupation			Name of Employer				
Social Worker			Backcountry Wellness				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000?			<b>Amount of Contribution</b>  \$250.00	
Is this contribution associated with an event reported in Section L1? <i>If yes, list Event #</i>		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Is contributor a principal of a state contractor or prospective state contractor? <i>If yes, indicate which branch or branches of government the contract is with:</i>				
			<input type="checkbox"/> Executive <input type="checkbox"/> Legislative				
Method of Contribution:			Date Received	Aggregate Contributions			
<input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order			9/12/2021	\$250.00			
<b>SUBTOTAL Section B — This Page</b>						\$425.00	
<b>TOTAL of additional Section B Pages</b>							
<b>TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B)</b> <i>(Enter total on Line 13, Column A of Summary Page Totals)</i>						\$148,854	

**Section B ADDITIONAL PAGE** 7 of 126

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)				TYPE OF REPORT			
Caroline Simmons for Mayor				October 10 filing			
<b>A. Total Contributions from Small Contributors-Received this Period ONLY</b> (See instructions for definition of Small Contributor)				<b>SUBTOTAL SECTION A</b>			
				\$ 0.00			
<b>B. Itemized Contributions from Individuals</b>							
Last Name Eng			First Kelly			MI	
Residential Street Address 505 Rogers Ave, #2			City Brooklyn			State NY	Zip Code 11225
Principal Occupation Principal Product Manager			Name of Employer Hubspot Inc				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				<b>Amount of Contribution</b>  \$150.00	
Is this contribution associated with an event reported in Section L1? If yes, list Event # <u>3</u>		Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative					
Method of Contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		Date Received 9/12/2021		Aggregate Contributions \$150.00			
Last Name Gordon			First Emily			MI	
Residential Street Address 35 W Broad Street, #126			City Stamford			State CT	Zip Code 06902
Principal Occupation Acting Community Development Director & Planning Analyst			Name of Employer City of Stamford				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				<b>Amount of Contribution</b>  \$500.00	
Is this contribution associated with an event reported in Section L1? If yes, list Event # _____		Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative					
Method of Contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		Date Received 9/14/2021		Aggregate Contributions \$1,000.00			
Last Name Ward			First Susan			MI	
Residential Street Address 5 Forest Hill Road			City Randolph			State NJ	Zip Code 07869
Principal Occupation executive Assistant			Name of Employer Wenner Family LLC				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				<b>Amount of Contribution</b>  \$500.00	
Is this contribution associated with an event reported in Section L1? If yes, list Event # _____		Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative					
Method of Contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		Date Received 9/14/2021		Aggregate Contributions \$500.00			
<b>SUBTOTAL Section B — This Page</b>						\$1,150.00	
<b>TOTAL of additional Section B Pages</b>							
<b>TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B)</b> (Enter total on Line 13, Column A of Summary Page Totals)						\$148,854	

Section B ADDITIONAL PAGE 8 of 120

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)				TYPE OF REPORT				
Caroline Simmons for Mayor				October 10 filing				
<b>A. Total Contributions from Small Contributors-Received this Period ONLY</b> (See instructions for definition of Small Contributor)				<b>SUBTOTAL SECTION A</b>				
				\$ 0.00				
<b>B. Itemized Contributions from Individuals</b>								
Last Name			First			MI		
Selkowitz			Arthur					
Residential Street Address			City			State	Zip Code	
262 Ocean Drive East			Stamford			CT	06902	
Principal Occupation			Name of Employer					
Retired			Retired					
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000?			<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<b>Amount of Contribution</b>
Is this contribution associated with an event reported in Section L1? If yes, list Event # _____		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative			<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<b>\$500.00</b>	
Method of Contribution:			Date Received		Aggregate Contributions			
<input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order			9/15/2021		\$1,000.00			
Last Name			First			MI		
Frattonoli			Cayla					
Residential Street Address			City			State	Zip Code	
36 Diamondcrest Lane			Stamford			CT	06903	
Principal Occupation			Name of Employer					
Student			Student					
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000?			<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<b>Amount of Contribution</b>
Is this contribution associated with an event reported in Section L1? If yes, list Event # _____		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative			<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<b>\$30.00</b>	
Method of Contribution:			Date Received		Aggregate Contributions			
<input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order			9/15/2021		\$80.00			
Last Name			First			MI		
Ruiz			Cesar					
Residential Street Address			City			State	Zip Code	
39 Sylvan Knoll Road			Stamford			CT	06902	
Principal Occupation			Name of Employer					
Life Skills Coach			Abilis Inc					
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000?			<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<b>Amount of Contribution</b>
Is this contribution associated with an event reported in Section L1? If yes, list Event # _____		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative			<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<b>\$25.00</b>	
Method of Contribution:			Date Received		Aggregate Contributions			
<input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order			9/15/2021		\$110.00			
<b>SUBTOTAL Section B — This Page</b>						<b>\$555.00</b>		
<b>TOTAL of additional Section B Pages</b>								
<b>TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B)</b> (Enter total on Line 13, Column A of Summary Page Totals)						<b>\$148,854</b>		

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)		TYPE OF REPORT	
Caroline Simmons for Mayor		October 10 filing	
<b>A. Total Contributions from Small Contributors-Received this Period ONLY</b> (See instructions for definition of Small Contributor)		\$ 0.00	
<b>B. Itemized Contributions from Individuals</b>			
Last Name Lyons		First David MI	
Residential Street Address 252 Brookdale Road		City Stamford CT Zip Code 06903	
Principal Occupation Self		Name of Employer amtify.com	
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section L1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event # _____		Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative	
Method of Contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		Date Received 9/15/2021	
		Aggregate Contributions \$140.00	
Last Name Behm		First Jessie MI	
Residential Street Address 119 W 71st St, Apt 8C		City New York NY Zip Code 10023	
Principal Occupation Consultant		Name of Employer Co:Collective	
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section L1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event # _____		Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative	
Method of Contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		Date Received 9/15/2021	
		Aggregate Contributions \$150.00	
Last Name Ellis		First Paul MI	
Residential Street Address 43 Klondike Ave.		City Stamford CT Zip Code 06907	
Principal Occupation Retired		Name of Employer Retired	
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section L1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event # _____		Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative	
Method of Contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		Date Received 9/15/2021	
		Aggregate Contributions \$25.00	
<b>SUBTOTAL Section B — This Page</b>		<b>\$129.00</b>	
<b>TOTAL of additional Section B Pages</b>			
<b>TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B)</b> (Enter total on Line 13, Column A of Summary Page Totals)		<b>\$148,854</b>	

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)		TYPE OF REPORT	
Caroline Simmons for Mayor		October 10 filing	
<b>A. Total Contributions from Small Contributors-Received this Period ONLY</b> (See instructions for definition of Small Contributor)		\$ 0.00	
<b>B. Itemized Contributions from Individuals</b>			
Last Name O'Brien		First Dennis	
Residential Street Address 28 Crestview Avenue		City Stamford	State CT
Principal Occupation Technical Project Manager		Name of Employer Take-Two Interactive Software, Inc.	
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<b>Amount of Contribution</b>  \$100.00
Is this contribution associated with an event reported in Section L1? If yes, list Event # _____ <input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
Method of Contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		Date Received 9/15/2021	
		Aggregate Contributions \$100.00	
Last Name Ashe		First John	
Residential Street Address 177 Ocean Drive East		City Stamford	State CT
Principal Occupation Retired		Name of Employer Retired	
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<b>Amount of Contribution</b>  \$250.00
Is this contribution associated with an event reported in Section L1? If yes, list Event # _____ <input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
Method of Contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		Date Received 9/15/2021	
		Aggregate Contributions \$350.00	
Last Name Bradford		First Phillip	
Residential Street Address 38 Yale Court		City STAMFORD	State CT
Principal Occupation Professor/Consultant		Name of Employer University of Connecticut, Stamford	
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<b>Amount of Contribution</b>  \$25.00
Is this contribution associated with an event reported in Section L1? If yes, list Event # _____ <input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
Method of Contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		Date Received 9/15/2021	
		Aggregate Contributions \$210.00	
<b>SUBTOTAL Section B — This Page</b>		\$375.00	
<b>TOTAL of additional Section B Pages</b>			
<b>TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B)</b> (Enter total on Line 13, Column A of Summary Page Totals)		\$148,854	

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)			TYPE OF REPORT		
Caroline Simmons for Mayor			October 10 filing		
<b>A. Total Contributions from Small Contributors-Received this Period ONLY</b> (See instructions for definition of Small Contributor)			SUBTOTAL SECTION A		
			\$ 0.00		
<b>B. Itemized Contributions from Individuals</b>					
Last Name		First		MI	
Brennan		Eric			
Residential Street Address		City		State	Zip Code
193 Ocean Drive West 8004		Stamford		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 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?		<b>Amount of Contribution</b>	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		<b>\$1,000.00</b>	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Method of Contribution:		Date Received	Aggregate Contributions		
<input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		9/15/2021	\$2,000.00		
Last Name		First		MI	
Gunts		Julie			
Residential Street Address		City		State	Zip Code
82 Westover Avenue		Stamford		CT	06902
Principal Occupation		Name of Employer			
Asset Management		AllianceBernstein			
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?		<b>Amount of Contribution</b>	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		<b>\$25.00</b>	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Method of Contribution:		Date Received	Aggregate Contributions		
<input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		9/15/2021	\$25.00		
Last Name		First		MI	
Godzeno		Robert			
Residential Street Address		City		State	Zip Code
29 Douglas Avenue, B		Stamford		CT	06906
Principal Occupation		Name of Employer			
Attorney		Mead, Bromley & Bishop			
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?		<b>Amount of Contribution</b>	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		<b>\$1,000.00</b>	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Method of Contribution:		Date Received	Aggregate Contributions		
<input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		9/15/2021	\$2,000.00		
<b>SUBTOTAL Section B — This Page</b>				<b>\$2,025.00</b>	
<b>TOTAL of additional Section B Pages</b>					
<b>TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B)</b> <i>(Enter total on Line 13, Column A of Summary Page Totals)</i>				<b>\$148,854</b>	

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)				TYPE OF REPORT			
Caroline Simmons for Mayor				October 10 filing			
<b>A. Total Contributions from Small Contributors-Received this Period ONLY</b> (See instructions for definition of Small Contributor)				SUBTOTAL SECTION A			
				\$ 0.00			
<b>B. Itemized Contributions from Individuals</b>							
Last Name Bussey			First Eric			MI	
Residential Street Address 1991 High Ridge Road			City Stamford		State CT	Zip Code 06903	
Principal Occupation Waiter			Name of Employer The Capital Grille				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				<b>Amount of Contribution</b>  \$25.00	
Is this contribution associated with an event reported in Section L1? If yes, list Event # _____ <input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No					
Method of Contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order			Date Received 9/15/2021		Aggregate Contributions \$25.00		
Last Name Aloe Sobin			First Linda			MI	
Residential Street Address 16 Straddle Hill			City Wethersfield		State CT	Zip Code 06109	
Principal Occupation lobbyist			Name of Employer linda aloe sobin government relations				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> 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? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				<b>Amount of Contribution</b>  \$100.00	
Is this contribution associated with an event reported in Section L1? If yes, list Event # _____ <input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No					
Method of Contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order			Date Received 9/15/2021		Aggregate Contributions \$100.00		
Last Name Roeder			First Robert			MI	
Residential Street Address 3498 Wellsford Ln			City Doylestown		State PA	Zip Code 18902	
Principal Occupation EVP			Name of Employer Patriot Media				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				<b>Amount of Contribution</b>  \$1,000.00	
Is this contribution associated with an event reported in Section L1? If yes, list Event # _____ <input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No					
Method of Contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order			Date Received 9/15/2021		Aggregate Contributions \$2,000.00		
<b>SUBTOTAL Section B — This Page</b>						\$1,125.00	
<b>TOTAL of additional Section B Pages</b>							
<b>TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B)</b> (Enter total on Line 13, Column A of Summary Page Totals)						\$148,854	

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)				TYPE OF REPORT			
Caroline Simmons for Mayor				October 10 filing			
<b>A. Total Contributions from Small Contributors-Received this Period ONLY</b> (See instructions for definition of Small Contributor)				<b>SUBTOTAL SECTION A</b>			
				\$ 0.00			
<b>B. Itemized Contributions from Individuals</b>							
Last Name Beidl			First Gretchen			MI	
Residential Street Address 160 W 86th Street, PH1			City New York		State NY	Zip Code 10024	
Principal Occupation Retired			Name of Employer Retired				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				<b>Amount of Contribution</b>  \$1,000.00	
Is this contribution associated with an event reported in Section L1? If yes, list Event # _____ <input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No					
Method of Contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order			Date Received 9/15/2021		Aggregate Contributions \$1,000.00		
Last Name Shepherd			First Madeline			MI	
Residential Street Address 180 Turn of River Road, 7C			City Stamford		State CT	Zip Code 06905	
Principal Occupation Retired			Name of Employer Retired				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				<b>Amount of Contribution</b>  \$100.00	
Is this contribution associated with an event reported in Section L1? If yes, list Event # _____ <input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No					
Method of Contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order			Date Received 9/15/2021		Aggregate Contributions \$805.00		
Last Name Kerr			First Roger			MI	
Residential Street Address 96 Hemlock Drive			City Stamford		State CT	Zip Code 06902	
Principal Occupation Retired			Name of Employer Retired				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				<b>Amount of Contribution</b>  \$50.00	
Is this contribution associated with an event reported in Section L1? If yes, list Event # _____ <input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No					
Method of Contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order			Date Received 9/15/2021		Aggregate Contributions \$50.00		
<b>SUBTOTAL Section B — This Page</b>						\$1,150.00	
<b>TOTAL of additional Section B Pages</b>							
<b>TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B)</b> (Enter total on Line 13, Column A of Summary Page Totals)						\$148,854	



NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)				TYPE OF REPORT			
Caroline Simmons for Mayor				October 10 filing			
<b>A. Total Contributions from Small Contributors-Received this Period ONLY</b> (See instructions for definition of Small Contributor)				<b>SUBTOTAL SECTION A</b>			
				\$ 0.00			
<b>B. Itemized Contributions from Individuals</b>							
Last Name			First			MI	
Richardson			Harold				
Residential Street Address			City		State	Zip Code	
421 Juanita Way			Los Altos		CA	94022	
Principal Occupation			Name of Employer				
Retired			Retired				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000?			<b>Amount of Contribution</b>  \$1,000.00	
Is this contribution associated with an event reported in Section L1? <i>If yes, list Event #</i> _____		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Is contributor a principal of a state contractor or prospective state contractor? <i>If yes, indicate which branch or branches of government the contract is with:</i> <input type="checkbox"/> Executive <input type="checkbox"/> Legislative				
Method of Contribution:			Date Received		Aggregate Contributions		
<input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order			9/15/2021		\$2,000.00		
Last Name			First			MI	
Haggerty			Megan				
Residential Street Address			City		State	Zip Code	
27 Main st			Bethel		CT	06801	
Principal Occupation			Name of Employer				
Media Buyer			Media Associates				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000?			<b>Amount of Contribution</b>  \$500.00	
Is this contribution associated with an event reported in Section L1? <i>If yes, list Event #</i> _____		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Is contributor a principal of a state contractor or prospective state contractor? <i>If yes, indicate which branch or branches of government the contract is with:</i> <input type="checkbox"/> Executive <input type="checkbox"/> Legislative				
Method of Contribution:			Date Received		Aggregate Contributions		
<input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order			9/15/2021		\$1,000.00		
Last Name			First			MI	
Sweeney			Susan				
Residential Street Address			City		State	Zip Code	
44 Strawberry Hill Ave, APT 5F			Stamford		CT	06902	
Principal Occupation			Name of Employer				
retired			retired				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000?			<b>Amount of Contribution</b>  \$50.00	
Is this contribution associated with an event reported in Section L1? <i>If yes, list Event #</i> _____		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Is contributor a principal of a state contractor or prospective state contractor? <i>If yes, indicate which branch or branches of government the contract is with:</i> <input type="checkbox"/> Executive <input type="checkbox"/> Legislative				
Method of Contribution:			Date Received		Aggregate Contributions		
<input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order			9/15/2021		\$125.00		
<b>SUBTOTAL Section B — This Page</b>						\$1,550.00	
<b>TOTAL of additional Section B Pages</b>							
<b>TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B)</b> <i>(Enter total on Line 13, Column A of Summary Page Totals)</i>						\$148,854	

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)			TYPE OF REPORT		
Caroline Simmons for Mayor			October 10 filing		
<b>A. Total Contributions from Small Contributors-Received this Period ONLY</b> (See instructions for definition of Small Contributor)			SUBTOTAL SECTION A		
			\$ 0.00		
<b>B. Itemized Contributions from Individuals</b>					
Last Name		First		MI	
Dynner		Heather			
Residential Street Address		City		State	Zip Code
439 Pepper Ridge Road		Stamford		CT	06905
Principal Occupation			Name of Employer		
Social worker and behavioral therapist			Chabad of 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 executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000?		<b>Amount of Contribution</b>  \$100.00	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Is this contribution associated with an event reported in Section L1? <i>If yes, list Event #</i> _____		Is contributor a principal of a state contractor or prospective state contractor? <i>If yes, indicate which branch or branches of government the contract is with:</i> <input type="checkbox"/> Executive <input type="checkbox"/> Legislative			
Method of Contribution:		Date Received	Aggregate Contributions		
<input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		9/15/2021	\$550.00		
Last Name		First		MI	
Willner		Michael			
Residential Street Address		City		State	Zip Code
160 W 86th Street, PH1		New York		NY	10024
Principal Occupation			Name of Employer		
CEO			Penthera Technologies		
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?		<b>Amount of Contribution</b>  \$1,000.00	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Is this contribution associated with an event reported in Section L1? <i>If yes, list Event #</i> _____		Is contributor a principal of a state contractor or prospective state contractor? <i>If yes, indicate which branch or branches of government the contract is with:</i> <input type="checkbox"/> Executive <input type="checkbox"/> Legislative			
Method of Contribution:		Date Received	Aggregate Contributions		
<input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		9/15/2021	\$2,000.00		
Last Name		First		MI	
Redmon		Tene			
Residential Street Address		City		State	Zip Code
132 Hope Street, M		Stamford		CT	06906
Principal Occupation			Name of Employer		
Financial Services			USAA		
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?		<b>Amount of Contribution</b>  \$100.00	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Is this contribution associated with an event reported in Section L1? <i>If yes, list Event #</i> _____		Is contributor a principal of a state contractor or prospective state contractor? <i>If yes, indicate which branch or branches of government the contract is with:</i> <input type="checkbox"/> Executive <input type="checkbox"/> Legislative			
Method of Contribution:		Date Received	Aggregate Contributions		
<input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		9/15/2021	\$125.00		
<b>SUBTOTAL Section B — This Page</b>				\$1,200.00	
<b>TOTAL of additional Section B Pages</b>					
<b>TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B)</b> <i>(Enter total on Line 13, Column A of Summary Page Totals)</i>				\$148,854	

Section B ADDITIONAL PAGE 16 of 126

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)		TYPE OF REPORT	
Caroline Simmons for Mayor		October 10 filing	
<b>A. Total Contributions from Small Contributors-Received this Period ONLY</b> (See instructions for definition of Small Contributor)		SUBTOTAL SECTION A	
		\$ 0.00	
<b>B. Itemized Contributions from Individuals</b>			
Last Name Frattaroli		First Jake	
Residential Street Address 36 Diamondcrest Lane		City Stamford	State CT
Principal Occupation Student		Name of Employer Student	
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<b>Amount of Contribution</b>  \$30.00
Is this contribution associated with an event reported in Section L1? If yes, list Event # _____	Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		
Method of Contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		Date Received 9/15/2021	
		Aggregate Contributions \$30.00	
Last Name Abt		First Michelle	
Residential Street Address 150 June Rd		City Stamford	State CT
Principal Occupation writer		Name of Employer Self	
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<b>Amount of Contribution</b>  \$500.00
Is this contribution associated with an event reported in Section L1? If yes, list Event # _____	Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		
Method of Contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		Date Received 9/15/2021	
		Aggregate Contributions \$1,750.00	
Last Name Haggerty		First William	
Residential Street Address 4553 Tivoli Street		City San Diego	State CA
Principal Occupation Retired		Name of Employer Retired	
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<b>Amount of Contribution</b>  \$1,000.00
Is this contribution associated with an event reported in Section L1? If yes, list Event # _____	Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		
Method of Contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		Date Received 9/15/2021	
		Aggregate Contributions \$1,000.00	
<b>SUBTOTAL Section B — This Page</b>			\$1,530.00
<b>TOTAL of additional Section B Pages</b>			
<b>TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B)</b> (Enter total on Line 13, Column A of Summary Page Totals)			\$148,854

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)				TYPE OF REPORT			
Caroline Simmons for Mayor				October 10 filing			
<b>A. Total Contributions from Small Contributors-Received this Period ONLY</b> <i>(See instructions for definition of Small Contributor)</i>				<b>SUBTOTAL SECTION A</b>			
				\$ 0.00			
<b>B. Itemized Contributions from Individuals</b>							
Last Name Henkind			First Jennifer			MI	
Residential Street Address 48 Eastover Road			City Stamford		State CT	Zip Code 06905	
Principal Occupation Pediatrician			Name of Employer Stamford Pediatric Associates				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				<b>Amount of Contribution</b>  \$50.00	
Is this contribution associated with an event reported in Section L1? <i>If yes, list Event #</i> _____ <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a principal of a state contractor or prospective state contractor? <i>If yes, indicate which branch or branches of government the contract is with:</i> <input type="checkbox"/> Executive <input type="checkbox"/> Legislative <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No					
Method of Contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order			Date Received 9/15/2021		Aggregate Contributions \$175.00		
Last Name Kaye			First Jeremy			MI	
Residential Street Address 46 Thunder Mountain Road			City Greenwich		State CT	Zip Code 06836	
Principal Occupation Attorney			Name of Employer Kaye and Hennessey, LLC				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				<b>Amount of Contribution</b>  \$100.00	
Is this contribution associated with an event reported in Section L1? <i>If yes, list Event #</i> _____ <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a principal of a state contractor or prospective state contractor? <i>If yes, indicate which branch or branches of government the contract is with:</i> <input type="checkbox"/> Executive <input type="checkbox"/> Legislative <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No					
Method of Contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order			Date Received 9/15/2021		Aggregate Contributions \$100.00		
Last Name Silber			First Jerry			MI	
Residential Street Address 290 Club Road,			City Stamford		State CT	Zip Code 06905	
Principal Occupation Retired			Name of Employer Retired				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				<b>Amount of Contribution</b>  \$500.00	
Is this contribution associated with an event reported in Section L1? <i>If yes, list Event #</i> _____ <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a principal of a state contractor or prospective state contractor? <i>If yes, indicate which branch or branches of government the contract is with:</i> <input type="checkbox"/> Executive <input type="checkbox"/> Legislative <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No					
Method of Contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order			Date Received 9/15/2021		Aggregate Contributions \$550.00		
<b>SUBTOTAL Section B — This Page</b>						\$650.00	
<b>TOTAL of additional Section B Pages</b>							
<b>TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B)</b> <i>(Enter total on Line 13, Column A of Summary Page Totals)</i>						\$148,854	

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)		TYPE OF REPORT	
Caroline Simmons for Mayor		October 10 filing	
<b>A. Total Contributions from Small Contributors-Received this Period ONLY</b> (See instructions for definition of Small Contributor)		\$ 0.00	
<b>B. Itemized Contributions from Individuals</b>			
Last Name McClory		First Andrew	
Residential Street Address 106 Russet Road		City Stamford	State CT
Principal Occupation Software Engineer		Name of Employer FactSet Research Systems	
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<b>Amount of Contribution</b>  \$50.00
Is this contribution associated with an event reported in Section L1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event # _____	Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		
Method of Contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		Date Received 9/16/2021	
		Aggregate Contributions \$50.00	
Last Name Lurie		First Jeffrey	
Residential Street Address 312 Llanfair Road		City Wynnewood	State PA
Principal Occupation football team owner		Name of Employer Philadelphia Eagles	
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<b>Amount of Contribution</b>  \$1,000.00
Is this contribution associated with an event reported in Section L1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event # _____	Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		
Method of Contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		Date Received 9/16/2021	
		Aggregate Contributions \$2,000.00	
Last Name Rogers		First Sylvia	
Residential Street Address 1 Premium Point RD		City New Rochelle	State NY
Principal Occupation Homemaker		Name of Employer Homemaker	
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<b>Amount of Contribution</b>  \$1,000.00
Is this contribution associated with an event reported in Section L1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event # _____	Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		
Method of Contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		Date Received 9/16/2021	
		Aggregate Contributions \$1,000.00	
<b>SUBTOTAL Section B — This Page</b>		\$2,050.00	
<b>TOTAL of additional Section B Pages</b>			
<b>TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B)</b> (Enter total on Line 13, Column A of Summary Page Totals)		\$148,854	

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)				TYPE OF REPORT			
Caroline Simmons for Mayor				October 10 filing			
<b>A. Total Contributions from Small Contributors-Received this Period ONLY</b> (See instructions for definition of Small Contributor)				<b>SUBTOTAL SECTION A</b>			
				\$ 0.00			
<b>B. Itemized Contributions from Individuals</b>							
Last Name Silver			First Beth			MI	
Residential Street Address 65 Edgewood Ave			City Stamford			State CT	Zip Code 06907
Principal Occupation Market Research			Name of Employer Silver Consulting				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				<b>Amount of Contribution</b>  \$25.00	
Is this contribution associated with an event reported in Section L1? If yes, list Event # _____ <input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No					
Method of Contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order			Date Received 9/16/2021	Aggregate Contributions \$25.00			
Last Name Carlson			First Martha			MI	
Residential Street Address 33 Horseshoe Rd			City Guilford			State CT	Zip Code 06437
Principal Occupation Deputy Comptroller			Name of Employer State of CT				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				<b>Amount of Contribution</b>  \$100.00	
Is this contribution associated with an event reported in Section L1? If yes, list Event # _____ <input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No					
Method of Contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order			Date Received 9/16/2021	Aggregate Contributions \$100.00			
Last Name Rogers			First Thomas			MI	
Residential Street Address 1 Premium Point RD			City New Rochelle			State NY	Zip Code 10801
Principal Occupation Executive Chairman			Name of Employer Engine Media Inc.				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				<b>Amount of Contribution</b>  \$1,000.00	
Is this contribution associated with an event reported in Section L1? If yes, list Event # _____ <input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No					
Method of Contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order			Date Received 9/16/2021	Aggregate Contributions \$1,000.00			
<b>SUBTOTAL Section B — This Page</b>						\$1,125.00	
<b>TOTAL of additional Section B Pages</b>							
<b>TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B)</b> (Enter total on Line 13, Column A of Summary Page Totals)						\$148,854	

Section B ADDITIONAL PAGE 20 of 124

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)				TYPE OF REPORT			
Caroline Simmons for Mayor				October 10 filing			
<b>A. Total Contributions from Small Contributors-Received this Period ONLY</b> (See instructions for definition of Small Contributor)				<b>SUBTOTAL SECTION A</b>			
				\$ 0.00			
<b>B. Itemized Contributions from Individuals</b>							
Last Name Shapiro			First Hilary			MI	
Residential Street Address 95 Intervale Rd Unit 10			City Stamford			State CT	Zip Code 06905
Principal Occupation consultant			Name of Employer Scenario				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				<b>Amount of Contribution</b>  \$25.00	
Is this contribution associated with an event reported in Section L1? If yes, list Event # _____ <input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No					
Method of Contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order			Date Received 9/16/2021	Aggregate Contributions \$100.00			
Last Name Leonard			First Stew			MI	
Residential Street Address 5 Surf Road			City Westport			State CT	Zip Code 06880
Principal Occupation CEO			Name of Employer Stew Leonard's				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				<b>Amount of Contribution</b>  \$1,000.00	
Is this contribution associated with an event reported in Section L1? If yes, list Event # _____ <input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No					
Method of Contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order			Date Received 9/16/2021	Aggregate Contributions \$2,000.00			
Last Name Rosen			First Goldy			MI	
Residential Street Address 62 Woodbrook Drive			City Stamford			State CT	Zip Code 06907
Principal Occupation Retired			Name of Employer Retired				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				<b>Amount of Contribution</b>  \$25.00	
Is this contribution associated with an event reported in Section L1? If yes, list Event # _____ <input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No					
Method of Contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order			Date Received 9/17/2021	Aggregate Contributions \$75.00			
<b>SUBTOTAL Section B — This Page</b>						\$1,050.00	
<b>TOTAL of additional Section B Pages</b>							
<b>TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B)</b> (Enter total on Line 13, Column A of Summary Page Totals)						\$148,854	

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)				TYPE OF REPORT			
Caroline Simmons for Mayor				October 10 filing			
<b>A. Total Contributions from Small Contributors-Received this Period ONLY</b> (See instructions for definition of Small Contributor)				<b>SUBTOTAL SECTION A</b>			
				\$ 0.00			
<b>B. Itemized Contributions from Individuals</b>							
Last Name Gdovin			First John			MI	
Residential Street Address 1359 North Bradford Road			City Newtown			State PA	Zip Code 18940
Principal Occupation CAO			Name of Employer Patriot Media				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				<b>Amount of Contribution</b>  \$1,000.00	
Is this contribution associated with an event reported in Section L1? If yes, list Event # _____ <input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No					
Method of Contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order			Date Received 9/17/2021	Aggregate Contributions \$2,000.00			
Last Name Phipps			First Quentin			MI	
Residential Street Address 89 Bretton Road			City Middletown			State CT	Zip Code 06457
Principal Occupation Connecticut General Assembly			Name of Employer State Representative				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				<b>Amount of Contribution</b>  \$20.00	
Is this contribution associated with an event reported in Section L1? If yes, list Event # _____ <input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No					
Method of Contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order			Date Received 9/17/2021	Aggregate Contributions \$20.00			
Last Name Denning			First Roberta			MI	
Residential Street Address 16 Khakum Drive			City Greenwich			State CT	Zip Code 06831
Principal Occupation Homemaker			Name of Employer homemaker				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				<b>Amount of Contribution</b>  \$1,000.00	
Is this contribution associated with an event reported in Section L1? If yes, list Event # _____ <input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No					
Method of Contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order			Date Received 9/17/2021	Aggregate Contributions \$2,000.00			
<b>SUBTOTAL Section B — This Page</b>						\$2,020.00	
<b>TOTAL of additional Section B Pages</b>							
<b>TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B)</b> (Enter total on Line 13, Column A of Summary Page Totals)						\$148,854	



Section B ADDITIONAL PAGE 22 of 24

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)				TYPE OF REPORT			
Caroline Simmons for Mayor				October 10 filing			
<b>A. Total Contributions from Small Contributors-Received this Period ONLY</b> (See instructions for definition of Small Contributor)				<b>SUBTOTAL SECTION A</b>			
				\$ 0.00			
<b>B. Itemized Contributions from Individuals</b>							
Last Name Freedman			First Nancy			MI	
Residential Street Address 115 Haviland Road			City Stamford		State CT	Zip Code 06903	
Principal Occupation Attorney			Name of Employer Benjamin, Gold & Troyb				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				<b>Amount of Contribution</b>  \$1,000.00	
Is this contribution associated with an event reported in Section L1? If yes, list Event # _____		Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative					
Method of Contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		Date Received 9/17/2021		Aggregate Contributions \$1,000.00			
Last Name Freedman			First Richard			MI	
Residential Street Address 115 Haviland Road			City Stamford		State CT	Zip Code 06903	
Principal Occupation Real estate			Name of Employer Garden Homes				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				<b>Amount of Contribution</b>  \$1,000.00	
Is this contribution associated with an event reported in Section L1? If yes, list Event # _____		Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative					
Method of Contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		Date Received 9/17/2021		Aggregate Contributions \$1,000.00			
Last Name Denning			First Steven			MI	
Residential Street Address 16 Khaum Drive			City Greenwich		State CT	Zip Code 06831	
Principal Occupation Chairman Emeritus			Name of Employer General Atlantic				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				<b>Amount of Contribution</b>  \$1,000.00	
Is this contribution associated with an event reported in Section L1? If yes, list Event # _____		Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative					
Method of Contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		Date Received 9/17/2021		Aggregate Contributions \$2,000.00			
<b>SUBTOTAL Section B — This Page</b>						<b>\$3,000.00</b>	
<b>TOTAL of additional Section B Pages</b>							
<b>TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B)</b> (Enter total on Line 13, Column A of Summary Page Totals)						<b>\$148,854</b>	

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)				TYPE OF REPORT			
Caroline Simmons for Mayor				October 10 filing			
<b>A. Total Contributions from Small Contributors-Received this Period ONLY</b> (See instructions for definition of Small Contributor)				<b>\$ 0.00</b>			
<b>B. Itemized Contributions from Individuals</b>							
Last Name <b>Steed</b>		First <b>Michael</b>		MI			
Residential Street Address <b>4100 Rosemary St</b>		City <b>Chevy Chase</b>		State <b>MD</b>	Zip Code <b>20815</b>		
Principal Occupation <b>Investor</b>		Name of Employer <b>Paladin Capital Group</b>					
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				<b>Amount of Contribution</b>	
Is this contribution associated with an event reported in Section L1? <i>If yes, list Event #</i> _____ <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a principal of a state contractor or prospective state contractor? <i>If yes, indicate which branch or branches of government the contract is with:</i> <input type="checkbox"/> Executive <input type="checkbox"/> Legislative <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				<b>\$1,000.00</b>	
Method of Contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		Date Received <b>9/18/2021</b>	Aggregate Contributions <b>\$2,000.00</b>				
Last Name <b>Bayne</b>		First <b>David</b>		MI			
Residential Street Address <b>5 Windsor Rd</b>		City <b>Darien</b>		State <b>CT</b>	Zip Code <b>06820</b>		
Principal Occupation <b>Attorney</b>		Name of Employer <b>Akerman LLP</b>					
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				<b>Amount of Contribution</b>	
Is this contribution associated with an event reported in Section L1? <i>If yes, list Event #</i> _____ <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a principal of a state contractor or prospective state contractor? <i>If yes, indicate which branch or branches of government the contract is with:</i> <input type="checkbox"/> Executive <input type="checkbox"/> Legislative <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				<b>\$100.00</b>	
Method of Contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		Date Received <b>9/18/2021</b>	Aggregate Contributions <b>\$100.00</b>				
Last Name <b>Shapiro</b>		First <b>Madeline</b>		MI			
Residential Street Address <b>77 Brook Run Lane</b>		City <b>Stamford</b>		State <b>CT</b>	Zip Code <b>06905</b>		
Principal Occupation <b>Realtor</b>		Name of Employer <b>Real Estate Salesperson</b>					
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				<b>Amount of Contribution</b>	
Is this contribution associated with an event reported in Section L1? <i>If yes, list Event #</i> _____ <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a principal of a state contractor or prospective state contractor? <i>If yes, indicate which branch or branches of government the contract is with:</i> <input type="checkbox"/> Executive <input type="checkbox"/> Legislative <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				<b>\$100.00</b>	
Method of Contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		Date Received <b>9/18/2021</b>	Aggregate Contributions <b>\$200.00</b>				
<b>SUBTOTAL Section B — This Page</b>						<b>\$1,200.00</b>	
<b>TOTAL of additional Section B Pages</b>							
<b>TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B)</b> (Enter total on Line 13, Column A of Summary Page Totals)						<b>\$148,854</b>	

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)			TYPE OF REPORT		
Caroline Simmons for Mayor			October 10 filing		
<b>A. Total Contributions from Small Contributors-Received this Period ONLY</b> <i>(See instructions for definition of Small Contributor)</i>			<b>SUBTOTAL SECTION A</b>		
			\$ 0.00		
<b>B. Itemized Contributions from Individuals</b>					
Last Name		First		MI	
Brennan		Betty			
Residential Street Address		City		State	Zip Code
193 Ocean Drive West 8004		Stamford		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 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?		<b>Amount of Contribution</b>  \$1,000.00	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Is this contribution associated with an event reported in Section L1? <i>If yes, list Event #</i>		Is contributor a principal of a state contractor or prospective state contractor? <i>If yes, indicate which branch or branches of government the contract is with:</i>			
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Executive <input type="checkbox"/> Legislative			
Method of Contribution:		Date Received	Aggregate Contributions		
<input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		9/19/2021	\$2,000.00		
Last Name		First		MI	
Horowitz		Ken			
Residential Street Address		City		State	Zip Code
123 Harbor Dr #309		Stamford		CT	06902-7489
Principal Occupation		Name of Employer			
VP Participations & Residuals		AMC Networks			
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?		<b>Amount of Contribution</b>  \$100.00	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Is this contribution associated with an event reported in Section L1? <i>If yes, list Event #</i>		Is contributor a principal of a state contractor or prospective state contractor? <i>If yes, indicate which branch or branches of government the contract is with:</i>			
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Executive <input type="checkbox"/> Legislative			
Method of Contribution:		Date Received	Aggregate Contributions		
<input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		9/19/2021	\$100.00		
Last Name		First		MI	
Kallet		Shawn			
Residential Street Address		City		State	Zip Code
149 CANFIELD DR		Stamford		CT	06902
Principal Occupation		Name of Employer			
Sales		Mirriad			
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?		<b>Amount of Contribution</b>  \$500.00	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Is this contribution associated with an event reported in Section L1? <i>If yes, list Event #</i>		Is contributor a principal of a state contractor or prospective state contractor? <i>If yes, indicate which branch or branches of government the contract is with:</i>			
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Executive <input type="checkbox"/> Legislative			
Method of Contribution:		Date Received	Aggregate Contributions		
<input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		9/19/2021	\$500.00		
<b>SUBTOTAL Section B — This Page</b>				\$1,600.00	
<b>TOTAL of additional Section B Pages</b>					
<b>TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B)</b> <i>(Enter total on Line 13, Column A of Summary Page Totals)</i>				\$ 148,854	

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)				TYPE OF REPORT			
Caroline Simmons for Mayor				October 10 filing			
<b>A. Total Contributions from Small Contributors-Received this Period ONLY</b> (See instructions for definition of Small Contributor)				<b>SUBTOTAL SECTION A</b>			
				\$ 0.00			
<b>B. Itemized Contributions from Individuals</b>							
Last Name Wilson			First Andrew			MI	
Residential Street Address 6128 Knollwood Drive			City Oregon		State WI	Zip Code 53575	
Principal Occupation Engineer			Name of Employer Here Technologies				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				<b>Amount of Contribution</b>  \$100.00	
Is this contribution associated with an event reported in Section L1? If yes, list Event # _____ <input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No					
Method of Contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order			Date Received 9/20/2021		Aggregate Contributions \$200.00		
Last Name Ward			First Karyn			MI	
Residential Street Address 27 Lindstrom Road, Unit 7B			City Stamford		State CT	Zip Code 06902	
Principal Occupation Exec asst			Name of Employer The Ashforth Company				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				<b>Amount of Contribution</b>  \$200.00	
Is this contribution associated with an event reported in Section L1? If yes, list Event # _____ <input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No					
Method of Contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order			Date Received 9/20/2021		Aggregate Contributions \$1,400.00		
Last Name Shepherd			First Madeline			MI	
Residential Street Address 180 Turn of River Road, 7C			City Stamford		State CT	Zip Code 06905	
Principal Occupation Retired			Name of Employer Retired				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				<b>Amount of Contribution</b>  \$50.00	
Is this contribution associated with an event reported in Section L1? If yes, list Event # _____ <input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No					
Method of Contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order			Date Received 9/20/2021		Aggregate Contributions \$805.00		
<b>SUBTOTAL Section B — This Page</b>						\$350.00	
<b>TOTAL of additional Section B Pages</b>							
<b>TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B)</b> (Enter total on Line 13, Column A of Summary Page Totals)						\$ 148,854	

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)				TYPE OF REPORT				
Caroline Simmons for Mayor				October 10 filing				
<b>A. Total Contributions from Small Contributors-Received this Period ONLY</b> (See instructions for definition of Small Contributor)				<b>SUBTOTAL SECTION A</b>				
				\$ 0.00				
<b>B. Itemized Contributions from Individuals</b>								
Last Name			First			MI		
Steed			Carol					
Residential Street Address			City			State	Zip Code	
4100 Rosemary Street			Chevy Chase			MD	20815	
Principal Occupation			Name of Employer					
Retired			Retired					
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000?			<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<b>Amount of Contribution</b>  \$1,000.00
Is this contribution associated with an event reported in Section L1? If yes, list Event # _____		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative			<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
Method of Contribution:			Date Received	Aggregate Contributions				
<input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order			9/20/2021	\$2,000.00				
Last Name			First			MI		
Wenner			Kate					
Residential Street Address			City			State	Zip Code	
333 East Hill Road			Southfield			MA	01259	
Principal Occupation			Name of Employer					
writer			self-employed					
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000?			<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<b>Amount of Contribution</b>  \$500.00
Is this contribution associated with an event reported in Section L1? If yes, list Event # _____		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative			<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
Method of Contribution:			Date Received	Aggregate Contributions				
<input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order			9/20/2021	\$1,500.00				
Last Name			First			MI		
Cacace			Michael					
Residential Street Address			City			State	Zip Code	
316 Scofieldtown Rd			Stamford			CT	06903	
Principal Occupation			Name of Employer					
Lawyer			Cacace, Tusch & Santagata					
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000?			<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<b>Amount of Contribution</b>  \$1,000.00
Is this contribution associated with an event reported in Section L1? If yes, list Event # _____		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative			<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
Method of Contribution:			Date Received	Aggregate Contributions				
<input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order			9/20/2021	\$1,000.00				
<b>SUBTOTAL Section B — This Page</b>						\$2,500.00		
<b>TOTAL of additional Section B Pages</b>								
<b>TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B)</b> (Enter total on Line 13, Column A of Summary Page Totals)						\$ 148,854		

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)				TYPE OF REPORT			
Caroline Simmons for Mayor				October 10 filing			
<b>A. Total Contributions from Small Contributors-Received this Period ONLY</b> (See instructions for definition of Small Contributor)				<b>SUBTOTAL SECTION A</b>			
				\$ 0.00			
<b>B. Itemized Contributions from Individuals</b>							
Last Name Murchie			First David			MI	
Residential Street Address 61 Wildwood Road			City Stamford		State CT	Zip Code 06903	
Principal Occupation Software developer			Name of Employer Self Employed				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				<b>Amount of Contribution</b>  \$100.00	
Is this contribution associated with an event reported in Section L1? If yes, list Event # _____		Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative					
Method of Contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order			Date Received 9/20/2021		Aggregate Contributions \$200.00		
Last Name Grauer			First Laurie			MI	
Residential Street Address 201 El Bravo Way			City Palm Beach		State FL	Zip Code 33480	
Principal Occupation Retired			Name of Employer Unemployed				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				<b>Amount of Contribution</b>  \$1,000.00	
Is this contribution associated with an event reported in Section L1? If yes, list Event # _____		Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative					
Method of Contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order			Date Received 9/20/2021		Aggregate Contributions \$1,000.00		
Last Name Hyman			First Michael			MI	
Residential Street Address 53 Carriage Drive			City Stamford		State CT	Zip Code 06902	
Principal Occupation Managing Consultant			Name of Employer The Equity Institute				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				<b>Amount of Contribution</b>  \$150.00	
Is this contribution associated with an event reported in Section L1? If yes, list Event # _____		Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative					
Method of Contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order			Date Received 9/20/2021		Aggregate Contributions \$150.00		
<b>SUBTOTAL Section B — This Page</b>						\$1,250.00	
<b>TOTAL of additional Section B Pages</b>							
<b>TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B)</b> (Enter total on Line 13, Column A of Summary Page Totals)						<b>\$ 148,854</b>	

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)		TYPE OF REPORT	
Caroline Simmons for Mayor		October 10 filing	
<b>A. Total Contributions from Small Contributors-Received this Period ONLY</b> (See instructions for definition of Small Contributor)		SUBTOTAL SECTION A	
		\$	0.00
<b>B. Itemized Contributions from Individuals</b>			
Last Name Condon		First Jane	
Residential Street Address 38 Close Rd		City Greenwich	State CT
Principal Occupation Comedian		Name of Employer Self-employed	
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<b>Amount of Contribution</b>  \$100.00
Is this contribution associated with an event reported in Section L1? If yes, list Event # _____ <input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
Method of Contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		Date Received 9/20/2021	
Last Name Summers		First Lawrence	
Residential Street Address 207 Fisher Ave.		City Brookline	State MA
Principal Occupation Professor		Name of Employer Lawrence H. Summers	
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<b>Amount of Contribution</b>  \$1,000.00
Is this contribution associated with an event reported in Section L1? If yes, list Event # _____ <input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
Method of Contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		Date Received 9/20/2021	
Last Name Bronson		First Nancy	
Residential Street Address 76 Haviland Ct		City Stamford	State CT
Principal Occupation Clinical Psychologist		Name of Employer Nancy L. Bronson, PhD	
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<b>Amount of Contribution</b>  \$50.00
Is this contribution associated with an event reported in Section L1? If yes, list Event # _____ <input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
Method of Contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		Date Received 9/20/2021	
<b>SUBTOTAL Section B — This Page</b>		\$1,150.00	
<b>TOTAL of additional Section B Pages</b>			
<b>TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B)</b> (Enter total on Line 13, Column A of Summary Page Totals)		\$148,854	

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)				TYPE OF REPORT			
Caroline Simmons for Mayor				October 10 filing			
<b>A. Total Contributions from Small Contributors-Received this Period ONLY</b> (See instructions for definition of Small Contributor)				\$ 0.00			
<b>B. Itemized Contributions from Individuals</b>							
Last Name Cooper		First John		MI			
Residential Street Address 26 The Ridgeway		City Greenwich		State CT	Zip Code 06831		
Principal Occupation Retired		Name of Employer Retired					
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No					<b>Amount of Contribution</b>	
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: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<b>\$100.00</b>			
Method of Contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		Date Received 9/20/2021	Aggregate Contributions \$600.00				
Last Name Clements		First Lisa		MI			
Residential Street Address 123 Knox Road		City Stamford		State CT	Zip Code 06907		
Principal Occupation Teacher assistant		Name of Employer JCC					
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No					<b>Amount of Contribution</b>	
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: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<b>\$100.00</b>			
Method of Contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		Date Received 9/20/2021	Aggregate Contributions \$175.00				
Last Name Heath		First Nicole		MI			
Residential Street Address 522 North Street		City Greenwich		State CT	Zip Code 06830		
Principal Occupation Retired		Name of Employer Homemaker					
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No					<b>Amount of Contribution</b>	
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: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<b>\$200.00</b>			
Method of Contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		Date Received 9/20/2021	Aggregate Contributions \$725.00				
<b>SUBTOTAL Section B — This Page</b>				<b>\$400.00</b>			
<b>TOTAL of additional Section B Pages</b>							
<b>TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B)</b> (Enter total on Line 13, Column A of Summary Page Totals)				<b>\$ 148,854</b>			



NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)		TYPE OF REPORT	
Caroline Simmons for Mayor		October 10 filing	
<b>A. Total Contributions from Small Contributors-Received this Period ONLY</b> (See instructions for definition of Small Contributor)		\$ 0.00	
SUBTOTAL SECTION A			
<b>B. Itemized Contributions from Individuals</b>			
Last Name Norinsky		First Judy MI	
Residential Street Address 290 Guinea Road		City Stamford CT Zip Code 06903	
Principal Occupation Historic Preservation, Real Estate		Name of Employer Historic Neighborhood Preservation	
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
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: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative	
Method of Contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		Date Received 9/20/2021	
		Aggregate Contributions \$200.00	
Last Name Meskers		First Stephen MI	
Residential Street Address 18 Lockwood Ave		City Old Greenwich CT Zip Code 06870	
Principal Occupation State Representative		Name of Employer State of Connecticut	
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
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: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative	
Method of Contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		Date Received 9/20/2021	
		Aggregate Contributions \$300.00	
Last Name Tullis		First James MI	
Residential Street Address 11770 US HIGHWAY 1,STE 503		City Palm Beach Gardens FL Zip Code 33408	
Principal Occupation Retired		Name of Employer Retired	
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
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: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative	
Method of Contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		Date Received 9/21/2021	
		Aggregate Contributions \$400.00	
<b>SUBTOTAL Section B — This Page</b>		\$500.00	
<b>TOTAL of additional Section B Pages</b>			
<b>TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B)</b> (Enter total on Line 13, Column A of Summary Page Totals)		\$148,854	

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)				TYPE OF REPORT				
Caroline Simmons for Mayor				October 10 filing				
<b>A. Total Contributions from Small Contributors-Received this Period ONLY</b> (See instructions for definition of Small Contributor)				SUBTOTAL SECTION A				
				\$ 0.00				
<b>B. Itemized Contributions from Individuals</b>								
Last Name			First			MI		
Guite			Ann					
Residential Street Address			City			State	Zip Code	
1185 Park Avenue, 7F			New York			NY	10128	
Principal Occupation			Name of Employer					
Art Advisor			Self employed					
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000?			<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<b>Amount of Contribution</b>  \$25.00
Is this contribution associated with an event reported in Section L1? If yes, list Event # _____		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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:			<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		
Method of Contribution:			Date Received	Aggregate Contributions				
<input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order			9/21/2021	\$135.00				
Last Name			First			MI		
Feighan			Michael					
Residential Street Address			City			State	Zip Code	
101 Maple Tree Ave., Apt 2L			Stamford			CT	06906	
Principal Occupation			Name of Employer					
Retired			retired					
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000?			<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<b>Amount of Contribution</b>  \$100.00
Is this contribution associated with an event reported in Section L1? If yes, list Event # _____		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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:			<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		
Method of Contribution:			Date Received	Aggregate Contributions				
<input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order			9/21/2021	\$270.00				
Last Name			First			MI		
Lazgin			Jane					
Residential Street Address			City			State	Zip Code	
62 Wellington Drive			Stamford			CT	06903	
Principal Occupation			Name of Employer					
Instructor			Norwalk Community College					
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000?			<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<b>Amount of Contribution</b>  \$100.00
Is this contribution associated with an event reported in Section L1? If yes, list Event # _____		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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:			<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		
Method of Contribution:			Date Received	Aggregate Contributions				
<input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order			9/21/2021	\$175.00				
<b>SUBTOTAL Section B — This Page</b>						\$225.00		
<b>TOTAL of additional Section B Pages</b>								
<b>TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B)</b> (Enter total on Line 13, Column A of Summary Page Totals)						\$ 148,854		

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)				TYPE OF REPORT			
Caroline Simmons for Mayor				October 10 filing			
<b>A. Total Contributions from Small Contributors-Received this Period ONLY</b> (See instructions for definition of Small Contributor)				SUBTOTAL SECTION A			
				\$ 0.00			
<b>B. Itemized Contributions from Individuals</b>							
Last Name Adams			First Brien			MI	
Residential Street Address 58 Sachem Pl			City Stamford			State CT	Zip Code 06902
Principal Occupation Public Safety			Name of Employer City of Stamford				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				<b>Amount of Contribution</b>  \$50.00	
Is this contribution associated with an event reported in Section L1? If yes, list Event # _____ <input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No					
Method of Contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order			Date Received 9/21/2021		Aggregate Contributions \$100.00		
Last Name Peck			First Mohan			MI	
Residential Street Address 237 Rock Rimmon Drive			City Stamford			State CT	Zip Code 06903
Principal Occupation expert on sustainable development			Name of Employer retired				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				<b>Amount of Contribution</b>  \$100.00	
Is this contribution associated with an event reported in Section L1? If yes, list Event # _____ <input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No					
Method of Contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order			Date Received 9/21/2021		Aggregate Contributions \$200.00		
Last Name Forte			First Joe			MI	
Residential Street Address 109 Buckingham Drive			City Stamford			State CT	Zip Code 06902
Principal Occupation Optician/ Contact Lens Specialist			Name of Employer Greenwich Ophthalmology Associates				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				<b>Amount of Contribution</b>  \$50.00	
Is this contribution associated with an event reported in Section L1? If yes, list Event # _____ <input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No					
Method of Contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order			Date Received 9/21/2021		Aggregate Contributions \$100.00		
<b>SUBTOTAL Section B — This Page</b>						\$200.00	
<b>TOTAL of additional Section B Pages</b>							
<b>TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B)</b> (Enter total on Line 13, Column A of Summary Page Totals)						<b>\$ 148,854</b>	

NAME OF COMMITTEE <i>(Provide Complete Name as Registered with Filing Repository)</i>		TYPE OF REPORT	
Caroline Simmons for Mayor		October 10 filing	
<b>A. Total Contributions from Small Contributors-Received this Period ONLY</b> <i>(See instructions for definition of Small Contributor)</i>		SUBTOTAL SECTION A	
		\$	0.00
<b>B. Itemized Contributions from Individuals</b>			
Last Name		First	MI
Forman Jr.		Chester	
Residential Street Address		City	State Zip Code
68 Sandy Lane		Stamford	CT 06905
Principal Occupation		Name of Employer	
Retired		Retired	
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Is this contribution associated with an event reported in Section L1? <i>If yes, list Event #</i>	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Is contributor a principal of a state contractor or prospective state contractor? <i>If yes, indicate which branch or branches of government the contract is with:</i>	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Executive <input type="checkbox"/> Legislative
Method of Contribution:	Date Received	Aggregate Contributions	
<input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order	9/21/2021	\$50.00	
Amount of Contribution	\$50.00		
Last Name		First	MI
Delaney		Molly	
Residential Street Address		City	State Zip Code
401 Oldfield Road		Fairfield	CT 06824
Principal Occupation		Name of Employer	
Project Manager		Signify Health	
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Is this contribution associated with an event reported in Section L1? <i>If yes, list Event #</i>	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Is contributor a principal of a state contractor or prospective state contractor? <i>If yes, indicate which branch or branches of government the contract is with:</i>	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Executive <input type="checkbox"/> Legislative
Method of Contribution:	Date Received	Aggregate Contributions	
<input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order	9/21/2021	\$50.00	
Amount of Contribution	\$50.00		
Last Name		First	MI
McCafferty		Kathleen	
Residential Street Address		City	State Zip Code
7 Blossom St		Lexington	MA 02421
Principal Occupation		Name of Employer	
Pediatric dentist		Chestnut dental associates	
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Is this contribution associated with an event reported in Section L1? <i>If yes, list Event #</i>	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Is contributor a principal of a state contractor or prospective state contractor? <i>If yes, indicate which branch or branches of government the contract is with:</i>	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Executive <input type="checkbox"/> Legislative
Method of Contribution:	Date Received	Aggregate Contributions	
<input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order	9/21/2021	\$100.00	
Amount of Contribution	\$50.00		
<b>SUBTOTAL Section B — This Page</b>		\$150.00	
<b>TOTAL of additional Section B Pages</b>			
<b>TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B)</b> <i>(Enter total on Line 13, Column A of Summary Page Totals)</i>		\$148,854	

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)				TYPE OF REPORT			
Caroline Simmons for Mayor				October 10 filing			
<b>A. Total Contributions from Small Contributors-Received this Period ONLY</b> (See instructions for definition of Small Contributor)				<b>SUBTOTAL SECTION A</b>			
				\$ 0.00			
<b>B. Itemized Contributions from Individuals</b>							
Last Name Malloy			First Christopher			MI	
Residential Street Address 24 Westcott Rd			City Stamford		State CT	Zip Code 06902	
Principal Occupation Builder			Name of Employer Stamford Building Company				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				<b>Amount of Contribution</b>  \$1,000.00	
Is this contribution associated with an event reported in Section L1? If yes, list Event # _____ <input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No					
Method of Contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order			Date Received 9/21/2021		Aggregate Contributions \$2,000.00		
Last Name Lowe			First Peter			MI	
Residential Street Address 167 Shadow Ridge Rd			City Stamford		State CT	Zip Code 06905	
Principal Occupation IT engineer			Name of Employer Connecticut				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				<b>Amount of Contribution</b>  \$10.00	
Is this contribution associated with an event reported in Section L1? If yes, list Event # _____ <input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No					
Method of Contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order			Date Received 9/21/2021		Aggregate Contributions \$60.00		
Last Name Mallozzi			First Linda			MI	
Residential Street Address 52 Nutmeg Lane			City Stamford		State CT	Zip Code 06905	
Principal Occupation Retired			Name of Employer Retired				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				<b>Amount of Contribution</b>  \$25.00	
Is this contribution associated with an event reported in Section L1? If yes, list Event # _____ <input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No					
Method of Contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order			Date Received 9/21/2021		Aggregate Contributions \$75.00		
<b>SUBTOTAL Section B — This Page</b>						\$1,035.00	
<b>TOTAL of additional Section B Pages</b>							
<b>TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B)</b> (Enter total on Line 13, Column A of Summary Page Totals)						\$148,854	

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)		TYPE OF REPORT	
Caroline Simmons for Mayor		October 10 filing	
<b>A. Total Contributions from Small Contributors-Received this Period ONLY</b> (See instructions for definition of Small Contributor)		\$ 0.00	
<b>B. Itemized Contributions from Individuals</b>			
Last Name Scherer		First Daniel	
Residential Street Address 117 Flint Rock Rd E		City Stamford	
Principal Occupation Sales		Name of Employer Gimbal	
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
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: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative	
Method of Contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		Date Received 9/21/2021	Aggregate Contributions \$400.00
Last Name Munsie		First Rachel	
Residential Street Address 880 P Street Northwest, 616		City Washington	
Principal Occupation Startup founder		Name of Employer Self-employed	
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
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: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative	
Method of Contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		Date Received 9/21/2021	Aggregate Contributions \$2,000.00
Last Name Gilfeather		First Maureen	
Residential Street Address 195 HIGH CLEAR DR		City Stamford	
Principal Occupation Retired		Name of Employer Retired	
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
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: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative	
Method of Contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		Date Received 9/21/2021	Aggregate Contributions \$325.00
<b>SUBTOTAL Section B — This Page</b>		\$1,200.00	
<b>TOTAL of additional Section B Pages</b>			
<b>TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B)</b> (Enter total on Line 13, Column A of Summary Page Totals)		\$148,854	

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)		TYPE OF REPORT	
Caroline Simmons for Mayor		October 10 filing	
<b>A. Total Contributions from Small Contributors-Received this Period ONLY</b> <i>(See instructions for definition of Small Contributor)</i>		\$ 0.00	
<b>B. Itemized Contributions from Individuals</b>			
Last Name Christensen		First Eleanor MI	
Residential Street Address 206 Clay Hill Rd		City Stamford CT Zip Code 06905	
Principal Occupation Retired		Name of Employer Retired	
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section L1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>If yes, list Event #</i> _____		Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>If yes, indicate which branch or branches of government the contract is with:</i> <input type="checkbox"/> Executive <input type="checkbox"/> Legislative	
Method of Contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		Date Received 9/21/2021	
		Aggregate Contributions \$125.00	
Last Name Rothman		First Gayle MI	
Residential Street Address 23 River Oaks Dr		City Stamford CT Zip Code 06902	
Principal Occupation Retired		Name of Employer Retired	
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section L1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>If yes, list Event #</i> _____		Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>If yes, indicate which branch or branches of government the contract is with:</i> <input type="checkbox"/> Executive <input type="checkbox"/> Legislative	
Method of Contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		Date Received 9/21/2021	
		Aggregate Contributions \$2,000.00	
Last Name Orlovsky		First Igor MI	
Residential Street Address 37 River Ridge Court		City Stamford CT Zip Code 06902	
Principal Occupation Software Engineer		Name of Employer Fujifilm	
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section L1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>If yes, list Event #</i> _____		Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>If yes, indicate which branch or branches of government the contract is with:</i> <input type="checkbox"/> Executive <input type="checkbox"/> Legislative	
Method of Contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		Date Received 9/21/2021	
		Aggregate Contributions \$175.00	
<b>SUBTOTAL Section B — This Page</b>		\$1,125.00	
<b>TOTAL of additional Section B Pages</b>			
<b>TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B)</b> <i>(Enter total on Line 13, Column A of Summary Page Totals)</i>		<b>\$148,854</b>	

Section B ADDITIONAL PAGE 37 of 126

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)			TYPE OF REPORT		
Caroline Simmons for Mayor			October 10 filing		
<b>A. Total Contributions from Small Contributors-Received this Period ONLY</b> (See instructions for definition of Small Contributor)			<b>SUBTOTAL SECTION A</b>		
			\$ 0.00		
<b>B. Itemized Contributions from Individuals</b>					
Last Name		First		MI	
Schechterman		Ellen			
Residential Street Address		City		State	Zip Code
98 Clearview Avenue		Stamford		CT	06907
Principal Occupation			Name of Employer		
Software/Language Trainer			Self Employed: PC Possibilities, 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?		<b>Amount of Contribution</b>	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		<b>\$20.00</b>	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Method of Contribution:			Date Received	Aggregate Contributions	
<input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order			9/21/2021	\$70.00	
Last Name		First		MI	
Kmetzo		Lizzy			
Residential Street Address		City		State	Zip Code
41 Chesterfield Road		Stamford		CT	06902
Principal Occupation			Name of Employer		
Homemaker			Homemaker		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?		If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000?		<b>Amount of Contribution</b>	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		<b>\$10.00</b>	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Method of Contribution:			Date Received	Aggregate Contributions	
<input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order			9/22/2021	\$35.00	
Last Name		First		MI	
Simmons		Eileen			
Residential Street Address		City		State	Zip Code
66 Winding Lane		Greenwich		NY	06831
Principal Occupation			Name of Employer		
Homemaker			Homemaker		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?		If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000?		<b>Amount of Contribution</b>	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		<b>\$1,000.00</b>	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Method of Contribution:			Date Received	Aggregate Contributions	
<input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order			9/22/2021	\$2,000.00	
<b>SUBTOTAL Section B — This Page</b>				<b>\$1,030.00</b>	
<b>TOTAL of additional Section B Pages</b>					
<b>TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B)</b> (Enter total on Line 13, Column A of Summary Page Totals)				<b>\$148,854</b>	



NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)		TYPE OF REPORT	
Caroline Simmons for Mayor		October 10 filing	
<b>A. Total Contributions from Small Contributors-Received this Period ONLY</b> (See instructions for definition of Small Contributor)		\$ 0.00	
<b>B. Itemized Contributions from Individuals</b>			
Last Name Vandervoort		First Adam MI	
Residential Street Address 64 Oakdale Road		City Stamford	
		State CT	
		Zip Code 06906	
Principal Occupation Chief Legal Officer		Name of Employer Teladoc Health	
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
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: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative	
		<b>Amount of Contribution</b>	
		<b>\$1,000.00</b>	
Method of Contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		Date Received 9/22/2021	
		Aggregate Contributions \$1,000.00	
Last Name Sandahl		First Margo MI	
Residential Street Address 377 Glenbrook Rd, Unit 9		City Stamford	
		State CT	
		Zip Code 06906	
Principal Occupation Teacher		Name of Employer Stamford Board of Education	
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
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: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative	
		<b>Amount of Contribution</b>	
		<b>\$50.00</b>	
Method of Contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		Date Received 9/22/2021	
		Aggregate Contributions \$75.00	
Last Name Kipness		First Elise MI	
Residential Street Address 25 Mayapple Road		City Stamford	
		State CT	
		Zip Code 06903	
Principal Occupation writer		Name of Employer self	
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
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: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative	
		<b>Amount of Contribution</b>	
		<b>\$100.00</b>	
Method of Contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		Date Received 9/22/2021	
		Aggregate Contributions \$100.00	
<b>SUBTOTAL Section B — This Page</b>		<b>\$1,150.00</b>	
<b>TOTAL of additional Section B Pages</b>			
<b>TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B)</b> (Enter total on Line 13, Column A of Summary Page Totals)		<b>\$148,854</b>	

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)				TYPE OF REPORT			
Caroline Simmons for Mayor				October 10 filing			
<b>A. Total Contributions from Small Contributors-Received this Period ONLY</b> (See instructions for definition of Small Contributor)				<b>SUBTOTAL SECTION A</b>			
				\$ 0.00			
<b>B. Itemized Contributions from Individuals</b>							
Last Name Ruiz			First Cesar			MI	
Residential Street Address 39 Sylvan Knoll Rd			City Stamford			State CT	Zip Code 06902
Principal Occupation Life Skills Coach			Name of Employer Abilis Inc				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				<b>Amount of Contribution</b>  \$50.00	
Is this contribution associated with an event reported in Section L1? If yes, list Event # _____ <input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No					
Method of Contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order			Date Received 9/22/2021	Aggregate Contributions \$110.00			
Last Name Sarner			First Sharyn			MI	
Residential Street Address 122 Frost Pond Rd			City Stamford			State CT	Zip Code 06903-3031
Principal Occupation Retired			Name of Employer Retired				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				<b>Amount of Contribution</b>  \$150.00	
Is this contribution associated with an event reported in Section L1? If yes, list Event # _____ <input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No					
Method of Contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order			Date Received 9/22/2021	Aggregate Contributions \$450.00			
Last Name Vandervoort			First Jessica			MI	
Residential Street Address 64 Oakdale Road			City Stamford			State CT	Zip Code 06906
Principal Occupation Attorney			Name of Employer Self				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				<b>Amount of Contribution</b>  \$1,000.00	
Is this contribution associated with an event reported in Section L1? If yes, list Event # _____ <input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No					
Method of Contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order			Date Received 9/22/2021	Aggregate Contributions \$1,500.00			
<b>SUBTOTAL Section B — This Page</b>						\$1,200.00	
<b>TOTAL of additional Section B Pages</b>							
<b>TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B)</b> (Enter total on Line 13, Column A of Summary Page Totals)						\$1,148,854	

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)		TYPE OF REPORT	
Caroline Simmons for Mayor		October 10 filing	
<b>A. Total Contributions from Small Contributors-Received this Period ONLY</b> (See instructions for definition of Small Contributor)		\$ 0.00	
<b>B. Itemized Contributions from Individuals</b>			
Last Name Berg		First Charles	
Residential Street Address 48 Turkey Hill Road South		City Westport	State CT
Principal Occupation consultant		Name of Employer self- consultant	
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution  \$1,000.00
Is this contribution associated with an event reported in Section L1? If yes, list Event # _____	Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		
Method of Contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		Date Received 9/22/2021	
		Aggregate Contributions \$1,000.00	
Last Name Baker		First Steve	
Residential Street Address 634 Beach Rd		City Fairfield	State CT
Principal Occupation Homemaker		Name of Employer Homemaker	
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution  \$25.00
Is this contribution associated with an event reported in Section L1? If yes, list Event # _____	Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		
Method of Contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		Date Received 9/22/2021	
		Aggregate Contributions \$25.00	
Last Name Edwards		First Karen	
Residential Street Address 132 Blackberry Drive		City Stamford	State CT
Principal Occupation physician, professor		Name of Employer Retired	
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution  \$500.00
Is this contribution associated with an event reported in Section L1? If yes, list Event # _____	Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		
Method of Contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		Date Received 9/22/2021	
		Aggregate Contributions \$700.00	
<b>SUBTOTAL Section B — This Page</b>		\$1,525.00	
<b>TOTAL of additional Section B Pages</b>			
<b>TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B)</b> (Enter total on Line 13, Column A of Summary Page Totals)		\$148,854	

Section B ADDITIONAL PAGE 41 of 126

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)				TYPE OF REPORT			
Caroline Simmons for Mayor				October 10 filing			
<b>A. Total Contributions from Small Contributors-Received this Period ONLY</b> <i>(See instructions for definition of Small Contributor)</i>				<b>SUBTOTAL SECTION A</b>			
				\$ 0.00			
<b>B. Itemized Contributions from Individuals</b>							
Last Name Hendry			First Debra			MI	
Residential Street Address 55 Nichols Ave			City Stamford			State CT	Zip Code 06905
Principal Occupation retired			Name of Employer retired				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				<b>Amount of Contribution</b>  \$50.00	
Is this contribution associated with an event reported in Section L1? <i>If yes, list Event #</i> _____ <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a principal of a state contractor or prospective state contractor? <i>If yes, indicate which branch or branches of government the contract is with:</i> <input type="checkbox"/> Executive <input type="checkbox"/> Legislative <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No					
Method of Contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order			Date Received 9/22/2021		Aggregate Contributions \$100.00		
Last Name Simmons			First Steven			MI	
Residential Street Address 66 Winding Ln			City Greenwich			State CT	Zip Code 06830
Principal Occupation Chairman			Name of Employer Patriot Media Consulting				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				<b>Amount of Contribution</b>  \$1,000.00	
Is this contribution associated with an event reported in Section L1? <i>If yes, list Event #</i> _____ <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a principal of a state contractor or prospective state contractor? <i>If yes, indicate which branch or branches of government the contract is with:</i> <input type="checkbox"/> Executive <input type="checkbox"/> Legislative <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No					
Method of Contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order			Date Received 9/22/2021		Aggregate Contributions \$2,000.00		
Last Name Friedman			First Keith			MI	
Residential Street Address 11 Redmont Road			City Stamford			State CT	Zip Code 06903
Principal Occupation Life Insurance Planning			Name of Employer FBO Strategies LLC				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				<b>Amount of Contribution</b>  \$500.00	
Is this contribution associated with an event reported in Section L1? <i>If yes, list Event #</i> _____ <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a principal of a state contractor or prospective state contractor? <i>If yes, indicate which branch or branches of government the contract is with:</i> <input type="checkbox"/> Executive <input type="checkbox"/> Legislative <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No					
Method of Contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order			Date Received 9/22/2021		Aggregate Contributions \$1,000.00		
<b>SUBTOTAL Section B — This Page</b>						\$1,550.00	
<b>TOTAL of additional Section B Pages</b>							
<b>TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B)</b> <i>(Enter total on Line 13, Column A of Summary Page Totals)</i>						\$148,854	

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)				TYPE OF REPORT			
Caroline Simmons for Mayor				October 10 filing			
<b>A. Total Contributions from Small Contributors-Received this Period ONLY</b> (See instructions for definition of Small Contributor)				<b>SUBTOTAL SECTION A</b>			
				\$ 0.00			
<b>B. Itemized Contributions from Individuals</b>							
Last Name Milne			First Doug			MI	
Residential Street Address 20 Crockett Street			City Norwalk		State CT	Zip Code 06853	
Principal Occupation realtor/investor			Name of Employer REO Solutions				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				<b>Amount of Contribution</b>  \$600.00	
Is this contribution associated with an event reported in Section L1? If yes, list Event # _____ <input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No					
Method of Contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order			Date Received 9/22/2021	Aggregate Contributions \$600.00			
Last Name Schmalzl			First Thomas			MI	
Residential Street Address 307 Silver Hill Ln			City Stamford		State CT	Zip Code 06905	
Principal Occupation Director, Sales Operations			Name of Employer TTEC, Inc.				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				<b>Amount of Contribution</b>  \$30.00	
Is this contribution associated with an event reported in Section L1? If yes, list Event # _____ <input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No					
Method of Contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order			Date Received 9/22/2021	Aggregate Contributions \$55.00			
Last Name Beirne			First Kevin			MI	
Residential Street Address 91 Nutmeg Ln			City Stamford		State CT	Zip Code 06905	
Principal Occupation Retired			Name of Employer Retired				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				<b>Amount of Contribution</b>  \$50.00	
Is this contribution associated with an event reported in Section L1? If yes, list Event # _____ <input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No					
Method of Contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order			Date Received 9/22/2021	Aggregate Contributions \$75.00			
<b>SUBTOTAL Section B — This Page</b>						\$680.00	
<b>TOTAL of additional Section B Pages</b>							
<b>TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B)</b> (Enter total on Line 13, Column A of Summary Page Totals)						\$147,854	

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)				TYPE OF REPORT			
Caroline Simmons for Mayor				October 10 filing			
<b>A. Total Contributions from Small Contributors-Received this Period ONLY</b> (See instructions for definition of Small Contributor)				SUBTOTAL SECTION A			
				\$ 0.00			
<b>B. Itemized Contributions from Individuals</b>							
Last Name Aronica			First Barbara			MI	
Residential Street Address 246 Skyview Dr			City Stamford		State CT	Zip Code 06902	
Principal Occupation Designer			Name of Employer BARBARA COHEN ARONICA DESIGNER				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				<b>Amount of Contribution</b>  \$150.00	
Is this contribution associated with an event reported in Section L1? If yes, list Event # _____ <input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No					
Method of Contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order			Date Received 9/23/2021		Aggregate Contributions \$250.00		
Last Name Bilenker			First Stephanie			MI	
Residential Street Address 57 Urban Street			City Stamford		State CT	Zip Code 06905	
Principal Occupation Attorney (Self-employed)			Name of Employer N/A				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				<b>Amount of Contribution</b>  \$1,000.00	
Is this contribution associated with an event reported in Section L1? If yes, list Event # _____ <input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No					
Method of Contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order			Date Received 9/23/2021		Aggregate Contributions \$2,000.00		
Last Name Corbett			First Kevin			MI	
Residential Street Address 111 High Clear Drive			City Stamford		State CT	Zip Code 06905	
Principal Occupation Project Manager			Name of Employer ALL Construction				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				<b>Amount of Contribution</b>  \$50.00	
Is this contribution associated with an event reported in Section L1? If yes, list Event # _____ <input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No					
Method of Contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order			Date Received 9/23/2021		Aggregate Contributions \$150.00		
<b>SUBTOTAL Section B — This Page</b>						\$1,200.00	
<b>TOTAL of additional Section B Pages</b>							
<b>TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B)</b> (Enter total on Line 13, Column A of Summary Page Totals)						<b>\$147,854</b>	

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)		TYPE OF REPORT	
Caroline Simmons for Mayor		October 10 filing	
<b>A. Total Contributions from Small Contributors-Received this Period ONLY</b> (See instructions for definition of Small Contributor)		\$ 0.00	
<b>B. Itemized Contributions from Individuals</b>			
Last Name Fleischer		First Brian	
Residential Street Address 45 Bellmere Avenue		City Stamford	State CT
Principal Occupation Business Development Representative		Name of Employer N3 part of Accenture	
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<b>Amount of Contribution</b>  \$25.00
Is this contribution associated with an event reported in Section L1? <i>If yes, list Event #</i> _____ <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Is contributor a principal of a state contractor or prospective state contractor? <i>If yes, indicate which branch or branches of government the contract is with:</i> <input type="checkbox"/> Executive <input type="checkbox"/> Legislative <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
Method of Contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		Date Received 9/23/2021	Aggregate Contributions \$30.00
Last Name Schram		First Steve	
Residential Street Address 31 Contentment Island Rd		City Darien	State CT
Principal Occupation Insurance		Name of Employer Gowrie Group	
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<b>Amount of Contribution</b>  \$250.00
Is this contribution associated with an event reported in Section L1? <i>If yes, list Event #</i> _____ <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Is contributor a principal of a state contractor or prospective state contractor? <i>If yes, indicate which branch or branches of government the contract is with:</i> <input type="checkbox"/> Executive <input type="checkbox"/> Legislative <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
Method of Contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		Date Received 9/23/2021	Aggregate Contributions \$250.00
Last Name Shepherd		First Madeline	
Residential Street Address 180 Turn of River Road, 7C		City Stamford	State CT
Principal Occupation Retired		Name of Employer Retired	
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<b>Amount of Contribution</b>  \$50.00
Is this contribution associated with an event reported in Section L1? <i>If yes, list Event #</i> _____ <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Is contributor a principal of a state contractor or prospective state contractor? <i>If yes, indicate which branch or branches of government the contract is with:</i> <input type="checkbox"/> Executive <input type="checkbox"/> Legislative <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
Method of Contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		Date Received 9/23/2021	Aggregate Contributions \$805.00
<b>SUBTOTAL Section B — This Page</b>		\$325.00	
<b>TOTAL of additional Section B Pages</b>			
<b>TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B)</b> <i>(Enter total on Line 13, Column A of Summary Page Totals)</i>		<b>\$148,854</b>	

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)		TYPE OF REPORT	
Caroline Simmons for Mayor		October 10 filing	
<b>A. Total Contributions from Small Contributors-Received this Period ONLY</b> (See instructions for definition of Small Contributor)		SUBTOTAL SECTION A	
		\$	0.00
<b>B. Itemized Contributions from Individuals</b>			
Last Name Smit		First Caroline MI	
Residential Street Address 109 Silver Hill Lane		City Stamford	
		State CT	Zip Code 06905
Principal Occupation Seasonal		Name of Employer City of Stamford	
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
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: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative	
		Amount of Contribution <b>\$100.00</b>	
Method of Contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		Date Received 9/23/2021	Aggregate Contributions \$250.00
Last Name Lowenthal		First Terri MI	
Residential Street Address 100 Commons Park North, 805		City Stamford	
		State CT	Zip Code 06902
Principal Occupation Consultant		Name of Employer Self-employed: Census Consultant (not an LLC)	
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
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: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative	
		Amount of Contribution <b>\$100.00</b>	
Method of Contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		Date Received 9/23/2021	Aggregate Contributions \$200.00
Last Name Bingle		First Michael MI	
Residential Street Address 73 Club Rd		City Riverside	
		State CT	Zip Code 06878
Principal Occupation Investment adviser		Name of Employer Silver Lake Partners	
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
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: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative	
		Amount of Contribution <b>\$1,000.00</b>	
Method of Contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		Date Received 9/23/2021	Aggregate Contributions \$2,000.00
<b>SUBTOTAL Section B — This Page</b>		<b>\$1,200.00</b>	
<b>TOTAL of additional Section B Pages</b>			
<b>TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B)</b> (Enter total on Line 13, Column A of Summary Page Totals)		<b>\$148,854</b>	



NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)				TYPE OF REPORT			
Caroline Simmons for Mayor				October 10 filing			
<b>A. Total Contributions from Small Contributors-Received this Period ONLY</b> (See instructions for definition of Small Contributor)				<b>SUBTOTAL SECTION A</b>			
				\$ 0.00			
<b>B. Itemized Contributions from Individuals</b>							
Last Name Cohan			First Catherine			MI	
Residential Street Address 25 Wallacks Drive			City Stamford		State CT	Zip Code 06902	
Principal Occupation Retired			Name of Employer Retired				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				<b>Amount of Contribution</b>  \$500.00	
Is this contribution associated with an event reported in Section L1? If yes, list Event # _____ <input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No					
Method of Contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		Date Received 9/23/2021		Aggregate Contributions \$1,600.00			
Last Name Blank			First Terry			MI	
Residential Street Address 99 Gutzon Borglum Rd			City Stamford		State CT	Zip Code 06903	
Principal Occupation Retired			Name of Employer Retired				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				<b>Amount of Contribution</b>  \$25.00	
Is this contribution associated with an event reported in Section L1? If yes, list Event # _____ <input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No					
Method of Contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		Date Received 9/23/2021		Aggregate Contributions \$25.00			
Last Name Volpe			First Michael			MI	
Residential Street Address 1270 Avenue Of The Americas			City New York		State NY	Zip Code 10020	
Principal Occupation Attorney			Name of Employer Venable LLP				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				<b>Amount of Contribution</b>  \$1,000.00	
Is this contribution associated with an event reported in Section L1? If yes, list Event # _____ <input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No					
Method of Contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		Date Received 9/23/2021		Aggregate Contributions \$1,000.00			
<b>SUBTOTAL Section B — This Page</b>						\$1,525.00	
<b>TOTAL of additional Section B Pages</b>							
<b>TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B)</b> (Enter total on Line 13, Column A of Summary Page Totals)						\$148,854	

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)		TYPE OF REPORT	
Caroline Simmons for Mayor		October 10 filing	
<b>A. Total Contributions from Small Contributors-Received this Period ONLY</b> (See instructions for definition of Small Contributor)		SUBTOTAL SECTION A	
		\$	0.00
<b>B. Itemized Contributions from Individuals</b>			
Last Name Concannon		First Claudia	
Residential Street Address 2 Oneida Drive, A2		City Greenwich	State CT
Principal Occupation homemaker		Name of Employer homemaker	
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution  \$1,000.00
Is this contribution associated with an event reported in Section L1? If yes, list Event # _____ <input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative <input checked="" type="checkbox"/> No		
Method of Contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		Date Received 9/23/2021	
Last Name Hoak		First Wendi	
Residential Street Address 31 PEPPER RIDGE PLACE		City Stamford	State CT
Principal Occupation Personal Trainer		Name of Employer Inspire Fitness	
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution  \$100.00
Is this contribution associated with an event reported in Section L1? If yes, list Event # _____ <input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative <input checked="" type="checkbox"/> No		
Method of Contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		Date Received 9/23/2021	
Last Name Dowd		First Remy	
Residential Street Address 44 Orchard Drive		City Greenwich	State CT
Principal Occupation Psychotherapist		Name of Employer Remy Dowd Therapy	
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution  \$100.00
Is this contribution associated with an event reported in Section L1? If yes, list Event # _____ <input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative <input checked="" type="checkbox"/> No		
Method of Contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		Date Received 9/23/2021	
<b>SUBTOTAL Section B — This Page</b>		\$1,200.00	
<b>TOTAL of additional Section B Pages</b>			
<b>TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B)</b> (Enter total on Line 13, Column A of Summary Page Totals)		\$148,854	

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)			TYPE OF REPORT		
Caroline Simmons for Mayor			October 10 filing		
<b>A. Total Contributions from Small Contributors-Received this Period ONLY</b> <i>(See instructions for definition of Small Contributor)</i>			<b>SUBTOTAL SECTION A</b>		
			\$ 0.00		
<b>B. Itemized Contributions from Individuals</b>					
Last Name		First		MI	
Gordon		Emily			
Residential Street Address		City		State	Zip Code
35 W Broad Street, Unit 126		Stamford		CT	06902
Principal Occupation			Name of Employer		
Acting Community Development Director & Planning Analyst			City of 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 executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000?		<b>Amount of Contribution</b>	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Is this contribution associated with an event reported in Section L1? <i>If yes, list Event #</i>		Is contributor a principal of a state contractor or prospective state contractor? <i>If yes, indicate which branch or branches of government the contract is with:</i>		<b>\$500.00</b>	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Executive <input type="checkbox"/> Legislative			
Method of Contribution:			Date Received	Aggregate Contributions	
<input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order			9/23/2021	\$1,000.00	
Last Name		First		MI	
Forman		Jennifer S			
Residential Street Address		City		State	Zip Code
10 Halliwell Dr		Stamford		CT	06902
Principal Occupation			Name of Employer		
unemployed			Unemployed		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?		If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000?		<b>Amount of Contribution</b>	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Is this contribution associated with an event reported in Section L1? <i>If yes, list Event #</i>		Is contributor a principal of a state contractor or prospective state contractor? <i>If yes, indicate which branch or branches of government the contract is with:</i>		<b>\$25.00</b>	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Executive <input type="checkbox"/> Legislative			
Method of Contribution:			Date Received	Aggregate Contributions	
<input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order			9/23/2021	\$100.00	
Last Name		First		MI	
Gordon		Sam			
Residential Street Address		City		State	Zip Code
35 West Broad Street, Unit 126		Stamford		CT	06902
Principal Occupation			Name of Employer		
Director of Development			Boys & Girls Club of 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 executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000?		<b>Amount of Contribution</b>	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Is this contribution associated with an event reported in Section L1? <i>If yes, list Event #</i>		Is contributor a principal of a state contractor or prospective state contractor? <i>If yes, indicate which branch or branches of government the contract is with:</i>		<b>\$1,000.00</b>	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Executive <input type="checkbox"/> Legislative			
Method of Contribution:			Date Received	Aggregate Contributions	
<input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order			9/23/2021	\$1,000.00	
<b>SUBTOTAL Section B — This Page</b>				<b>\$1,525.00</b>	
<b>TOTAL of additional Section B Pages</b>					
<b>TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B)</b> <i>(Enter total on Line 13, Column A of Summary Page Totals)</i>				<b>\$148,854</b>	

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)				TYPE OF REPORT			
Caroline Simmons for Mayor				October 10 filing			
<b>A. Total Contributions from Small Contributors-Received this Period ONLY</b> (See instructions for definition of Small Contributor)				<b>SUBTOTAL SECTION A</b>			
				\$ 0.00			
<b>B. Itemized Contributions from Individuals</b>							
Last Name Findeisen			First Erik			MI	
Residential Street Address 167 Fairview Ave			City Stamford		State CT	Zip Code 06902	
Principal Occupation CEO			Name of Employer FC Data				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				<b>Amount of Contribution</b>  \$1,000.00	
Is this contribution associated with an event reported in Section L1? If yes, list Event # _____ <input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No					
Method of Contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order			Date Received 9/23/2021	Aggregate Contributions \$2,000.00			
Last Name Steinberg			First Judith			MI	
Residential Street Address 7 Wallacks Lane			City Stamford		State CT	Zip Code 06902	
Principal Occupation painter, sculptor			Name of Employer self -				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				<b>Amount of Contribution</b>  \$500.00	
Is this contribution associated with an event reported in Section L1? If yes, list Event # _____ <input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No					
Method of Contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order			Date Received 9/23/2021	Aggregate Contributions \$1,000.00			
Last Name Galperin			First Fern			MI	
Residential Street Address 19 Bellmere Avenue			City Stamford		State CT	Zip Code 06906	
Principal Occupation Marketing and Communications			Name of Employer self				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				<b>Amount of Contribution</b>  \$100.00	
Is this contribution associated with an event reported in Section L1? If yes, list Event # _____ <input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No					
Method of Contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order			Date Received 9/23/2021	Aggregate Contributions \$200.00			
<b>SUBTOTAL Section B — This Page</b>						\$1,600.00	
<b>TOTAL of additional Section B Pages</b>							
<b>TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B)</b> (Enter total on Line 13, Column A of Summary Page Totals)						<b>\$148,854</b>	

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)				TYPE OF REPORT			
Caroline Simmons for Mayor				October 10 filing			
<b>A. Total Contributions from Small Contributors-Received this Period ONLY</b> (See instructions for definition of Small Contributor)				<b>SUBTOTAL SECTION A</b>			
				\$ 0.00			
<b>B. Itemized Contributions from Individuals</b>							
Last Name Bingle			First Eryn			MI	
Residential Street Address 73 Club Rd			City Riverside			State CT	Zip Code 06878
Principal Occupation Lawyer			Name of Employer Not employed				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				<b>Amount of Contribution</b>  \$1,000.00	
Is this contribution associated with an event reported in Section L1? If yes, list Event # _____ <input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No					
Method of Contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order			Date Received 9/23/2021	Aggregate Contributions \$2,000.00			
Last Name Petersen			First Judith B			MI	
Residential Street Address 102 Pine Hill Ave, A-1			City Stamford			State CT	Zip Code 06906
Principal Occupation Retired			Name of Employer Retired				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				<b>Amount of Contribution</b>  \$100.00	
Is this contribution associated with an event reported in Section L1? If yes, list Event # _____ <input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No					
Method of Contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order			Date Received 9/23/2021	Aggregate Contributions \$150.00			
Last Name Osborn			First Frank			MI	
Residential Street Address 64 Hemlock Hill Rd.			City New Canaan			State CT	Zip Code 06840
Principal Occupation retired			Name of Employer retired				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				<b>Amount of Contribution</b>  \$500.00	
Is this contribution associated with an event reported in Section L1? If yes, list Event # _____ <input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No					
Method of Contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order			Date Received 9/23/2021	Aggregate Contributions \$1,000.00			
<b>SUBTOTAL Section B — This Page</b>						<b>\$1,600.00</b>	
<b>TOTAL of additional Section B Pages</b>							
<b>TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B)</b> (Enter total on Line 13, Column A of Summary Page Totals)						<b>\$148,854</b>	

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)				TYPE OF REPORT			
Caroline Simmons for Mayor				October 10 filing			
<b>A. Total Contributions from Small Contributors-Received this Period ONLY</b> (See instructions for definition of Small Contributor)				<b>SUBTOTAL SECTION A</b>			
				\$ 0.00			
<b>B. Itemized Contributions from Individuals</b>							
Last Name Meyer			First Jeff			MI	
Residential Street Address 300 Haig Avenue			City Stamford			State CT	Zip Code 06905
Principal Occupation Executive Sales Specialist			Name of Employer Teva Pharmaceuticals				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				<b>Amount of Contribution</b>  \$100.00	
Is this contribution associated with an event reported in Section L1? If yes, list Event # _____ <input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No					
Method of Contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order			Date Received 9/23/2021		Aggregate Contributions \$300.00		
Last Name Nye			First Matthew			MI	
Residential Street Address 27 West 74th St			City New York			State NY	Zip Code 10023
Principal Occupation home			Name of Employer Wenner Family LLC				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				<b>Amount of Contribution</b>  \$1,000.00	
Is this contribution associated with an event reported in Section L1? If yes, list Event # _____ <input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No					
Method of Contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order			Date Received 9/24/2021		Aggregate Contributions \$1,000.00		
Last Name Bushell			First Victor			MI	
Residential Street Address 245 Ocean Dr E			City Stamford			State CT	Zip Code 06902
Principal Occupation Attorney			Name of Employer Bushell Sovak & Kane LLP				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				<b>Amount of Contribution</b>  \$100.00	
Is this contribution associated with an event reported in Section L1? If yes, list Event # _____ <input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No					
Method of Contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order			Date Received 9/24/2021		Aggregate Contributions \$200.00		
<b>SUBTOTAL Section B — This Page</b>						\$1,200.00	
<b>TOTAL of additional Section B Pages</b>							
<b>TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B)</b> (Enter total on Line 13, Column A of Summary Page Totals)						\$148,854	

Section B ADDITIONAL PAGE 52 of 126

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)				TYPE OF REPORT			
Caroline Simmons for Mayor				October 10 filing			
<b>A. Total Contributions from Small Contributors-Received this Period ONLY</b> (See instructions for definition of Small Contributor)				<b>SUBTOTAL SECTION A</b>			
				\$ 0.00			
<b>B. Itemized Contributions from Individuals</b>							
Last Name Demby			First Elayne			MI	
Residential Street Address 77 Havemeyer Lane, Unit 105			City Stamford		State CT	Zip Code 06902	
Principal Occupation writer/attorney			Name of Employer Self employed				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				<b>Amount of Contribution</b>  \$100.00	
Is this contribution associated with an event reported in Section L1? If yes, list Event # _____ <input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No					
Method of Contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order			Date Received 9/24/2021		Aggregate Contributions \$100.00		
Last Name Zussman			First Noah			MI	
Residential Street Address 86 Wendell Street, #1			City Cambridge		State MA	Zip Code 02138	
Principal Occupation Development			Name of Employer ADL				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				<b>Amount of Contribution</b>  \$25.00	
Is this contribution associated with an event reported in Section L1? If yes, list Event # _____ <input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No					
Method of Contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order			Date Received 9/24/2021		Aggregate Contributions \$25.00		
Last Name Concannon Jr.			First William			MI	
Residential Street Address 19 Washington Ave, B			City Greenwich		State CT	Zip Code 06830	
Principal Occupation The 39 Group			Name of Employer Self Employed				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				<b>Amount of Contribution</b>  \$500.00	
Is this contribution associated with an event reported in Section L1? If yes, list Event # _____ <input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No					
Method of Contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order			Date Received 9/25/2021		Aggregate Contributions \$500.00		
<b>SUBTOTAL Section B — This Page</b>					\$625.00		
<b>TOTAL of additional Section B Pages</b>							
<b>TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B)</b> (Enter total on Line 13, Column A of Summary Page Totals)					\$148,854		

Section B ADDITIONAL PAGE 53 of 126

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)				TYPE OF REPORT	
Caroline Simmons for Mayor				October 10 filings	
<b>A. Total Contributions from Small Contributors-Received this Period ONLY</b> (See instructions for definition of Small Contributor) SUBTOTAL SECTION A				\$	
<b>B. Itemized Contributions from Individuals</b>					
Last Name		First		MI	
Wenner		Jann			
Residential Street Address		City		State	Zip Code
27 West 74th St		New York		NY	10023
Principal Occupation		Name of Employer			
Editor		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?		Amount of Contribution	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		\$ 1000	
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: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative			
Method of Contribution:		Date Received	Aggregate Contributions		
<input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		9/24/21	\$ 2000		
Last Name		First		MI	
Eakin		Lindsay			
Residential Street Address		City		State	Zip Code
7171 Woodmont Avenue		Bethesda		MD	20814
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?		Amount of Contribution	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		\$ 600	
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: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative			
Method of Contribution:		Date Received	Aggregate Contributions		
<input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		9/26/21	600		
Last Name		First		MI	
Keller		John			
Residential Street Address		City		State	Zip Code
104 Clearview Avenue		Stamford		CT	06907
Principal Occupation		Name of Employer			
Director		Deloitte Services LPA			
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	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		\$ 100.	
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: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative			
Method of Contribution:		Date Received	Aggregate Contributions		
<input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		9/26/21	\$ 100		
<b>SUBTOTAL Section B — This Page</b>				\$ 1700	
<b>TOTAL of additional Section B Pages</b>					
<b>TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B)</b> (Enter total on Line 13, Column A of Summary Page Totals)				\$ 148,854	



NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)		TYPE OF REPORT	
Caroline Simmons for Mayor		October 10 filing	
<b>A. Total Contributions from Small Contributors-Received this Period ONLY</b> (See instructions for definition of Small Contributor)		SUBTOTAL SECTION A	
		\$	0.00
<b>B. Itemized Contributions from Individuals</b>			
Last Name <b>Apfel</b>		First <b>Audrey</b>	
Residential Street Address <b>10 Black Rock Rd</b>		City <b>Stamford</b>	State <b>CT</b>
Principal Occupation <b>Ombuds</b>		Name of Employer <b>Gartner Inc.</b>	
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section L1? <i>If yes, list Event #</i>		Is contributor a principal of a state contractor or prospective state contractor? <i>If yes, indicate which branch or branches of government the contract is with:</i>	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Executive <input type="checkbox"/> Legislative	
Method of Contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		Date Received <b>9/26/2021</b>	Aggregate Contributions <b>\$550.00</b>
Last Name <b>Gordon</b>		First <b>Meryl</b>	
Residential Street Address <b>65 Woods End Road</b>		City <b>Stamford</b>	State <b>CT</b>
Principal Occupation <b>Retired</b>		Name of Employer <b>Retired</b>	
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section L1? <i>If yes, list Event #</i>		Is contributor a principal of a state contractor or prospective state contractor? <i>If yes, indicate which branch or branches of government the contract is with:</i>	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Executive <input type="checkbox"/> Legislative	
Method of Contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		Date Received <b>9/26/2021</b>	Aggregate Contributions <b>\$100.00</b>
Last Name <b>Fox</b>		First <b>Virginia</b>	
Residential Street Address <b>165 Van Rensselaer Ave</b>		City <b>Stamford</b>	State <b>CT</b>
Principal Occupation <b>Homemaker</b>		Name of Employer <b>Homemaker</b>	
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section L1? <i>If yes, list Event #</i>		Is contributor a principal of a state contractor or prospective state contractor? <i>If yes, indicate which branch or branches of government the contract is with:</i>	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Executive <input type="checkbox"/> Legislative	
Method of Contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		Date Received <b>9/26/2021</b>	Aggregate Contributions <b>\$500.00</b>
<b>SUBTOTAL Section B — This Page</b>		<b>\$1,050.00</b>	
<b>TOTAL of additional Section B Pages</b>			
<b>TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B)</b> (Enter total on Line 13, Column A of Summary Page Totals)		<b>\$149,854</b>	

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)				TYPE OF REPORT			
Caroline Simmons for Mayor				October 10 filing			
<b>A. Total Contributions from Small Contributors-Received this Period ONLY</b> (See instructions for definition of Small Contributor)				SUBTOTAL SECTION A			
				\$ 0.00			
<b>B. Itemized Contributions from Individuals</b>							
Last Name Hughes			First Donna			MI	
Residential Street Address 31 Emma Rd			City Stamford			State CT	Zip Code 06905
Principal Occupation retired			Name of Employer Chase Freedom				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				<b>Amount of Contribution</b>  \$100.00	
Is this contribution associated with an event reported in Section L1? If yes, list Event # _____ <input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No					
Method of Contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order			Date Received 9/26/2021		Aggregate Contributions \$350.00		
Last Name Ketchum			First Pauline			MI	
Residential Street Address 185 Round Hill Rd			City Greenwich			State CT	Zip Code 06831
Principal Occupation Homemaker			Name of Employer homemaker				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				<b>Amount of Contribution</b>  \$1,000.00	
Is this contribution associated with an event reported in Section L1? If yes, list Event # _____ <input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No					
Method of Contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order			Date Received 9/26/2021		Aggregate Contributions \$2,000.00		
Last Name Bernstein			First Alyssa			MI	
Residential Street Address 30 Crofts Lane			City Stamford			State CT	Zip Code 06903
Principal Occupation Realtor			Name of Employer self-employed				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				<b>Amount of Contribution</b>  \$250.00	
Is this contribution associated with an event reported in Section L1? If yes, list Event # _____ <input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No					
Method of Contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order			Date Received 9/27/2021		Aggregate Contributions \$250.00		
<b>SUBTOTAL Section B — This Page</b>						\$1,350.00	
<b>TOTAL of additional Section B Pages</b>							
<b>TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B)</b> (Enter total on Line 13, Column A of Summary Page Totals)						\$148,854	

Section B ADDITIONAL PAGE 56 of 126

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)		TYPE OF REPORT	
Caroline Simmons for Mayor		October 10 filing	
<b>A. Total Contributions from Small Contributors-Received this Period ONLY</b> (See instructions for definition of Small Contributor)		\$ 0.00	
<b>B. Itemized Contributions from Individuals</b>			
Last Name Fenger		First J Christian	
Residential Street Address 2223 Yardley Morrisville Rd		City Yardley	State PA
Principal Occupation Telecom Exec		Name of Employer Astound Broadband	
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<b>Amount of Contribution</b>  \$1,000.00
Is this contribution associated with an event reported in Section L1? If yes, list Event # _____ <input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
Method of Contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		Date Received 9/26/2021	
		Aggregate Contributions \$2,000.00	
Last Name Hicks		First Barbara	
Residential Street Address 248 Loveland Rd		City Stamford	State CT
Principal Occupation Retired		Name of Employer Retired	
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<b>Amount of Contribution</b>  \$25.00
Is this contribution associated with an event reported in Section L1? If yes, list Event # _____ <input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
Method of Contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		Date Received 9/27/2021	
		Aggregate Contributions \$85.00	
Last Name Stuart		First Lisa	
Residential Street Address 519 North Maple Avenue		City Greenwich	State CT
Principal Occupation homemaker		Name of Employer homemaker	
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<b>Amount of Contribution</b>  \$1,000.00
Is this contribution associated with an event reported in Section L1? If yes, list Event # _____ <input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
Method of Contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		Date Received 9/27/2021	
		Aggregate Contributions \$2,000.00	
<b>SUBTOTAL Section B — This Page</b>		\$2,025.00	
<b>TOTAL of additional Section B Pages</b>			
<b>TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B)</b> (Enter total on Line 13, Column A of Summary Page Totals)		\$148,854	

Section B ADDITIONAL PAGE 57 of 126

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)				TYPE OF REPORT			
Caroline Simmons for Mayor				October 10 filing			
<b>A. Total Contributions from Small Contributors-Received this Period ONLY</b> (See instructions for definition of Small Contributor)				SUBTOTAL SECTION A			
				\$ 0.00			
<b>B. Itemized Contributions from Individuals</b>							
Last Name Knight			First Beth			MI	
Residential Street Address 64 E. Hunting Ridge Road			City Stamford		State CT	Zip Code 06903	
Principal Occupation Advertising			Name of Employer Strawberry Frog				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				<b>Amount of Contribution</b>  \$150.00	
Is this contribution associated with an event reported in Section L1? If yes, list Event # _____ <input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No					
Method of Contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order			Date Received 9/27/2021		Aggregate Contributions \$150.00		
Last Name Mehra			First Sanjeev			MI	
Residential Street Address 44 Mayfair Lane			City Greenwich		State CT	Zip Code 06831	
Principal Occupation Private Equity			Name of Employer Periphas Capital				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				<b>Amount of Contribution</b>  \$1,000.00	
Is this contribution associated with an event reported in Section L1? If yes, list Event # _____ <input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No					
Method of Contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order			Date Received 9/27/2021		Aggregate Contributions \$2,000.00		
Last Name Meister			First Michael			MI	
Residential Street Address 15 White Birch Lane			City Stamford		State CT	Zip Code 06905	
Principal Occupation Director Exhibition Design			Name of Employer Museum of Natural History				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				<b>Amount of Contribution</b>  \$500.00	
Is this contribution associated with an event reported in Section L1? If yes, list Event # _____ <input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No					
Method of Contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order			Date Received 9/27/2021		Aggregate Contributions \$1,100.00		
<b>SUBTOTAL Section B — This Page</b>						\$1,650.00	
<b>TOTAL of additional Section B Pages</b>							
<b>TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B)</b> (Enter total on Line 13, Column A of Summary Page Totals)						\$148,854	

Section B ADDITIONAL PAGE 58 of 126

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)				TYPE OF REPORT			
Caroline Simmons for Mayor				October 10 filing			
<b>A. Total Contributions from Small Contributors-Received this Period ONLY</b> (See instructions for definition of Small Contributor)				<b>SUBTOTAL SECTION A</b>			
				\$ 0.00			
<b>B. Itemized Contributions from Individuals</b>							
Last Name Krupa			First Beth			MI	
Residential Street Address 25 Forest Street, 17A			City Stamford			State CT	Zip Code 06901
Principal Occupation Interior Design			Name of Employer Beth Krupa Interiors, LLC				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				<b>Amount of Contribution</b>  \$250.00	
Is this contribution associated with an event reported in Section L1? If yes, list Event # _____ <input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No					
Method of Contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order			Date Received 9/27/2021		Aggregate Contributions \$250.00		
Last Name Stuart			First Scott			MI	
Residential Street Address 519 North Maple Avenue			City Greenwich			State CT	Zip Code 06830
Principal Occupation Financier			Name of Employer Sageview Capital				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				<b>Amount of Contribution</b>  \$1,000.00	
Is this contribution associated with an event reported in Section L1? If yes, list Event # _____ <input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No					
Method of Contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order			Date Received 9/27/2021		Aggregate Contributions \$2,000.00		
Last Name Farin			First Philip			MI	
Residential Street Address 5 East Ridge Road			City Stamford			State CT	Zip Code 06903
Principal Occupation Retired			Name of Employer Retired				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				<b>Amount of Contribution</b>  \$25.00	
Is this contribution associated with an event reported in Section L1? If yes, list Event # _____ <input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No					
Method of Contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order			Date Received 9/27/2021		Aggregate Contributions \$50.00		
<b>SUBTOTAL Section B — This Page</b>						\$1,275.00	
<b>TOTAL of additional Section B Pages</b>							
<b>TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B)</b> (Enter total on Line 13, Column A of Summary Page Totals)						\$148,854	

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)				TYPE OF REPORT			
Caroline Simmons for Mayor				October 10 filing			
<b>A. Total Contributions from Small Contributors-Received this Period ONLY</b> (See instructions for definition of Small Contributor)				<b>SUBTOTAL SECTION A</b>			
				\$ 0.00			
<b>B. Itemized Contributions from Individuals</b>							
Last Name Tedesco			First Camille			MI	
Residential Street Address 95 Intervale Rd, Unit #28			City Stamford			State CT	Zip Code 06905
Principal Occupation Retired			Name of Employer Retired				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				<b>Amount of Contribution</b>  \$100.00	
Is this contribution associated with an event reported in Section L1? If yes, list Event # _____ <input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No					
Method of Contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order			Date Received 9/27/2021	Aggregate Contributions \$200.00			
Last Name Casper			First Stewart			MI	
Residential Street Address 6 Sunset Lane			City Pound Ridge			State NY	Zip Code 10576
Principal Occupation Attorney			Name of Employer Casper & de Toledo LLC				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				<b>Amount of Contribution</b>  \$250.00	
Is this contribution associated with an event reported in Section L1? If yes, list Event # _____ <input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No					
Method of Contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order			Date Received 9/27/2021	Aggregate Contributions \$250.00			
Last Name Cohen			First Richard			MI	
Residential Street Address 115 Broadway, #15			City New York			State NY	Zip Code 10006
Principal Occupation Owner			Name of Employer Capital Properties				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				<b>Amount of Contribution</b>  \$1,000.00	
Is this contribution associated with an event reported in Section L1? If yes, list Event # _____ <input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No					
Method of Contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order			Date Received 9/27/2021	Aggregate Contributions \$2,000.00			
<b>SUBTOTAL Section B — This Page</b>						\$1,350.00	
<b>TOTAL of additional Section B Pages</b>							
<b>TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B)</b> (Enter total on Line 13, Column A of Summary Page Totals)						\$148,854	

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)				TYPE OF REPORT			
Caroline Simmons for Mayor				October 10 filing			
<b>A. Total Contributions from Small Contributors-Received this Period ONLY</b> (See instructions for definition of Small Contributor)				<b>SUBTOTAL SECTION A</b>			
				\$ 0.00			
<b>B. Itemized Contributions from Individuals</b>							
Last Name Biondi			First Carol			MI	
Residential Street Address 10375 Wilshire Blvd, 11A			City Los Angeles			State CA	Zip Code 90024
Principal Occupation Child advocate			Name of Employer Volunteer				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				<b>Amount of Contribution</b>  \$1,000.00	
Is this contribution associated with an event reported in Section L1? If yes, list Event # _____		Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative					
Method of Contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		Date Received 9/27/2021	Aggregate Contributions \$2,000.00				
Last Name Lowenthal			First Terri			MI	
Residential Street Address 100 Commons Park North, 805			City Stamford			State CT	Zip Code 06902
Principal Occupation Census Consultant (not an LLC)			Name of Employer Self-employed				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				<b>Amount of Contribution</b>  \$100.00	
Is this contribution associated with an event reported in Section L1? If yes, list Event # _____		Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative					
Method of Contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		Date Received 9/27/2021	Aggregate Contributions \$200.00				
Last Name Beltran			First Robert			MI	
Residential Street Address 56 Elm Tree Place			City Stamford			State CT	Zip Code 06906
Principal Occupation Advertising & Marketing			Name of Employer Lumentus				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				<b>Amount of Contribution</b>  \$100.00	
Is this contribution associated with an event reported in Section L1? If yes, list Event # _____		Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative					
Method of Contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		Date Received 9/27/2021	Aggregate Contributions \$100.00				
<b>SUBTOTAL Section B — This Page</b>						\$1,200.00	
<b>TOTAL of additional Section B Pages</b>							
<b>TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B)</b> (Enter total on Line 13, Column A of Summary Page Totals)						\$148,854	

Section B ADDITIONAL PAGE 61 of 126

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)	TYPE OF REPORT
CAROLINE SIMMONS for mayor	October 10 filings
<b>A. Total Contributions from Small Contributors-Received this Period ONLY</b> (See instructions for definition of Small Contributor)	\$
<b>B. Itemized Contributions from Individuals</b>	

Last Name Flynn		First Conor		MI	
Residential Street Address 24 Knakum wood Road		City Greenwich		State CT	Zip Code 06831
Principal Occupation Real estate			Name of Employer KIMLO REALTY		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution  \$1000.00	
Is this contribution associated with an event reported in Section L1? If yes, list Event # _____ <input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Method of Contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		Date Received 9/27/21	Aggregate Contributions \$1000.00		

Last Name Jennings		First Will		MI	
Residential Street Address 311 Cooper Street		City Accord		State NY	Zip Code 12404
Principal Occupation Travel agent			Name of Employer Valene Wilson Travel		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution  \$100.	
Is this contribution associated with an event reported in Section L1? If yes, list Event # _____ <input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Method of Contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		Date Received 9/27/21	Aggregate Contributions \$100.		

Last Name Cavaliero		First Robert		MI	
Residential Street Address 92 Barmore Dr. W.		City Stamford		State CT	Zip Code 06905
Principal Occupation retired			Name of Employer retired		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution	
Is this contribution associated with an event reported in Section L1? If yes, list Event # _____ <input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Method of Contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		Date Received 9/27/21	Aggregate Contributions \$100.00		

<b>SUBTOTAL Section B — This Page</b>	\$1,200.00
<b>TOTAL of additional Section B Pages</b>	
<b>TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B)</b> (Enter total on Line 13, Column A of Summary Page Totals)	8148,854



NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)				TYPE OF REPORT			
Caroline Simmons for Mayor				October 10 filing			
<b>A. Total Contributions from Small Contributors-Received this Period ONLY</b> (See instructions for definition of Small Contributor)				<b>SUBTOTAL SECTION A</b>			
				\$ 0.00			
<b>B. Itemized Contributions from Individuals</b>							
Last Name Roth			First Courtney			MI	
Residential Street Address 42 New Street			City Rye		State NY	Zip Code 10580	
Principal Occupation Advertising			Name of Employer Google				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				<b>Amount of Contribution</b>  \$5.00	
Is this contribution associated with an event reported in Section L1? If yes, list Event # _____		Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative					
Method of Contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order			Date Received 9/27/2021		Aggregate Contributions \$5.00		
Last Name Farrell			First William			MI	
Residential Street Address 353 Cocoonut Row			City Palm Beach		State FL	Zip Code 33480	
Principal Occupation retired			Name of Employer retired				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				<b>Amount of Contribution</b>  \$1,000.00	
Is this contribution associated with an event reported in Section L1? If yes, list Event # _____		Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative					
Method of Contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order			Date Received 9/27/2021		Aggregate Contributions \$2,000.00		
Last Name Selden			First Robin			MI	
Residential Street Address 15 White Birch Lane			City Stamford		State CT	Zip Code 06905	
Principal Occupation Caterer			Name of Employer Marcia Selden Catering				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				<b>Amount of Contribution</b>  \$1,000.00	
Is this contribution associated with an event reported in Section L1? If yes, list Event # _____		Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative					
Method of Contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order			Date Received 9/27/2021		Aggregate Contributions \$2,000.00		
<b>SUBTOTAL Section B — This Page</b>						\$2,005.00	
<b>TOTAL of additional Section B Pages</b>							
<b>TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B)</b> (Enter total on Line 13, Column A of Summary Page Totals)						\$148,854	

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)				TYPE OF REPORT			
Caroline Simmons for Mayor				October 10 filing			
<b>A. Total Contributions from Small Contributors-Received this Period ONLY</b> (See instructions for definition of Small Contributor)				<b>SUBTOTAL SECTION A</b>			
				\$ 0.00			
<b>B. Itemized Contributions from Individuals</b>							
Last Name Orsino			First Deidre			MI	
Residential Street Address 44 NUTMEG LN			City Stamford			State CT	Zip Code 06905-2429
Principal Occupation Development Office Assoc.			Name of Employer GCDS				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				<b>Amount of Contribution</b>  \$30.00	
Is this contribution associated with an event reported in Section L1? If yes, list Event # _____		Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative					
Method of Contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order			Date Received 9/27/2021		Aggregate Contributions \$55.00		
Last Name Levesque			First Yulia			MI	
Residential Street Address 5 Cat Ridge Road			City North Salem			State NY	Zip Code 10560
Principal Occupation Office Manager			Name of Employer PATRIOT MEDIA & COMMUNICATIONS				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				<b>Amount of Contribution</b>  \$1,000.00	
Is this contribution associated with an event reported in Section L1? If yes, list Event # _____		Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative					
Method of Contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order			Date Received 9/27/2021		Aggregate Contributions \$2,000.00		
Last Name Turner			First Sally			MI	
Residential Street Address 275 Lake Avenue			City Greenwich			State CT	Zip Code 06830
Principal Occupation Retired			Name of Employer Retired				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				<b>Amount of Contribution</b>  \$100.00	
Is this contribution associated with an event reported in Section L1? If yes, list Event # _____		Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative					
Method of Contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order			Date Received 9/27/2021		Aggregate Contributions \$275.00		
<b>SUBTOTAL Section B — This Page</b>					\$1,130.00		
<b>TOTAL of additional Section B Pages</b>							
<b>TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B)</b> (Enter total on Line 13, Column A of Summary Page Totals)					\$148,854		

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)		TYPE OF REPORT	
Caroline Simmons for Mayor		October 10 filing	
<b>A. Total Contributions from Small Contributors-Received this Period ONLY</b> (See instructions for definition of Small Contributor)		\$ 0.00	
<b>B. Itemized Contributions from Individuals</b>			
Last Name Rubin		First Elizabeth MI	
Residential Street Address 75 Courtland Ave. Unit 9		City Stamford CT Zip Code 06902	
Principal Occupation Retired		Name of Employer Retired	
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
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: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative	
Method of Contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		Date Received 9/27/2021	
		Aggregate Contributions \$75.00	
Last Name Kaiko		First Jackie MI	
Residential Street Address 76 Mill Rd		City stamford CT Zip Code 06903	
Principal Occupation retired		Name of Employer retired	
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
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: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative	
Method of Contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		Date Received 9/27/2021	
		Aggregate Contributions \$670.00	
Last Name Meyer		First Erin MI	
Residential Street Address 300 Haig Avenue		City Stamford CT Zip Code 06905	
Principal Occupation Homemaker		Name of Employer Homemaker	
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
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: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative	
Method of Contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		Date Received 9/27/2021	
		Aggregate Contributions \$200.00	
<b>SUBTOTAL Section B — This Page</b>		\$225.00	
<b>TOTAL of additional Section B Pages</b>			
<b>TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B)</b> (Enter total on Line 13, Column A of Summary Page Totals)		\$148,854	

Section B ADDITIONAL PAGE 65 of 126

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)				TYPE OF REPORT			
Caroline Simmons for Mayor				October 10 filing			
<b>A. Total Contributions from Small Contributors-Received this Period ONLY</b> (See instructions for definition of Small Contributor)				<b>SUBTOTAL SECTION A</b>			
				\$ 0.00			
<b>B. Itemized Contributions from Individuals</b>							
Last Name Hart			First Ellen			MI	
Residential Street Address 2440 Long Ridge Rd			City Stamford		State CT	Zip Code 06903	
Principal Occupation Accountant			Name of Employer Garden Homes Mgmt Corp				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				<b>Amount of Contribution</b>  \$20.00	
Is this contribution associated with an event reported in Section L1? If yes, list Event # _____		Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative					
Method of Contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		Date Received 9/27/2021		Aggregate Contributions \$70.00			
Last Name Selden			First Jeffrey			MI	
Residential Street Address 7 WEDGES FIELD ROAD			City Weston		State CT	Zip Code 06883	
Principal Occupation Caterer			Name of Employer Marcia Selden Catering				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				<b>Amount of Contribution</b>  \$350.00	
Is this contribution associated with an event reported in Section L1? If yes, list Event # _____		Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative					
Method of Contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		Date Received 9/27/2021		Aggregate Contributions \$500.00			
Last Name Rosen			First Goldy			MI	
Residential Street Address 62 Woodbrook Drive			City Stamford		State CT	Zip Code 06907	
Principal Occupation Retired			Name of Employer Retired				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				<b>Amount of Contribution</b>  \$25.00	
Is this contribution associated with an event reported in Section L1? If yes, list Event # _____		Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative					
Method of Contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		Date Received 9/27/2021		Aggregate Contributions \$75.00			
<b>SUBTOTAL Section B — This Page</b>						\$395.00	
<b>TOTAL of additional Section B Pages</b>							
<b>TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B)</b> (Enter total on Line 13, Column A of Summary Page Totals)						4148, 854	

Section B ADDITIONAL PAGE 66 of 126

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)				TYPE OF REPORT			
Caroline Simmons for Mayor				October 10 filing			
<b>A. Total Contributions from Small Contributors-Received this Period ONLY</b> (See instructions for definition of Small Contributor)				<b>SUBTOTAL SECTION A</b>			
				\$ 0.00			
<b>B. Itemized Contributions from Individuals</b>							
Last Name Petersen			First Ellen			MI	
Residential Street Address 77 Nottingham Dr			City Stamford		State CT	Zip Code 06907	
Principal Occupation Retired			Name of Employer Retired				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				<b>Amount of Contribution</b>  \$200.00	
Is this contribution associated with an event reported in Section L1? If yes, list Event # _____ <input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No					
Method of Contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order			Date Received 9/27/2021		Aggregate Contributions \$400.00		
Last Name Ross			First Joan			MI	
Residential Street Address 50 Pine Tree Drive			City Stamford		State CT	Zip Code 06906	
Principal Occupation Teacher			Name of Employer Norwalk Community College				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				<b>Amount of Contribution</b>  \$25.00	
Is this contribution associated with an event reported in Section L1? If yes, list Event # _____ <input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No					
Method of Contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order			Date Received 9/27/2021		Aggregate Contributions \$25.00		
Last Name Morris			First Gwendolyn			MI	
Residential Street Address 2435 Bedford Street, Unit 1H			City Stamford		State CT	Zip Code 06905	
Principal Occupation former Media Executive			Name of Employer Retired				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				<b>Amount of Contribution</b>  \$350.00	
Is this contribution associated with an event reported in Section L1? If yes, list Event # _____ <input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No					
Method of Contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order			Date Received 9/27/2021		Aggregate Contributions \$1,350.00		
<b>SUBTOTAL Section B — This Page</b>						\$575.00	
<b>TOTAL of additional Section B Pages</b>							
<b>TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B)</b> (Enter total on Line 13, Column A of Summary Page Totals)						6148,854	

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)				TYPE OF REPORT			
Caroline Simmons for Mayor				October 10 filing			
<b>A. Total Contributions from Small Contributors-Received this Period ONLY</b> (See instructions for definition of Small Contributor)				<b>\$ 0.00</b>			
<b>B. Itemized Contributions from Individuals</b>							
Last Name <b>Maletta</b>		First <b>Emily</b>		MI			
Residential Street Address <b>3917 Highwood Ct NW</b>		City <b>Washington</b>		State <b>DC</b>		Zip Code <b>20007</b>	
Principal Occupation <b>Marketer</b>		Name of Employer <b>Capital One</b>					
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				<b>Amount of Contribution</b>  <b>\$100.00</b>	
Is this contribution associated with an event reported in Section L1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>If yes, list Event # _____</i>		Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative</i>					
Method of Contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		Date Received <b>9/27/2021</b>		Aggregate Contributions <b>\$100.00</b>			
Last Name <b>Côté</b>		First <b>John M</b>		MI			
Residential Street Address <b>23 Hubbard Ave</b>		City <b>Stamford</b>		State <b>CT</b>		Zip Code <b>06905</b>	
Principal Occupation <b>Senior VP</b>		Name of Employer <b>Paloma Partners</b>					
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				<b>Amount of Contribution</b>  <b>\$50.00</b>	
Is this contribution associated with an event reported in Section L1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>If yes, list Event # _____</i>		Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative</i>					
Method of Contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		Date Received <b>9/27/2021</b>		Aggregate Contributions <b>\$50.00</b>			
Last Name <b>Smith</b>		First <b>Dominique</b>		MI			
Residential Street Address <b>3300 North Scottsdale Road, #5106</b>		City <b>Scottsdale</b>		State <b>AZ</b>		Zip Code <b>85251</b>	
Principal Occupation <b>Bartender</b>		Name of Employer <b>Bevvy</b>					
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				<b>Amount of Contribution</b>  <b>\$10.00</b>	
Is this contribution associated with an event reported in Section L1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>If yes, list Event # _____</i>		Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative</i>					
Method of Contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		Date Received <b>9/28/2021</b>		Aggregate Contributions <b>\$10.00</b>			
<b>SUBTOTAL Section B — This Page</b>						<b>\$160.00</b>	
<b>TOTAL of additional Section B Pages</b>							
<b>TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B)</b> <i>(Enter total on Line 13, Column A of Summary Page Totals)</i>						<b>\$148,854</b>	

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)				TYPE OF REPORT				
Caroline Simmons for Mayor				October 10 filing				
<b>A. Total Contributions from Small Contributors-Received this Period ONLY</b> (See instructions for definition of Small Contributor)				<b>SUBTOTAL SECTION A</b>				
				\$ 0.00				
<b>B. Itemized Contributions from Individuals</b>								
Last Name			First			MI		
Sklover			Andrew					
Residential Street Address			City			State	Zip Code	
68 Mather Road			Stamford			CT	06903	
Principal Occupation			Name of Employer					
Insurance Broker			Sklover Benefits Group, Inc.					
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000?			<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<b>Amount of Contribution</b>  \$25.00
Is this contribution associated with an event reported in Section L1? If yes, list Event # _____		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative			<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
Method of Contribution:			Date Received	Aggregate Contributions				
<input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order			9/28/2021	\$50.00				
Last Name			First			MI		
Gatto jr.			Joseph					
Residential Street Address			City			State	Zip Code	
25 ELMBROOK DR			Stamford			CT	06906	
Principal Occupation			Name of Employer					
retired			retired					
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000?			<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<b>Amount of Contribution</b>  \$25.00
Is this contribution associated with an event reported in Section L1? If yes, list Event # _____		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative			<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
Method of Contribution:			Date Received	Aggregate Contributions				
<input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order			9/28/2021	\$50.00				
Last Name			First			MI		
Klipstein			Emma					
Residential Street Address			City			State	Zip Code	
45 Rose Avenue			Los Angeles			CA	90291	
Principal Occupation			Name of Employer					
Creative Director			Outstanding Foods					
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000?			<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<b>Amount of Contribution</b>  \$100.00
Is this contribution associated with an event reported in Section L1? If yes, list Event # _____		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative			<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
Method of Contribution:			Date Received	Aggregate Contributions				
<input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order			9/28/2021	\$100.00				
<b>SUBTOTAL Section B — This Page</b>						\$150.00		
<b>TOTAL of additional Section B Pages</b>								
<b>TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B)</b> (Enter total on Line 13, Column A of Summary Page Totals)						\$ 148,854		

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)				TYPE OF REPORT			
Caroline Simmons for Mayor				October 10 filing			
<b>A. Total Contributions from Small Contributors-Received this Period ONLY</b> (See instructions for definition of Small Contributor)				<b>SUBTOTAL SECTION A</b>			
				\$ 0.00			
<b>B. Itemized Contributions from Individuals</b>							
Last Name Ziotas			First Angelo			MI	
Residential Street Address 474 Ponus Ridge Road			City New Canaan			State CT	Zip Code 06840
Principal Occupation Trial attorney			Name of Employer Silver Golub & Teitell LLP				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				<b>Amount of Contribution</b>  \$1,000.00	
Is this contribution associated with an event reported in Section L1? If yes, list Event # _____ <input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No					
Method of Contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		Date Received 9/28/2021	Aggregate Contributions \$1,000.00				
Last Name Adams			First Karen			MI	
Residential Street Address 114 Club Rd			City Stamford			State CT	Zip Code 06905
Principal Occupation homemaker			Name of Employer homemaker				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				<b>Amount of Contribution</b>  \$50.00	
Is this contribution associated with an event reported in Section L1? If yes, list Event # _____ <input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No					
Method of Contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		Date Received 9/28/2021	Aggregate Contributions \$75.00				
Last Name Hearn			First Gervais			MI	
Residential Street Address 405 Atlantic Street, 12D			City Stamford			State CT	Zip Code 06901
Principal Occupation Fundraiser			Name of Employer St. Lawrence University				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				<b>Amount of Contribution</b>  \$100.00	
Is this contribution associated with an event reported in Section L1? If yes, list Event # _____ <input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No					
Method of Contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		Date Received 9/28/2021	Aggregate Contributions \$370.00				
<b>SUBTOTAL Section B — This Page</b>						\$1,150.00	
<b>TOTAL of additional Section B Pages</b>							
<b>TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B)</b> (Enter total on Line 13, Column A of Summary Page Totals)						\$148,854	



NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)				TYPE OF REPORT			
Caroline Simmons for Mayor				October 10 filing			
<b>A. Total Contributions from Small Contributors-Received this Period ONLY</b> (See instructions for definition of Small Contributor)				SUBTOTAL SECTION A			
				\$ 0.00			
<b>B. Itemized Contributions from Individuals</b>							
Last Name Geller			First Asya			MI	
Residential Street Address 25 Copper Beech Rd			City Greenwich			State CT	Zip Code 06830
Principal Occupation Business Development			Name of Employer Local Moms Network				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				<b>Amount of Contribution</b>  \$200.00	
Is this contribution associated with an event reported in Section L1? If yes, list Event # _____ <input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No					
Method of Contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order			Date Received 9/28/2021		Aggregate Contributions \$200.00		
Last Name Ward			First Karyn			MI	
Residential Street Address 27 LINDSTROM RD, Unit 7B			City Stamford			State CT	Zip Code 06902
Principal Occupation Executive Assistant			Name of Employer The Ashforth Company				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				<b>Amount of Contribution</b>  \$500.00	
Is this contribution associated with an event reported in Section L1? If yes, list Event # _____ <input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No					
Method of Contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order			Date Received 9/28/2021		Aggregate Contributions \$1,400.00		
Last Name Lingwood			First Ian			MI	
Residential Street Address 7707 Meadow Lane			City Chevy Chase			State MD	Zip Code 20815
Principal Occupation Sales			Name of Employer Compass Group				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				<b>Amount of Contribution</b>  \$250.00	
Is this contribution associated with an event reported in Section L1? If yes, list Event # _____ <input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No					
Method of Contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order			Date Received 9/28/2021		Aggregate Contributions \$250.00		
<b>SUBTOTAL Section B — This Page</b>						<b>\$950.00</b>	
<b>TOTAL of additional Section B Pages</b>							
<b>TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B)</b> (Enter total on Line 13, Column A of Summary Page Totals)						<b>\$148,854</b>	

Section B ADDITIONAL PAGE 71 of 126

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)				TYPE OF REPORT			
Caroline Simmons for Mayor				October 10 filing			
<b>A. Total Contributions from Small Contributors-Received this Period ONLY</b> (See instructions for definition of Small Contributor)				<b>SUBTOTAL SECTION A</b>			
				\$ 0.00			
<b>B. Itemized Contributions from Individuals</b>							
Last Name Clark			First Billy			MI	
Residential Street Address 415 West 23rd Street, 17B			City New York			State NY	Zip Code 10011
Principal Occupation Executive Search Practice			Name of Employer Billy Clark Creative Management				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				<b>Amount of Contribution</b>  \$100.00	
Is this contribution associated with an event reported in Section L1? If yes, list Event # _____ <input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative <input checked="" type="checkbox"/> No					
Method of Contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order			Date Received 9/28/2021		Aggregate Contributions \$100.00		
Last Name Corrinet			First Lauren			MI	
Residential Street Address 98 North Street			City Greenwich			State CT	Zip Code 06830
Principal Occupation Real Estate			Name of Employer CBRE				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				<b>Amount of Contribution</b>  \$250.00	
Is this contribution associated with an event reported in Section L1? If yes, list Event # _____ <input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative <input checked="" type="checkbox"/> No					
Method of Contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order			Date Received 9/28/2021		Aggregate Contributions \$250.00		
Last Name Glazer			First Jaclyn			MI	
Residential Street Address 219 Riverside Avenue			City Greenwich			State CT	Zip Code 06878
Principal Occupation Homemaker			Name of Employer Homemaker				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				<b>Amount of Contribution</b>  \$300.00	
Is this contribution associated with an event reported in Section L1? If yes, list Event # _____ <input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative <input checked="" type="checkbox"/> No					
Method of Contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order			Date Received 9/28/2021		Aggregate Contributions \$300.00		
<b>SUBTOTAL Section B — This Page</b>					<b>\$650.00</b>		
<b>TOTAL of additional Section B Pages</b>							
<b>TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B)</b> (Enter total on Line 13, Column A of Summary Page Totals)					<b>\$1,478,854</b>		

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)				TYPE OF REPORT			
Caroline Simmons for Mayor				October 10 filing			
<b>A. Total Contributions from Small Contributors-Received this Period ONLY</b> (See instructions for definition of Small Contributor)				<b>SUBTOTAL SECTION A</b>			
				\$ 0.00			
<b>B. Itemized Contributions from Individuals</b>							
Last Name Hastings			First Brooke			MI	
Residential Street Address 21 Oakshade Avenue			City Darien		State CT	Zip Code 06820	
Principal Occupation Homemaker			Name of Employer Homemaker				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				<b>Amount of Contribution</b>  \$200.00	
Is this contribution associated with an event reported in Section L1? If yes, list Event # _____		Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative					
Method of Contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		Date Received 9/28/2021		Aggregate Contributions \$200.00			
Last Name Boyd			First Patrick			MI	
Residential Street Address 398 Pomfret Street			City Pomfret		State CT	Zip Code 06258	
Principal Occupation Teacher			Name of Employer Pomfret School				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				<b>Amount of Contribution</b>  \$100.00	
Is this contribution associated with an event reported in Section L1? If yes, list Event # _____		Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative					
Method of Contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		Date Received 9/28/2021		Aggregate Contributions \$100.00			
Last Name Kelley			First James			MI	
Residential Street Address 26 Cooperspond Rd			City Stamford		State CT	Zip Code 06905	
Principal Occupation Retired			Name of Employer Retired				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				<b>Amount of Contribution</b>  \$100.00	
Is this contribution associated with an event reported in Section L1? If yes, list Event # _____		Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative					
Method of Contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		Date Received 9/28/2021		Aggregate Contributions \$300.00			
<b>SUBTOTAL Section B — This Page</b>						\$400.00	
<b>TOTAL of additional Section B Pages</b>							
<b>TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B)</b> (Enter total on Line 13, Column A of Summary Page Totals)						\$1,118,854	

Section B ADDITIONAL PAGE 73 of 126

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)			TYPE OF REPORT		
Caroline Simmons for Mayor			October 10 filing		
<b>A. Total Contributions from Small Contributors-Received this Period ONLY</b> (See instructions for definition of Small Contributor)			SUBTOTAL SECTION A		
			\$ 0.00		
<b>B. Itemized Contributions from Individuals</b>					
Last Name		First		MI	
Shapiro		David			
Residential Street Address		City		State	Zip Code
74 Old Long Ridge Road		Stamford		CT	06903
Principal Occupation		Name of Employer			
VP		Crystalware			
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?		<b>Amount of Contribution</b>  \$50.00	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Is this contribution associated with an event reported in Section L1? If yes, list Event # _____		Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative			
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Method of Contribution:		Date Received	Aggregate Contributions		
<input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		9/28/2021	\$50.00		
Last Name		First		MI	
Wexler		Robin			
Residential Street Address		City		State	Zip Code
139 Rolling Wood Dr		Stamford		CT	06905
Principal Occupation		Name of Employer			
Marketing & Special Events Coordinator		SilverSource 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?		<b>Amount of Contribution</b>  \$25.00	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Is this contribution associated with an event reported in Section L1? If yes, list Event # _____		Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative			
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Method of Contribution:		Date Received	Aggregate Contributions		
<input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		9/28/2021	\$45.00		
Last Name		First		MI	
Garibay		Jane			
Residential Street Address		City		State	Zip Code
409 Broad Street		Windsor		CT	06095
Principal Occupation		Name of Employer			
Legislator		State of CT			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?		If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000?		<b>Amount of Contribution</b>  \$50.00	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Is this contribution associated with an event reported in Section L1? If yes, list Event # _____		Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative			
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Method of Contribution:		Date Received	Aggregate Contributions		
<input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		9/28/2021	\$50.00		
<b>SUBTOTAL Section B — This Page</b>				\$125.00	
<b>TOTAL of additional Section B Pages</b>					
<b>TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B)</b> (Enter total on Line 13, Column A of Summary Page Totals)				\$147,854	

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)				TYPE OF REPORT			
Caroline Simmons for Mayor				October 10 filing			
<b>A. Total Contributions from Small Contributors-Received this Period ONLY</b> (See instructions for definition of Small Contributor)				<b>SUBTOTAL SECTION A</b>			
				\$ 0.00			
<b>B. Itemized Contributions from Individuals</b>							
Last Name Wall			First Deborah			MI	
Residential Street Address 25 Park Lane S, #2001			City Medford		State NJ	Zip Code 07310	
Principal Occupation Data Analytics Executive			Name of Employer Former Prudential, Morgan Stanley, Pitney Bowes				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				<b>Amount of Contribution</b>  \$25.00	
Is this contribution associated with an event reported in Section L1? If yes, list Event # _____ <input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No					
Method of Contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order			Date Received 9/28/2021		Aggregate Contributions \$25.00		
Last Name Cameron			First Roderick			MI	
Residential Street Address 5403 Galena PI NW			City Washington		State DC	Zip Code 20016	
Principal Occupation Commercial RE Broker			Name of Employer Savills				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				<b>Amount of Contribution</b>  \$50.00	
Is this contribution associated with an event reported in Section L1? If yes, list Event # _____ <input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No					
Method of Contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order			Date Received 9/28/2021		Aggregate Contributions \$50.00		
Last Name Prabhudas			First Jayne			MI	
Residential Street Address 44 Strawberry Hill Avenue			City Stamford		State CT	Zip Code 06902	
Principal Occupation Retired			Name of Employer Retired				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				<b>Amount of Contribution</b>  \$50.00	
Is this contribution associated with an event reported in Section L1? If yes, list Event # _____ <input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No					
Method of Contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order			Date Received 9/28/2021		Aggregate Contributions \$50.00		
<b>SUBTOTAL Section B — This Page</b>						\$125.00	
<b>TOTAL of additional Section B Pages</b>							
<b>TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B)</b> (Enter total on Line 13, Column A of Summary Page Totals)						\$148,854	

Section B ADDITIONAL PAGE 75 of 124

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)				TYPE OF REPORT	
Caroline Simmons for Mayor				October 10 Filings	
<b>A. Total Contributions from Small Contributors-Received this Period ONLY</b> (See instructions for definition of Small Contributor)				<b>SUBTOTAL SECTION A</b>	
				\$	
<b>B. Itemized Contributions from Individuals</b>					
Last Name		First		MI	
James		Dinie			
Residential Street Address		City		State	Zip Code
151 Strawberry Hill Avenue		Stamford		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 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	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		\$ 100.00	
Is this contribution associated with an event reported in Section L1? If yes, list Event #		Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with:			
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Executive <input type="checkbox"/> Legislative			
Method of Contribution:		Date Received	Aggregate Contributions		
<input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		9/29/21	\$ 100.00		
Last Name		First		MI	
Bartels		Todd			
Residential Street Address		City		State	Zip Code
3255 La Ciede Avenue		Los Angeles		CA	90039
Principal Occupation		Name of Employer			
Screenwriter		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	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No		\$ 200.00	
Is this contribution associated with an event reported in Section L1? If yes, list Event #		Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with:			
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Executive <input type="checkbox"/> Legislative			
Method of Contribution:		Date Received	Aggregate Contributions		
<input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order					
Last Name		First		MI	
Needleman		Norman			
Residential Street Address		City		State	Zip Code
9 Foxboro Road		Essex		CT	06126
Principal Occupation		Name of Employer			
Executive		Tower Labs Ltd.			
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	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		\$ 1000	
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:			
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Executive <input type="checkbox"/> Legislative			
Method of Contribution:		Date Received	Aggregate Contributions		
<input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		9/29/21	\$ 2000		
<b>SUBTOTAL Section B — This Page</b>				\$ 1300	
<b>TOTAL of additional Section B Pages</b>					
<b>TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B)</b> (Enter total on Line 13, Column A of Summary Page Totals)				\$ 148,854	

Section B ADDITIONAL PAGE 76 of 126

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)		TYPE OF REPORT	
eCaroline Simmons for Mayor		October 10 filings	
<b>A. Total Contributions from Small Contributors-Received this Period ONLY</b> (See instructions for definition of Small Contributor)		<b>SUBTOTAL SECTION A</b>	
		\$	
<b>B. Itemized Contributions from Individuals</b>			
Last Name Hendel Levy		First Abigail	MI
Residential Street Address 28 Persunage Road		City Greenwich	State CT
		Zip Code 06830	
Principal Occupation homemaker		Name of Employer homemaker.	
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Is this contribution associated with an event reported in Section L1? If yes, list Event #	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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:	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
		<input type="checkbox"/> Executive <input type="checkbox"/> Legislative	\$100
Method of Contribution:		Date Received	Aggregate Contributions
<input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		9/29/21	\$100
Last Name Mandel		First Steve	MI
Residential Street Address 20 Bobolink Lane		City Greenwich	State CT
		Zip Code 06830	
Principal Occupation analyst		Name of Employer Lone Pine Capital	
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Is this contribution associated with an event reported in Section L1? If yes, list Event #	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> 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:	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
		<input type="checkbox"/> Executive <input type="checkbox"/> Legislative	\$1000
Method of Contribution:		Date Received	Aggregate Contributions
<input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		9/29/21	\$1,150.
Last Name Hirschfeld		First Pamela	MI
Residential Street Address 51 Barnes Road		City Stamford	State CT
		Zip Code 06902	
Principal Occupation retired		Name of Employer retired	
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Is this contribution associated with an event reported in Section L1? If yes, list Event #	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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:	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
		<input type="checkbox"/> Executive <input type="checkbox"/> Legislative	\$100.00
Method of Contribution:		Date Received	Aggregate Contributions
<input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		9/29/21	100
<b>SUBTOTAL Section B — This Page</b>		\$1200	
<b>TOTAL of additional Section B Pages</b>			
<b>TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B)</b> (Enter total on Line 13, Column A of Summary Page Totals)		148,854	

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)				TYPE OF REPORT			
Caroline Simmons for Mayor				October 10 filing			
<b>A. Total Contributions from Small Contributors-Received this Period ONLY</b> (See instructions for definition of Small Contributor)				<b>SUBTOTAL SECTION A</b>			
				\$ 0.00			
<b>B. Itemized Contributions from Individuals</b>							
Last Name Gerry			First Alan			MI	
Residential Street Address 98 Loomis Road			City Liberty			State NY	Zip Code 12754
Principal Occupation Chairman Emeritus			Name of Employer Granite Associates				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				<b>Amount of Contribution</b>  \$1,000.00	
Is this contribution associated with an event reported in Section L1? If yes, list Event # _____ <input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No					
Method of Contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order			Date Received 9/29/2021	Aggregate Contributions \$1,000.00			
Last Name Bevan			First Susan			MI	
Residential Street Address 90 Field Point Circle			City Greenwich			State CT	Zip Code 06830
Principal Occupation Retired			Name of Employer Retired				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				<b>Amount of Contribution</b>  \$500.00	
Is this contribution associated with an event reported in Section L1? If yes, list Event # <u>4</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> 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: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No					
Method of Contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order			Date Received 9/29/2021	Aggregate Contributions \$1,000.00			
Last Name Anderson			First Paul			MI	
Residential Street Address 44 Lawrence Hill Rd			City Stamford			State CT	Zip Code 06903
Principal Occupation Firefighter			Name of Employer City of Stamford				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				<b>Amount of Contribution</b>  \$25.00	
Is this contribution associated with an event reported in Section L1? If yes, list Event # _____ <input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No					
Method of Contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order			Date Received 9/29/2021	Aggregate Contributions \$60.00			
<b>SUBTOTAL Section B — This Page</b>						\$1,525.00	
<b>TOTAL of additional Section B Pages</b>							
<b>TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B)</b> (Enter total on Line 13, Column A of Summary Page Totals)						\$148,584	



Section B ADDITIONAL PAGE 78 of 124

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)				TYPE OF REPORT	
Candace Jimmons for mayor				October 10 Filings	
<b>A. Total Contributions from Small Contributors-Received this Period ONLY</b> (See instructions for definition of Small Contributor)				<b>SUBTOTAL SECTION A</b>	
				\$	
<b>B. Itemized Contributions from Individuals</b>					
Last Name		First		MI	
Eisenberg		Alexandra			
Residential Street Address		City		State	Zip Code
49 Eden Road		Stamford		CT	06907
Principal Occupation		Name of Employer			
homemaker					
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	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		\$ 25	
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: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative			
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Method of Contribution:		Date Received	Aggregate Contributions		
<input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		9/29/21	\$ 525		
Last Name		First		MI	
Mandel		Sue			
Residential Street Address		City		State	Zip Code
20 Bobolink Lane		Greenwich		CT	06930
Principal Occupation		Name of Employer			
homemaker		homemaker			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?		If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000?		Amount of Contribution	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		\$ 1000	
Is this contribution associated with an event reported in Section L1? If yes, list Event # <u>4</u>		Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative			
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Method of Contribution:		Date Received	Aggregate Contributions		
<input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		9/29/21	\$ 1,150		
Last Name		First		MI	
Onorato		Renee			
Residential Street Address		City		State	Zip Code
188 Alpine Street		Stamford		CT	06905
Principal Occupation		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 officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000?		Amount of Contribution	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		\$ 50.00	
Is this contribution associated with an event reported in Section L1? If yes, list Event # _____		Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative			
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Method of Contribution:		Date Received	Aggregate Contributions		
<input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		9/29/21	\$ 50.00		
<b>SUBTOTAL Section B — This Page</b>				\$ 1075.00	
<b>TOTAL of additional Section B Pages</b>					
<b>TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B)</b> (Enter total on Line 13, Column A of Summary Page Totals)				\$ 148,857	

Section B ADDITIONAL PAGE 79 of 126

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)		TYPE OF REPORT	
Caroline Simmons for Mayor		October 10 filing	
<b>A. Total Contributions from Small Contributors-Received this Period ONLY</b> (See instructions for definition of Small Contributor)		\$ 0.00	
SUBTOTAL SECTION A			
<b>B. Itemized Contributions from Individuals</b>			
Last Name Martino		First Anthony MI	
Residential Street Address 25 Charles Mary Lane		City Stamford CT Zip Code 06905	
Principal Occupation Support enforcement officer		Name of Employer State of CT, Judicial Department	
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
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: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative	
Method of Contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		Date Received 9/29/2021	
		Aggregate Contributions \$100.00	
Last Name Sabreen		First Susan MI	
Residential Street Address 121 Mill Spring Lane		City Stamford CT Zip Code 06903	
Principal Occupation Retired		Name of Employer Retired	
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
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: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative	
Method of Contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		Date Received 9/29/2021	
		Aggregate Contributions \$275.00	
Last Name Plepler		First Richard MI	
Residential Street Address 25 Sherwood Avenue		City Greenwich CT Zip Code 06831	
Principal Occupation CEO		Name of Employer EDEN Productions	
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
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: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative	
Method of Contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		Date Received 9/29/2021	
		Aggregate Contributions \$1,000.00	
SUBTOTAL Section B — This Page		\$1,200.00	
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)		\$147,854	

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)				TYPE OF REPORT			
Caroline Simmons for Mayor				October 10 filing			
<b>A. Total Contributions from Small Contributors-Received this Period ONLY</b> (See instructions for definition of Small Contributor)				<b>SUBTOTAL SECTION A</b>			
				\$ 0.00			
<b>B. Itemized Contributions from Individuals</b>							
Last Name Linares			First Arthur			MI	
Residential Street Address 48 Lakeview Drive			City Stamford			State CT	Zip Code 06905
Principal Occupation self-employed			Name of Employer Linares land Capital LLC				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				<b>Amount of Contribution</b>  \$1,000.00	
Is this contribution associated with an event reported in Section L1? If yes, list Event # _____ <input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No					
Method of Contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order			Date Received 9/29/2021	Aggregate Contributions \$2,000.00			
Last Name Malloy Zaleski			First Suzanne			MI	
Residential Street Address 105 Downs Avenue			City Stamford			State CT	Zip Code 06902
Principal Occupation Insurance			Name of Employer Allstate				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				<b>Amount of Contribution</b>  \$100.00	
Is this contribution associated with an event reported in Section L1? If yes, list Event # _____ <input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No					
Method of Contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order			Date Received 9/29/2021	Aggregate Contributions \$100.00			
Last Name London			First Seth			MI	
Residential Street Address 110 West End Ave, No19A			City New York			State NY	Zip Code 10023
Principal Occupation Consultant			Name of Employer Ground Control				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				<b>Amount of Contribution</b>  \$250.00	
Is this contribution associated with an event reported in Section L1? If yes, list Event # <u>4</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> 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: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No					
Method of Contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order			Date Received 9/29/2021	Aggregate Contributions \$250.00			
<b>SUBTOTAL Section B — This Page</b>						\$1,350.00	
<b>TOTAL of additional Section B Pages</b>							
<b>TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B)</b> (Enter total on Line 13, Column A of Summary Page Totals)						\$148,584	

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)				TYPE OF REPORT				
Caroline Simmons for Mayor				October 10 filing				
<b>A. Total Contributions from Small Contributors-Received this Period ONLY</b> (See instructions for definition of Small Contributor)				<b>SUBTOTAL SECTION A</b>				
				\$ 0.00				
<b>B. Itemized Contributions from Individuals</b>								
Last Name			First			MI		
Badcock			Belinda					
Residential Street Address			City			State	Zip Code	
17 Meadowcroft Ln			GREENWICH			CT	06830	
Principal Occupation			Name of Employer					
founder			Brito family foundation					
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000?			<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<b>Amount of Contribution</b>  \$1,000.00
Is this contribution associated with an event reported in Section L1?		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	If contributor a principal of a state contractor or prospective state contractor?			<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
If yes, list Event # <u>4</u>		If yes, indicate which branch or branches of government the contract is with:			<input type="checkbox"/> Executive <input type="checkbox"/> Legislative			
Method of Contribution:			Date Received		Aggregate Contributions			
<input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order			9/29/2021		\$1,000.00			
Last Name			First			MI		
Barton			Tatiana					
Residential Street Address			City			State	Zip Code	
2539 Bedford St, 38-K			Stamford			CT	06905	
Principal Occupation			Name of Employer					
Dentist			Tatiana Barton` DDS					
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000?			<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<b>Amount of Contribution</b>  \$50.00
Is this contribution associated with an event reported in Section L1?		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	If contributor a principal of a state contractor or prospective state contractor?			<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
If yes, list Event # _____		If yes, indicate which branch or branches of government the contract is with:			<input type="checkbox"/> Executive <input type="checkbox"/> Legislative			
Method of Contribution:			Date Received		Aggregate Contributions			
<input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order			9/29/2021		\$50.00			
Last Name			First			MI		
Marlowe			Seth					
Residential Street Address			City			State	Zip Code	
154 Pepper Ridge Rd, Unit 5			Stamford			CT	06905	
Principal Occupation			Name of Employer					
Banker			Synovus Bank					
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000?			<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<b>Amount of Contribution</b>  \$25.00
Is this contribution associated with an event reported in Section L1?		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	If contributor a principal of a state contractor or prospective state contractor?			<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
If yes, list Event # _____		If yes, indicate which branch or branches of government the contract is with:			<input type="checkbox"/> Executive <input type="checkbox"/> Legislative			
Method of Contribution:			Date Received		Aggregate Contributions			
<input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order			9/29/2021		\$60.00			
<b>SUBTOTAL Section B — This Page</b>						\$1,075.00		
<b>TOTAL of additional Section B Pages</b>								
<b>TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B)</b> (Enter total on Line 13, Column A of Summary Page Totals)						\$148,534		

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)				TYPE OF REPORT	
Caroline Simmons for Mayor				October 10 filings	
<b>A. Total Contributions from Small Contributors-Received this Period ONLY</b> (See instructions for definition of Small Contributor)				<b>SUBTOTAL SECTION A</b>	
				\$	
<b>B. Itemized Contributions from Individuals</b>					
Last Name		First		MI	
Bumston		Blake			
Residential Street Address		City		State	Zip Code
PO Box 485		Durham		NC	27702
Principal Occupation			Name of Employer		
Clinical Research Associate			Biogenics 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?		Amount of Contribution	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		\$5.00	
Is this contribution associated with an event reported in Section L1? If yes, list Event # _____		Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative			
Method of Contribution:		Date Received		Aggregate Contributions	
<input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		9/29/21		\$5.00	
Last Name		First		MI	
Ireland		Thomas			
Residential Street Address		City		State	Zip Code
75 William St.		Greenwich		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 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	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		\$1000	
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: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative			
Method of Contribution:		Date Received		Aggregate Contributions	
<input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		9/29/21		\$2000	
Last Name		First		MI	
McDonald		Shirley			
Residential Street Address		City		State	Zip Code
66 Windins Lane		Greenwich		CT	06831
Principal Occupation			Name of Employer		
Estate manager			Eileen (Immon).		
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	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		\$1000	
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: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative			
Method of Contribution:		Date Received		Aggregate Contributions	
<input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order				\$2000	
<b>SUBTOTAL Section B — This Page</b>				\$2005	
<b>TOTAL of additional Section B Pages</b>					
<b>TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B)</b> (Enter total on Line 13, Column A of Summary Page Totals)				\$148,854	

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NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)				TYPE OF REPORT			
Caroline Simmons for Mayor				October 10 filing			
<b>A. Total Contributions from Small Contributors-Received this Period ONLY</b> (See instructions for definition of Small Contributor)				<b>SUBTOTAL SECTION A</b>			
				\$ 0.00			
<b>B. Itemized Contributions from Individuals</b>							
Last Name Pinto			First Brooke			MI	
Residential Street Address 1219 Q Street Northwest			City Washington			State DC	Zip Code 20009
Principal Occupation Lawmaker			Name of Employer Dc government				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				<b>Amount of Contribution</b>  \$1,000.00	
Is this contribution associated with an event reported in Section L1? If yes, list Event # _____ <input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No					
Method of Contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order			Date Received 9/29/2021	Aggregate Contributions \$2,000.00			
Last Name Zacharewicz			First Victoria			MI	
Residential Street Address 95 Morgan St, 5B			City Stamford			State CT	Zip Code 06905
Principal Occupation homemaker			Name of Employer homemaker				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				<b>Amount of Contribution</b>  \$5.00	
Is this contribution associated with an event reported in Section L1? If yes, list Event # _____ <input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No					
Method of Contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order			Date Received 9/29/2021	Aggregate Contributions \$115.00			
Last Name de Seynes			First Sophie			MI	
Residential Street Address 123 East 75th Street, 8B			City New York			State NY	Zip Code 10021
Principal Occupation Finance			Name of Employer Morgan Stanley				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				<b>Amount of Contribution</b>  \$150.00	
Is this contribution associated with an event reported in Section L1? If yes, list Event # _____ <input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No					
Method of Contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order			Date Received 9/29/2021	Aggregate Contributions \$150.00			
<b>SUBTOTAL Section B — This Page</b>						\$1,155.00	
<b>TOTAL of additional Section B Pages</b>							
<b>TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B)</b> (Enter total on Line 13, Column A of Summary Page Totals)						\$148,854	

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)				TYPE OF REPORT			
Caroline Simmons for Mayor				October 10 filing			
<b>A. Total Contributions from Small Contributors-Received this Period ONLY</b> (See instructions for definition of Small Contributor) SUBTOTAL SECTION A				\$ 0.00			
<b>B. Itemized Contributions from Individuals</b>							
Last Name Roth			First Carmina			MI	
Residential Street Address 57 Tomac Ave			City Old Greenwich			State CT	Zip Code 06870
Principal Occupation Chief of Staff			Name of Employer ZOOM Office				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				<b>Amount of Contribution</b>  \$250.00	
Is this contribution associated with an event reported in Section L1? If yes, list Event # <u>4</u>		Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative					
Method of Contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		Date Received 9/29/2021		Aggregate Contributions \$250.00			
Last Name Bishop			First William			MI	
Residential Street Address 35 Ross Terrace			City Kentfield			State CA	Zip Code 94904
Principal Occupation Retired			Name of Employer Retired				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				<b>Amount of Contribution</b>  \$100.00	
Is this contribution associated with an event reported in Section L1? If yes, list Event # _____		Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative					
Method of Contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		Date Received 9/29/2021		Aggregate Contributions \$100.00			
Last Name Shyn			First Stephen			MI	
Residential Street Address 9 Cudlipp Street			City Rowayton			State CT	Zip Code 06853
Principal Occupation MD			Name of Employer Accenture				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				<b>Amount of Contribution</b>  \$500.00	
Is this contribution associated with an event reported in Section L1? If yes, list Event # _____		Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative					
Method of Contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		Date Received 9/29/2021		Aggregate Contributions \$500.00			
<b>SUBTOTAL Section B — This Page</b>						\$850.00	
<b>TOTAL of additional Section B Pages</b>							
<b>TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B)</b> (Enter total on Line 13, Column A of Summary Page Totals)						\$148,584	

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)				TYPE OF REPORT			
Caroline Simmons for Mayor				October 10 filing			
<b>A. Total Contributions from Small Contributors-Received this Period ONLY</b> (See instructions for definition of Small Contributor)				<b>SUBTOTAL SECTION A</b>			
				\$ 0.00			
<b>B. Itemized Contributions from Individuals</b>							
Last Name MacGuire			First Casey			MI	
Residential Street Address 43 Woodchuck Road			City Stamford		State CT	Zip Code 06903	
Principal Occupation Product Marketing			Name of Employer VTS				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				<b>Amount of Contribution</b>  \$5.00	
Is this contribution associated with an event reported in Section L1? If yes, list Event # _____ <input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No					
Method of Contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order			Date Received 9/29/2021		Aggregate Contributions \$30.00		
Last Name Harrison			First William			MI	
Residential Street Address 74 Vineyard Lane			City Greenwich		State CT	Zip Code 06830	
Principal Occupation Unemployed			Name of Employer Retired				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				<b>Amount of Contribution</b>  \$500.00	
Is this contribution associated with an event reported in Section L1? If yes, list Event # _____ <input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No					
Method of Contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order			Date Received 9/29/2021		Aggregate Contributions \$1,500.00		
Last Name Conetta			First Joanne			MI	
Residential Street Address 277 Loveland Road			City Stamford		State CT	Zip Code 06905	
Principal Occupation Office Manager			Name of Employer Pimpinella Construction Co, Inc				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				<b>Amount of Contribution</b>  \$25.00	
Is this contribution associated with an event reported in Section L1? If yes, list Event # _____ <input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No					
Method of Contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order			Date Received 9/29/2021		Aggregate Contributions \$50.00		
<b>SUBTOTAL Section B — This Page</b>					<b>\$530.00</b>		
<b>TOTAL of additional Section B Pages</b>							
<b>TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B)</b> (Enter total on Line 13, Column A of Summary Page Totals)					<b>\$148,854</b>		



NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)				TYPE OF REPORT			
Caroline Simmons for Mayor				October 10 filing			
<b>A. Total Contributions from Small Contributors-Received this Period ONLY</b> (See instructions for definition of Small Contributor)				<b>SUBTOTAL SECTION A</b>			
				\$ 0.00			
<b>B. Itemized Contributions from Individuals</b>							
Last Name		First				MI	
Ruiz		Cesar					
Residential Street Address			City		State	Zip Code	
39 Sylvan Knoll Rd			Stamford		CT	06902	
Principal Occupation			Name of Employer				
Life Skills Coach			Abilis Inc				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000?		<b>Amount of Contribution</b>  \$25.00	
				<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Is this contribution associated with an event reported in Section L1? If yes, list Event # _____		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative			
Method of Contribution:			Date Received	Aggregate Contributions			
<input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order			9/29/2021	\$110.00			
Last Name		First				MI	
Abt		Michelle					
Residential Street Address			City		State	Zip Code	
150 June Rd			Stamford		CT	06903	
Principal Occupation			Name of Employer				
Writer			Self				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000?		<b>Amount of Contribution</b>  \$250.00	
				<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Is this contribution associated with an event reported in Section L1? If yes, list Event # _____		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative			
Method of Contribution:			Date Received	Aggregate Contributions			
<input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order			9/29/2021	\$1,750.00			
Last Name		First				MI	
Jacobson		Jonathan					
Residential Street Address			City		State	Zip Code	
180 Glenbrook Road, Unit 61			Stamford		CT	06902	
Principal Occupation			Name of Employer				
Attorney			The Law Offices of David W. Rubin				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000?		<b>Amount of Contribution</b>  \$100.00	
				<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Is this contribution associated with an event reported in Section L1? If yes, list Event # _____		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative			
Method of Contribution:			Date Received	Aggregate Contributions			
<input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order			9/29/2021	\$100.00			
<b>SUBTOTAL Section B — This Page</b>						<b>\$375.00</b>	
<b>TOTAL of additional Section B Pages</b>							
<b>TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B)</b> (Enter total on Line 13, Column A of Summary Page Totals)						<b>5148, 854</b>	

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NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)				TYPE OF REPORT			
Caroline Simmons for Mayor				October 10 filing			
<b>A. Total Contributions from Small Contributors-Received this Period ONLY</b> (See instructions for definition of Small Contributor)				<b>SUBTOTAL SECTION A</b>			
				\$ 0.00			
<b>B. Itemized Contributions from Individuals</b>							
Last Name O'Byrne			First Charles John			MI	
Residential Street Address 40 Central Park South, 3H			City New York		State NY	Zip Code 10019	
Principal Occupation Executive Vice President for Policy			Name of Employer Related Companies				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				<b>Amount of Contribution</b>  \$250.00	
Is this contribution associated with an event reported in Section L1? If yes, list Event # _____ <input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No					
Method of Contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order			Date Received 9/29/2021		Aggregate Contributions \$250.00		
Last Name Markovits			First Mike			MI	
Residential Street Address 25 Forest Street, 17C			City Stamford		State CT	Zip Code 06901	
Principal Occupation Leadership Consultant			Name of Employer Markovits consulting services				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				<b>Amount of Contribution</b>  \$25.00	
Is this contribution associated with an event reported in Section L1? If yes, list Event # _____ <input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No					
Method of Contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order			Date Received 9/29/2021		Aggregate Contributions \$25.00		
Last Name Lubliner			First Jordana			MI	
Residential Street Address 173 Club Rd			City Stamford		State CT	Zip Code 06905	
Principal Occupation Preschool music teacher			Name of Employer Stamford JCC, Chelsea Piers				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				<b>Amount of Contribution</b>  \$10.00	
Is this contribution associated with an event reported in Section L1? If yes, list Event # _____ <input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No					
Method of Contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order			Date Received 9/29/2021		Aggregate Contributions \$20.00		
<b>SUBTOTAL Section B — This Page</b>						\$285.00	
<b>TOTAL of additional Section B Pages</b>							
<b>TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B)</b> (Enter total on Line 13, Column A of Summary Page Totals)						\$ 148,854	

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)				TYPE OF REPORT			
Caroline Simmons for Mayor				October 10 filing			
<b>A. Total Contributions from Small Contributors-Received this Period ONLY</b> (See instructions for definition of Small Contributor) SUBTOTAL SECTION A				\$ 0.00			
<b>B. Itemized Contributions from Individuals</b>							
Last Name Blunden			First Connie			MI	
Residential Street Address 64 Northfield Street			City Greenwich			State CT	Zip Code 06830
Principal Occupation Education			Name of Employer Greenwich Academy				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				<b>Amount of Contribution</b>  \$150.00	
Is this contribution associated with an event reported in Section L1? If yes, list Event # _____ <input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No					
Method of Contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order			Date Received 9/29/2021	Aggregate Contributions \$400.00			
Last Name Sternlicht			First Mimi			MI	
Residential Street Address 121 Old Mill Road			City Greenwich			State CT	Zip Code 06831
Principal Occupation Creative director			Name of Employer Foundation House				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				<b>Amount of Contribution</b>  \$1,000.00	
Is this contribution associated with an event reported in Section L1? If yes, list Event # <u>4</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> 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: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No					
Method of Contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order			Date Received 9/29/2021	Aggregate Contributions \$1,000.00			
Last Name Sapan			First Josh			MI	
Residential Street Address 285 Central Park West			City New York			State NY	Zip Code 10024
Principal Occupation Executive Vice Chairman			Name of Employer AMC Networks				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				<b>Amount of Contribution</b>  \$1,000.00	
Is this contribution associated with an event reported in Section L1? If yes, list Event # _____ <input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No					
Method of Contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order			Date Received 9/29/2021	Aggregate Contributions \$1,750.00			
<b>SUBTOTAL Section B — This Page</b>						\$2,150.00	
<b>TOTAL of additional Section B Pages</b>							
<b>TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B)</b> (Enter total on Line 13, Column A of Summary Page Totals)						\$148,524	

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)				TYPE OF REPORT			
Caroline Simmons for Mayor				October 10 filing			
<b>A. Total Contributions from Small Contributors-Received this Period ONLY</b> (See instructions for definition of Small Contributor)				<b>SUBTOTAL SECTION A</b>			
				\$ 0.00			
<b>B. Itemized Contributions from Individuals</b>							
Last Name Lyon			First Cynthia			MI	
Residential Street Address 21 Revonah Circle			City Stamford		State CT	Zip Code 06905	
Principal Occupation Management consultant & health coach			Name of Employer Marinstein & Co, LLC				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				<b>Amount of Contribution</b>  \$25.00	
Is this contribution associated with an event reported in Section L1? If yes, list Event # _____ <input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No					
Method of Contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order			Date Received 9/29/2021		Aggregate Contributions \$25.00		
Last Name Alchek			First Nancy			MI	
Residential Street Address 45 Binney Lane			City Old Greenwich		State CT	Zip Code 06870	
Principal Occupation event planner			Name of Employer self				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				<b>Amount of Contribution</b>  \$250.00	
Is this contribution associated with an event reported in Section L1? If yes, list Event # <u>4</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> 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: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No					
Method of Contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order			Date Received 9/29/2021		Aggregate Contributions \$250.00		
Last Name Simmons			First Julia			MI	
Residential Street Address 880 Pacific Street, #1610			City Greenwich		State CT	Zip Code 06830	
Principal Occupation Clinical Psychotherapist			Name of Employer Julia Simmons Integrative Therapy & Coaching, LLC				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				<b>Amount of Contribution</b>  \$1,000.00	
Is this contribution associated with an event reported in Section L1? If yes, list Event # _____ <input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No					
Method of Contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order			Date Received 9/29/2021		Aggregate Contributions \$2,000.00		
<b>SUBTOTAL Section B — This Page</b>						\$1,275.00	
<b>TOTAL of additional Section B Pages</b>							
<b>TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B)</b> (Enter total on Line 13, Column A of Summary Page Totals)						\$1148,584	

Section B ADDITIONAL PAGE 90 of 126

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)				TYPE OF REPORT	
Caroline Simmons for mayor				October 10 filing	
<b>A. Total Contributions from Small Contributors-Received this Period ONLY</b> (See instructions for definition of Small Contributor)				SUBTOTAL SECTION A	
				\$	
<b>B. Itemized Contributions from Individuals</b>					
Last Name		First		MI	
Travers		Dankelle			
Residential Street Address		City		State	Zip Code
PO BOX 1715		Ketchum		ID	83740
Principal Occupation		Name of Employer			
Strategist		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	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		25	
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: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative			
Method of Contribution:		Date Received	Aggregate Contributions		
<input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		9/29/21	\$50.		
Last Name		First		MI	
Duffy		Nancy			
Residential Street Address		City		State	Zip Code
45 Wilshire Road		Greenwich		CT	06831
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?		Amount of Contribution	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		\$250	
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: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative			
Method of Contribution:		Date Received	Aggregate Contributions		
<input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		9/29/21	\$250		
Last Name		First		MI	
Clare		Kathryn			
Residential Street Address		City		State	Zip Code
59 Holbrook Dr.		Stamford		CT	06906
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?		Amount of Contribution	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		\$25.00	
Is this contribution associated with an event reported in Section L1? If yes, list Event # _____		Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative			
Method of Contribution:		Date Received	Aggregate Contributions		
<input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order			\$50.00		
<b>SUBTOTAL Section B — This Page</b>				\$200	
<b>TOTAL of additional Section B Pages</b>					
<b>TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B)</b> (Enter total on Line 13, Column A of Summary Page Totals)				5148,854	

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)				TYPE OF REPORT			
Caroline Simmons for Mayor				October 10 filing			
<b>A. Total Contributions from Small Contributors-Received this Period ONLY</b> (See instructions for definition of Small Contributor)				<b>SUBTOTAL SECTION A</b>			
				\$ 0.00			
<b>B. Itemized Contributions from Individuals</b>							
Last Name Kaufman			First Derek			MI	
Residential Street Address 98 Round Hill Road			City Greenwich			State CT	Zip Code 06831
Principal Occupation Retired			Name of Employer Retired				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				<b>Amount of Contribution</b>  \$1,000.00	
Is this contribution associated with an event reported in Section L1? If yes, list Event # _____ <input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No					
Method of Contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order			Date Received 9/29/2021	Aggregate Contributions \$1,500.00			
Last Name Ireland			First Nancy			MI	
Residential Street Address 75 William St.			City Greenwich			State CT	Zip Code 06830
Principal Occupation Retired			Name of Employer Retired				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				<b>Amount of Contribution</b>  \$1,000.00	
Is this contribution associated with an event reported in Section L1? If yes, list Event # _____ <input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No					
Method of Contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order			Date Received 9/29/2021	Aggregate Contributions \$2,000.00			
Last Name Patel			First Krishna			MI	
Residential Street Address 10 Stony Point Rd			City Westport			State CT	Zip Code 06880
Principal Occupation lawyer/consulting			Name of Employer self-employed				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				<b>Amount of Contribution</b>  \$500.00	
Is this contribution associated with an event reported in Section L1? If yes, list Event # _____ <input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No					
Method of Contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order			Date Received 9/29/2021	Aggregate Contributions \$500.00			
<b>SUBTOTAL Section B — This Page</b>						\$2,500.00	
<b>TOTAL of additional Section B Pages</b>							
<b>TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B)</b> (Enter total on Line 13, Column A of Summary Page Totals)						\$1,48,854	

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)				TYPE OF REPORT				
Caroline Simmons for Mayor				October 10 filing				
<b>A. Total Contributions from Small Contributors-Received this Period ONLY</b> (See instructions for definition of Small Contributor)				<b>SUBTOTAL SECTION A</b>				
				\$ 0.00				
<b>B. Itemized Contributions from Individuals</b>								
Last Name			First			MI		
Brownstein			Donald					
Residential Street Address			City			State	Zip Code	
359 Merriebrook Lane			Stamford			CT	06902	
Principal Occupation			Name of Employer					
Retired			Retired					
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000?			<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<b>Amount of Contribution</b>  \$1,000.00
Is this contribution associated with an event reported in Section L1? If yes, list Event # _____		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative			<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
Method of Contribution:			Date Received		Aggregate Contributions			
<input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order			9/29/2021		\$1,000.00			
Last Name			First			MI		
Shepherd			Madeline					
Residential Street Address			City			State	Zip Code	
180 Turn of River Road, 7C			Stamford			CT	06905	
Principal Occupation			Name of Employer					
Retired			Retired					
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000?			<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<b>Amount of Contribution</b>  \$50.00
Is this contribution associated with an event reported in Section L1? If yes, list Event # _____		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative			<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
Method of Contribution:			Date Received		Aggregate Contributions			
<input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order			9/29/2021		\$805.00			
Last Name			First			MI		
Tyler			Lauren					
Residential Street Address			City			State	Zip Code	
914 Rockrimmon Road			Stamford			CT	06903	
Principal Occupation			Name of Employer					
Banker			JP Morgan					
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000?			<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<b>Amount of Contribution</b>  \$250.00
Is this contribution associated with an event reported in Section L1? If yes, list Event # _____		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative			<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
Method of Contribution:			Date Received		Aggregate Contributions			
<input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order			9/29/2021		\$500.00			
<b>SUBTOTAL Section B — This Page</b>						\$1,300.00		
<b>TOTAL of additional Section B Pages</b>								
<b>TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B)</b> (Enter total on Line 13, Column A of Summary Page Totals)						\$148,854		

Section B ADDITIONAL PAGE 93 of 126

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)				TYPE OF REPORT			
Caroline Simmons for Mayor				October 10 filing			
<b>A. Total Contributions from Small Contributors-Received this Period ONLY</b> (See instructions for definition of Small Contributor)				\$ 0.00			
SUBTOTAL SECTION A							
<b>B. Itemized Contributions from Individuals</b>							
Last Name Tatroe			First Donna			MI	
Residential Street Address 216 West Hill Rd			City Stamford			State CT	Zip Code 06902
Principal Occupation Retired			Name of Employer Retired				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				<b>Amount of Contribution</b>  \$150.00	
Is this contribution associated with an event reported in Section L1? If yes, list Event # _____ <input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No					
Method of Contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order			Date Received 9/29/2021	Aggregate Contributions \$250.00			
Last Name Irish			First Margery			MI	
Residential Street Address 1746 Newfield Ave			City Stamford			State CT	Zip Code 06903
Principal Occupation retired			Name of Employer retired self employed designer				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				<b>Amount of Contribution</b>  \$100.00	
Is this contribution associated with an event reported in Section L1? If yes, list Event # _____ <input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No					
Method of Contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order			Date Received 9/29/2021	Aggregate Contributions \$100.00			
Last Name Findeisen			First Laurie			MI	
Residential Street Address 167 Fairview Ave			City Stamford			State CT	Zip Code 06902
Principal Occupation yoga teacher			Name of Employer New England Wellness				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				<b>Amount of Contribution</b>  \$1,000.00	
Is this contribution associated with an event reported in Section L1? If yes, list Event # _____ <input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No					
Method of Contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order			Date Received 9/29/2021	Aggregate Contributions \$2,000.00			
<b>SUBTOTAL Section B — This Page</b>						<b>\$1,250.00</b>	
<b>TOTAL of additional Section B Pages</b>							
<b>TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B)</b> (Enter total on Line 13, Column A of Summary Page Totals)						<b>5,48,854</b>	



NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)		TYPE OF REPORT	
Caroline Simmons for Mayor		October 10 filing	
<b>A. Total Contributions from Small Contributors-Received this Period ONLY</b> (See instructions for definition of Small Contributor)		\$ 0.00	
<b>B. Itemized Contributions from Individuals</b>			
Last Name Main		First Eilish	
Residential Street Address 8 Whittaker Street		City Stamford	State CT
Principal Occupation Director Strategic Partnerships		Name of Employer Coursera	
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<b>Amount of Contribution</b>  \$150.00
Is this contribution associated with an event reported in Section L1? If yes, list Event # _____	Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		
Method of Contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		Date Received 9/29/2021	
		Aggregate Contributions \$150.00	
Last Name Martignetti		First Marion	
Residential Street Address 70 West street		City Osterville	State MA
Principal Occupation Retailer		Name of Employer Detailsandgoods	
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<b>Amount of Contribution</b>  \$1,000.00
Is this contribution associated with an event reported in Section L1? If yes, list Event # _____	Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		
Method of Contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		Date Received 9/29/2021	
		Aggregate Contributions \$2,000.00	
Last Name Tamarkin		First Leslie	
Residential Street Address 134 Brookdale Rd		City Stamford	State CT
Principal Occupation jeweler		Name of Employer leslie tamarkin designs	
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<b>Amount of Contribution</b>  \$50.00
Is this contribution associated with an event reported in Section L1? If yes, list Event # _____	Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		
Method of Contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		Date Received 9/29/2021	
		Aggregate Contributions \$125.00	
<b>SUBTOTAL Section B — This Page</b>		\$1,200.00	
<b>TOTAL of additional Section B Pages</b>			
<b>TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B)</b> (Enter total on Line 13, Column A of Summary Page Totals)		\$148,854	

**Section B ADDITIONAL PAGE** 95 **of** \_\_\_\_\_

NAME OF COMMITTEE <i>(Provide Complete Name as Registered with Filing Repository)</i>				TYPE OF REPORT			
Caroline Simmons for Mayor				October 10 filing			
<b>A. Total Contributions from Small Contributors-Received this Period ONLY</b> <i>(See instructions for definition of Small Contributor)</i>				<b>SUBTOTAL SECTION A</b>			
				\$ 0.00			
<b>B. Itemized Contributions from Individuals</b>							
Last Name Hester			First Elizabeth			MI	
Residential Street Address 529 West Lyon Farm Drive			City Greenwich			State CT	Zip Code 06831
Principal Occupation Retired			Name of Employer Retired				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				<b>Amount of Contribution</b>  \$1,000.00	
Is this contribution associated with an event reported in Section L1? <i>If yes, list Event #</i> _____ <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a principal of a state contractor or prospective state contractor? <i>If yes, indicate which branch or branches of government the contract is with:</i> <input type="checkbox"/> Executive <input type="checkbox"/> Legislative <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No					
Method of Contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order			Date Received 9/29/2021		Aggregate Contributions \$1,000.00		
Last Name Higham			First Mary			MI	
Residential Street Address 3 Aspenwood			City Simsbury			State CT	Zip Code 06089
Principal Occupation Consultant			Name of Employer Self employed				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				<b>Amount of Contribution</b>  \$100.00	
Is this contribution associated with an event reported in Section L1? <i>If yes, list Event #</i> _____ <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a principal of a state contractor or prospective state contractor? <i>If yes, indicate which branch or branches of government the contract is with:</i> <input type="checkbox"/> Executive <input type="checkbox"/> Legislative <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No					
Method of Contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order			Date Received 9/29/2021		Aggregate Contributions \$100.00		
Last Name Ormsby			First Lindsay			MI	
Residential Street Address 14 Partridge Hollow Road			City Greenwich			State CT	Zip Code 06831
Principal Occupation retired			Name of Employer retired				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				<b>Amount of Contribution</b>  \$250.00	
Is this contribution associated with an event reported in Section L1? <i>If yes, list Event #</i> <u>4</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		Is contributor a principal of a state contractor or prospective state contractor? <i>If yes, indicate which branch or branches of government the contract is with:</i> <input type="checkbox"/> Executive <input type="checkbox"/> Legislative <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No					
Method of Contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order			Date Received 9/29/2021		Aggregate Contributions \$250.00		
<b>SUBTOTAL Section B — This Page</b>						<b>\$1,350.00</b>	
<b>TOTAL of additional Section B Pages</b>							
<b>TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B)</b> <i>(Enter total on Line 13, Column A of Summary Page Totals)</i>						<b>448,584</b>	

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)				TYPE OF REPORT			
Caroline Simmons for Mayor				October 10 filing			
<b>A. Total Contributions from Small Contributors-Received this Period ONLY</b> (See instructions for definition of Small Contributor)				<b>SUBTOTAL SECTION A</b>			
				\$ 0.00			
<b>B. Itemized Contributions from Individuals</b>							
Last Name Moran			First Garrett			MI	
Residential Street Address 355 Lake Avenue			City Greenwich			State CT	Zip Code 06830
Principal Occupation Retired			Name of Employer Retired				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				<b>Amount of Contribution</b>  \$1,000.00	
Is this contribution associated with an event reported in Section L1? If yes, list Event # _____ <input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No					
Method of Contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order			Date Received 9/29/2021	Aggregate Contributions \$2,000.00			
Last Name Penniman			First Mary			MI	
Residential Street Address 355 Lake Avenue			City Greenwich			State CT	Zip Code 06830-3828
Principal Occupation none			Name of Employer none				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				<b>Amount of Contribution</b>  \$1,000.00	
Is this contribution associated with an event reported in Section L1? If yes, list Event # <u>4</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> 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: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No					
Method of Contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order			Date Received 9/29/2021	Aggregate Contributions \$1,000.00			
Last Name Swank			First Lucy			MI	
Residential Street Address 12661 1/2 Venice Boulevard			City Los Angeles			State CA	Zip Code 90066
Principal Occupation Private practice			Name of Employer Therapist				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				<b>Amount of Contribution</b>  \$20.00	
Is this contribution associated with an event reported in Section L1? If yes, list Event # _____ <input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No					
Method of Contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order			Date Received 9/29/2021	Aggregate Contributions \$70.00			
<b>SUBTOTAL Section B — This Page</b>						\$2,020.00	
<b>TOTAL of additional Section B Pages</b>							
<b>TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B)</b> (Enter total on Line 13, Column A of Summary Page Totals)						\$148,584	

Section B ADDITIONAL PAGE 97 of 126

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)				TYPE OF REPORT			
Caroline Simmons for Mayor				October 10 filing			
<b>A. Total Contributions from Small Contributors-Received this Period ONLY</b> (See instructions for definition of Small Contributor)				\$ 0.00			
<b>B. Itemized Contributions from Individuals</b>							
Last Name Laybourne		First Geraldine		MI			
Residential Street Address 67 Orchard Drive		City Rhinebeck		State NY		Zip Code 12574	
Principal Occupation retired		Name of Employer retired					
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				Amount of Contribution  \$500.00	
Is this contribution associated with an event reported in Section L1? If yes, list Event # _____ <input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No					
Method of Contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		Date Received 9/29/2021		Aggregate Contributions \$1,000.00			
Last Name Blumenthal		First Matthew		MI			
Residential Street Address 25 Oakdale Road		City Stamford		State CT		Zip Code 06906	
Principal Occupation Attorney; State Legislator		Name of Employer Koskoff, Koskoff & Bieder, P.C.; State of Connecticut					
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				Amount of Contribution  \$1,000.00	
Is this contribution associated with an event reported in Section L1? If yes, list Event # _____ <input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No					
Method of Contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		Date Received 9/29/2021		Aggregate Contributions \$1,000.00			
Last Name Heitman		First Jacqueline		MI			
Residential Street Address 1145 Lafayette Street		City Cape May		State NJ		Zip Code 08204	
Principal Occupation Marketing telecom		Name of Employer Patriot media consulting					
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				Amount of Contribution  \$500.00	
Is this contribution associated with an event reported in Section L1? If yes, list Event # _____ <input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No					
Method of Contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		Date Received 9/29/2021		Aggregate Contributions \$500.00			
<b>SUBTOTAL Section B — This Page</b>						\$2,000.00	
<b>TOTAL of additional Section B Pages</b>							
<b>TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B)</b> (Enter total on Line 13, Column A of Summary Page Totals)						\$148,854	

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)				TYPE OF REPORT			
Caroline Simmons for Mayor				October 10 filing			
<b>A. Total Contributions from Small Contributors-Received this Period ONLY</b> (See instructions for definition of Small Contributor)				<b>SUBTOTAL SECTION A</b>			
				\$ 0.00			
<b>B. Itemized Contributions from Individuals</b>							
Last Name Oliver			First Grace			MI	
Residential Street Address 85 RIVERSIDE AVE., C-6			City Stamford		State CT	Zip Code 06905	
Principal Occupation retired-SPEECH/LANGUAGE PATHOLOGIST			Name of Employer GRACE OLIVER CCC/SLP,				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				<b>Amount of Contribution</b>  \$25.00	
Is this contribution associated with an event reported in Section L1? If yes, list Event # _____		Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Method of Contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order			Date Received 9/29/2021	Aggregate Contributions \$25.00			
Last Name Holanda			First James			MI	
Residential Street Address 71 Shoal Creek Road			City Montgomery		State NJ	Zip Code 08558	
Principal Occupation Professional			Name of Employer Patriot Media Consulting				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				<b>Amount of Contribution</b>  \$1,000.00	
Is this contribution associated with an event reported in Section L1? If yes, list Event # _____		Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Method of Contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order			Date Received 9/29/2021	Aggregate Contributions \$2,000.00			
Last Name Courter			First Jeanne			MI	
Residential Street Address 21 Paragon Ln			City Stamford		State NY	Zip Code 06905-4425	
Principal Occupation Clerk			Name of Employer Botanic Nursery				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				<b>Amount of Contribution</b>  \$20.00	
Is this contribution associated with an event reported in Section L1? If yes, list Event # _____		Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Method of Contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order			Date Received 9/29/2021	Aggregate Contributions \$20.00			
<b>SUBTOTAL Section B — This Page</b>						\$1,045.00	
<b>TOTAL of additional Section B Pages</b>							
<b>TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B)</b> (Enter total on Line 13, Column A of Summary Page Totals)						\$148,654	

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)				TYPE OF REPORT			
Caroline Simmons for Mayor				October 10 filing			
<b>A. Total Contributions from Small Contributors-Received this Period ONLY</b> (See instructions for definition of Small Contributor)				SUBTOTAL SECTION A			
				\$ 0.00			
<b>B. Itemized Contributions from Individuals</b>							
Last Name Clark			First Harry			MI	
Residential Street Address 209 West Lyon Farm Dr			City Greenwich			State CT	Zip Code 06831
Principal Occupation Management Consultant			Name of Employer Stanwich Group LLC				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				<b>Amount of Contribution</b>  \$500.00	
Is this contribution associated with an event reported in Section L1? If yes, list Event # _____ <input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No					
Method of Contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order			Date Received 9/29/2021	Aggregate Contributions \$1,500.00			
Last Name Levin			First Jay			MI	
Residential Street Address 23 Worthington Rd			City New London			State CT	Zip Code 06320-2932
Principal Occupation attorney/lobbyist			Name of Employer Jay B. Levin Government Relations Consulting				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				<b>Amount of Contribution</b>  \$100.00	
Is this contribution associated with an event reported in Section L1? If yes, list Event # _____ <input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No					
Method of Contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order			Date Received 9/29/2021	Aggregate Contributions \$200.00			
Last Name Dynner			First Heather			MI	
Residential Street Address 439 Pepper Ridge Road			City Stamford			State CT	Zip Code 06905
Principal Occupation Social worker			Name of Employer Theracare				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				<b>Amount of Contribution</b>  \$100.00	
Is this contribution associated with an event reported in Section L1? If yes, list Event # _____ <input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No					
Method of Contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order			Date Received 9/29/2021	Aggregate Contributions \$550.00			
<b>SUBTOTAL Section B — This Page</b>						\$700.00	
<b>TOTAL of additional Section B Pages</b>							
<b>TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B)</b> (Enter total on Line 13, Column A of Summary Page Totals)						\$148,854	

Section B ADDITIONAL PAGE 100 of 126

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)				TYPE OF REPORT			
Caroline Simmons for Mayor				October 10 filing			
<b>A. Total Contributions from Small Contributors-Received this Period ONLY</b> (See instructions for definition of Small Contributor)				<b>SUBTOTAL SECTION A</b>			
				\$ 0.00			
<b>B. Itemized Contributions from Individuals</b>							
Last Name Lyman			First Ames			MI	
Residential Street Address 38 Upton Street			City Boston			State MA	Zip Code 02118
Principal Occupation student			Name of Employer Student				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				<b>Amount of Contribution</b>  \$100.00	
Is this contribution associated with an event reported in Section L1? If yes, list Event # _____ <input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No					
Method of Contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order			Date Received 9/30/2021	Aggregate Contributions \$1,010.00			
Last Name Watson			First Roger			MI	
Residential Street Address 31 Clay Hill Road			City Stamford			State CT	Zip Code 06905
Principal Occupation Unemployed			Name of Employer Unemployed				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				<b>Amount of Contribution</b>  \$25.00	
Is this contribution associated with an event reported in Section L1? If yes, list Event # _____ <input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No					
Method of Contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order			Date Received 9/30/2021	Aggregate Contributions \$50.00			
Last Name Santiago			First Hilda			MI	
Residential Street Address 86 South Avenue			City Meriden			State CT	Zip Code 06451
Principal Occupation Legislator			Name of Employer State of connecticut				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				<b>Amount of Contribution</b>  \$50.00	
Is this contribution associated with an event reported in Section L1? If yes, list Event # _____ <input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No					
Method of Contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order			Date Received 9/30/2021	Aggregate Contributions \$150.00			
<b>SUBTOTAL Section B — This Page</b>						<b>\$175.00</b>	
<b>TOTAL of additional Section B Pages</b>							
<b>TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B)</b> (Enter total on Line 13, Column A of Summary Page Totals)						<b>\$147,854</b>	

Section B ADDITIONAL PAGE 101 of 126

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)				TYPE OF REPORT				
Caroline Simmons for Mayor				October 10 filing				
<b>A. Total Contributions from Small Contributors-Received this Period ONLY</b> (See instructions for definition of Small Contributor)				<b>SUBTOTAL SECTION A</b>				
				\$ 0.00				
<b>B. Itemized Contributions from Individuals</b>								
Last Name			First			MI		
Fleishman			Amy					
Residential Street Address			City			State	Zip Code	
77 Havemeyer Lane			Stamford			CT	06902	
Principal Occupation			Name of Employer					
Retired			Retired					
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000?			<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<b>Amount of Contribution</b>  \$100.00
Is this contribution associated with an event reported in Section L1? If yes, list Event # _____		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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:			<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
			<input type="checkbox"/> Executive <input type="checkbox"/> Legislative					
Method of Contribution:			Date Received		Aggregate Contributions			
<input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order			9/30/2021		\$100.00			
Last Name			First			MI		
Ganguly			Sandra					
Residential Street Address			City			State	Zip Code	
69 Lantern Cir			Stamford			CT	06905-3132	
Principal Occupation			Name of Employer					
Data Strategy			Mastercard					
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000?			<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<b>Amount of Contribution</b>  \$100.00
Is this contribution associated with an event reported in Section L1? If yes, list Event # _____		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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:			<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
			<input type="checkbox"/> Executive <input type="checkbox"/> Legislative					
Method of Contribution:			Date Received		Aggregate Contributions			
<input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order			9/30/2021		\$200.00			
Last Name			First			MI		
Sharma			Janill					
Residential Street Address			City			State	Zip Code	
144 Pond Road			Stamford			CT	06902	
Principal Occupation			Name of Employer					
Homemaker			Self employed					
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000?			<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<b>Amount of Contribution</b>  \$500.00
Is this contribution associated with an event reported in Section L1? If yes, list Event # _____		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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:			<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
			<input type="checkbox"/> Executive <input type="checkbox"/> Legislative					
Method of Contribution:			Date Received		Aggregate Contributions			
<input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order			9/30/2021		\$500.00			
<b>SUBTOTAL Section B — This Page</b>						<b>\$700.00</b>		
<b>TOTAL of additional Section B Pages</b>								
<b>TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B)</b> (Enter total on Line 13, Column A of Summary Page Totals)						<b>\$148,854</b>		



Section B ADDITIONAL PAGE 102 of 126

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)				TYPE OF REPORT			
Caroline Simmons for Mayor				October 10 filing			
<b>A. Total Contributions from Small Contributors-Received this Period ONLY</b> (See instructions for definition of Small Contributor)				<b>SUBTOTAL SECTION A</b>			
				\$ 0.00			
<b>B. Itemized Contributions from Individuals</b>							
Last Name Vitale			First Amy			MI	
Residential Street Address 30 Hazelwood Lane			City Stamford			State CT	Zip Code 06905
Principal Occupation Lighting Designer			Name of Employer ALV Lighting Solutions				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				<b>Amount of Contribution</b>  \$20.00	
Is this contribution associated with an event reported in Section L1? If yes, list Event # _____ <input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No					
Method of Contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order			Date Received 9/30/2021	Aggregate Contributions \$20.00			
Last Name Swanberg			First Sarah			MI	
Residential Street Address 57 Ocean Drive West			City Stamford			State CT	Zip Code 06902
Principal Occupation Acupuncturist			Name of Employer Indigo wellness				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				<b>Amount of Contribution</b>  \$25.00	
Is this contribution associated with an event reported in Section L1? If yes, list Event # _____ <input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No					
Method of Contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order			Date Received 9/30/2021	Aggregate Contributions \$220.00			
Last Name Maron			First Jeffrey			MI	
Residential Street Address 169 East Ln			City Stamford			State CT	Zip Code 06905
Principal Occupation Manager			Name of Employer Tradition				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				<b>Amount of Contribution</b>  \$500.00	
Is this contribution associated with an event reported in Section L1? If yes, list Event # _____ <input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No					
Method of Contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order			Date Received 9/30/2021	Aggregate Contributions \$1,000.00			
<b>SUBTOTAL Section B — This Page</b>						\$545.00	
<b>TOTAL of additional Section B Pages</b>							
<b>TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B)</b> (Enter total on Line 13, Column A of Summary Page Totals)						\$148,854	

Section B ADDITIONAL PAGE 103 of 126

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)		TYPE OF REPORT	
Caroline Simmons for Mayor		October 10 filing	
<b>A. Total Contributions from Small Contributors-Received this Period ONLY</b> (See instructions for definition of Small Contributor)		SUBTOTAL SECTION A	
		\$ 0.00	
<b>B. Itemized Contributions from Individuals</b>			
Last Name Bronin		First Andrew	
Residential Street Address 21 Little Point St		City Essex	State CT
Principal Occupation physician/dermatologist		Name of Employer self	
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Amount of Contribution	
Is this contribution associated with an event reported in Section L1? If yes, list Event # _____ <input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	\$1,000.00	
Method of Contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		Date Received 9/30/2021	Aggregate Contributions \$2,000.00
Last Name Conley		First Scott	
Residential Street Address 62 West Lane		City Stamford	State CT
Principal Occupation CEO		Name of Employer The Cradlerock Group	
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Amount of Contribution	
Is this contribution associated with an event reported in Section L1? If yes, list Event # _____ <input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	\$1,000.00	
Method of Contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		Date Received 9/30/2021	Aggregate Contributions \$1,000.00
Last Name Godzeno		First Jennifer	
Residential Street Address 29B Douglas Ave		City Stamford	State CT
Principal Occupation Urban planner		Name of Employer National Assoc of City Transp. Officials	
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Amount of Contribution	
Is this contribution associated with an event reported in Section L1? If yes, list Event # _____ <input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	\$1,000.00	
Method of Contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		Date Received 9/30/2021	Aggregate Contributions \$2,000.00
<b>SUBTOTAL Section B — This Page</b>		\$3,000.00	
<b>TOTAL of additional Section B Pages</b>			
<b>TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B)</b> (Enter total on Line 13, Column A of Summary Page Totals)		\$1,488,854	

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)		TYPE OF REPORT	
Caroline Simmons for Mayor		October 10 filing	
<b>A. Total Contributions from Small Contributors-Received this Period ONLY</b> (See instructions for definition of Small Contributor)		\$ 0.00	
<b>B. Itemized Contributions from Individuals</b>			
Last Name <b>Cyphers</b>		First <b>Ann</b>	MI
Residential Street Address <b>667 Independence Valley Drive</b>		City <b>GRAND JUNCTION</b>	State <b>CO</b> Zip Code <b>81507</b>
Principal Occupation <b>FOUNDER AND CEO</b>		Name of Employer <b>Carlsen Resources, Inc</b>	
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<b>Amount of Contribution</b>  <b>\$1,000.00</b>
Is this contribution associated with an event reported in Section L1? If yes, list Event # _____ <input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
Method of Contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		Date Received <b>9/30/2021</b> Aggregate Contributions <b>\$1,000.00</b>	
Last Name <b>Krowitz</b>		First <b>Scott</b>	MI
Residential Street Address <b>83 Canfield Drive</b>		City <b>Stamford</b>	State <b>CT</b> Zip Code <b>06902</b>
Principal Occupation <b>Legal staffing/recruiting</b>		Name of Employer <b>Consilio</b>	
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<b>Amount of Contribution</b>  <b>\$100.00</b>
Is this contribution associated with an event reported in Section L1? If yes, list Event # _____ <input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
Method of Contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		Date Received <b>9/30/2021</b> Aggregate Contributions <b>\$100.00</b>	
Last Name <b>Grant-Hyman</b>		First <b>Jennifer</b>	MI
Residential Street Address <b>53 Carriage Drive</b>		City <b>Stamford</b>	State <b>CT</b> Zip Code <b>06902</b>
Principal Occupation <b>Development Solutions</b>		Name of Employer <b>Regeneron</b>	
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<b>Amount of Contribution</b>  <b>\$50.00</b>
Is this contribution associated with an event reported in Section L1? If yes, list Event # _____ <input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
Method of Contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		Date Received <b>9/30/2021</b> Aggregate Contributions <b>\$50.00</b>	
<b>SUBTOTAL Section B — This Page</b>		<b>\$1,150.00</b>	
<b>TOTAL of additional Section B Pages</b>			
<b>TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B)</b> (Enter total on Line 13, Column A of Summary Page Totals)		<b>\$1,478.54</b>	

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)				TYPE OF REPORT			
Caroline Simmons for Mayor				October 10 filing			
<b>A. Total Contributions from Small Contributors-Received this Period ONLY</b> (See instructions for definition of Small Contributor)				<b>SUBTOTAL SECTION A</b>			
				\$ 0.00			
<b>B. Itemized Contributions from Individuals</b>							
Last Name Reed			First Ann			MI	
Residential Street Address 15 Libby Lane			City Darien			State CT	Zip Code 06820
Principal Occupation Retired			Name of Employer Retired				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				<b>Amount of Contribution</b>  \$100.00	
Is this contribution associated with an event reported in Section L1? If yes, list Event # _____ <input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No					
Method of Contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order			Date Received 9/30/2021	Aggregate Contributions \$525.00			
Last Name O'Shea			First Stephanie			MI	
Residential Street Address 9 Norman Road			City Stamford			State CT	Zip Code 06906
Principal Occupation unemployed			Name of Employer unemployed				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				<b>Amount of Contribution</b>  \$100.00	
Is this contribution associated with an event reported in Section L1? If yes, list Event # _____ <input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No					
Method of Contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order			Date Received 9/30/2021	Aggregate Contributions \$200.00			
Last Name Steed			First Jeremy			MI	
Residential Street Address 4119 Aspen Street			City Chevy Chase			State MD	Zip Code 20815
Principal Occupation Lawyer			Name of Employer Paul Hastings LLP				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				<b>Amount of Contribution</b>  \$1,000.00	
Is this contribution associated with an event reported in Section L1? If yes, list Event # _____ <input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No					
Method of Contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order			Date Received 9/30/2021	Aggregate Contributions \$2,000.00			
<b>SUBTOTAL Section B — This Page</b>						\$1,200.00	
<b>TOTAL of additional Section B Pages</b>							
<b>TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B)</b> (Enter total on Line 13, Column A of Summary Page Totals)						\$148,854	

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)		TYPE OF REPORT	
Caroline Simmons for Mayor		October 10 filing	
<b>A. Total Contributions from Small Contributors-Received this Period ONLY</b> (See instructions for definition of Small Contributor)		\$ 0.00	
<b>B. Itemized Contributions from Individuals</b>			
Last Name Tedesco		First Anthony	MI
Residential Street Address 120 Dann Drive		City Stamford	State CT
			Zip Code 06905
Principal Occupation Admin Coordinator		Name of Employer City of Stamford	
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<b>Amount of Contribution</b>  \$25.00	
Is this contribution associated with an event reported in Section L1? If yes, list Event # _____ <input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
Method of Contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order	Date Received 9/30/2021		Aggregate Contributions \$25.00
Last Name Lehman		First Susan	MI
Residential Street Address 521 Field Point Rd		City Greenwich	State CT
			Zip Code 06830
Principal Occupation Not Employed		Name of Employer Not employed	
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<b>Amount of Contribution</b>  \$1,000.00	
Is this contribution associated with an event reported in Section L1? If yes, list Event # <u>4</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> 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: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
Method of Contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order	Date Received 9/30/2021		Aggregate Contributions \$1,500.00
Last Name Lichtenstein		First Joel	MI
Residential Street Address 350 Fairfield Avenue 501		City Bridgeport	State CT
			Zip Code 06604
Principal Occupation Attorney		Name of Employer Koskoff, Koskoff & Bieder	
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<b>Amount of Contribution</b>  \$500.00	
Is this contribution associated with an event reported in Section L1? If yes, list Event # _____ <input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
Method of Contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order	Date Received 9/30/2021		Aggregate Contributions \$500.00
<b>SUBTOTAL Section B — This Page</b>		\$1,525.00	
<b>TOTAL of additional Section B Pages</b>			
<b>TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B)</b> (Enter total on Line 13, Column A of Summary Page Totals)		\$148,584	

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)				TYPE OF REPORT				
Caroline Simmons for Mayor				October 10 filing				
<b>A. Total Contributions from Small Contributors-Received this Period ONLY</b> (See instructions for definition of Small Contributor)				<b>SUBTOTAL SECTION A</b>				
				\$ 0.00				
<b>B. Itemized Contributions from Individuals</b>								
Last Name			First			MI		
Richman			Brooke					
Residential Street Address			City			State	Zip Code	
11 Conyers Farm Drive			Greenwich			CT	06831	
Principal Occupation			Name of Employer					
Business Owner			Coop & Spree					
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000?			<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<b>Amount of Contribution</b>  <b>\$1,000.00</b>
Is this contribution associated with an event reported in Section L1? If yes, list Event #		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> 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:			<input type="checkbox"/> Executive <input type="checkbox"/> Legislative		
Method of Contribution:			Date Received		Aggregate Contributions			
<input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order			9/30/2021		\$1,500.00			
Last Name			First			MI		
Steed			Tyler					
Residential Street Address			City			State	Zip Code	
8300 Wisconsin Avenue			Bethesda			MD	20814	
Principal Occupation			Name of Employer					
Finance			Paladin Capital Group					
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000?			<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<b>Amount of Contribution</b>  <b>\$1,000.00</b>
Is this contribution associated with an event reported in Section L1? If yes, list Event #		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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:			<input type="checkbox"/> Executive <input type="checkbox"/> Legislative		
Method of Contribution:			Date Received		Aggregate Contributions			
<input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order			9/30/2021		\$2,000.00			
Last Name			First			MI		
Feehan			John					
Residential Street Address			City			State	Zip Code	
2155 Aquetong Rd			New Hope			PA	18938	
Principal Occupation			Name of Employer					
Finance			None					
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000?			<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<b>Amount of Contribution</b>  <b>\$1,000.00</b>
Is this contribution associated with an event reported in Section L1? If yes, list Event #		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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:			<input type="checkbox"/> Executive <input type="checkbox"/> Legislative		
Method of Contribution:			Date Received		Aggregate Contributions			
<input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order			9/30/2021		\$2,000.00			
<b>SUBTOTAL Section B — This Page</b>						<b>\$3,000.00</b>		
<b>TOTAL of additional Section B Pages</b>								
<b>TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B)</b> (Enter total on Line 13, Column A of Summary Page Totals)						<b>\$148,584</b>		

Section B ADDITIONAL PAGE 108 of 126

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)				TYPE OF REPORT	
Caroline Simmons for mayor				October 10th 2015	
<b>A. Total Contributions from Small Contributors-Received this Period ONLY</b> (See instructions for definition of Small Contributor)				<b>SUBTOTAL SECTION A</b>	
				\$	
<b>B. Itemized Contributions from Individuals</b>					
Last Name		First		MI	
Shanahan		Carl			
Residential Street Address		City		State	Zip Code
280 Ocean Drive East		Stamford		CT	06902
Principal Occupation			Name of Employer		
CEO			Shamrock Clean		
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	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		\$1000	
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: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative			
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Method of Contribution:			Date Received	Aggregate Contributions	
<input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order			9/20/21	\$2000	
Last Name		First		MI	
Shultz-Wilson		Valarie			
Residential Street Address		City		State	Zip Code
9 Faith Lane		Danbury		CT	06810
Principal Occupation			Name of Employer		
Managing Partner, Shultz + Co			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	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		\$250.00	
Is this contribution associated with an event reported in Section L1? If yes, list Event # _____		Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative			
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Method of Contribution:			Date Received	Aggregate Contributions	
<input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order			9/30/21	\$250.	
Last Name		First		MI	
Fedeli		Joshua			
Residential Street Address		City		State	Zip Code
66 Mary Nolet Road		Stamford		CT	06907
Principal Occupation			Name of Employer		
Account Management			Oracle		
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	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		\$1000	
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: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative			
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Method of Contribution:			Date Received	Aggregate Contributions	
<input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order			9/20/21	\$1000	
<b>SUBTOTAL Section B — This Page</b>				\$2,250	
<b>TOTAL of additional Section B Pages</b>					
<b>TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B)</b> (Enter total on Line 13, Column A of Summary Page Totals)				\$148,854	

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)				TYPE OF REPORT			
Caroline Simmons for Mayor				October 10 filing			
<b>A. Total Contributions from Small Contributors-Received this Period ONLY</b> <i>(See instructions for definition of Small Contributor)</i>				<b>SUBTOTAL SECTION A</b>			
				\$ 0.00			
<b>B. Itemized Contributions from Individuals</b>							
Last Name Kagan			First Carolyn			MI	
Residential Street Address 14 Dartley St			City Stamford		State CT	Zip Code 06905	
Principal Occupation psychotherapist			Name of Employer Alliance Therapy Practice				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				<b>Amount of Contribution</b>  \$25.00	
Is this contribution associated with an event reported in Section L1? <i>If yes, list Event # _____</i> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a principal of a state contractor or prospective state contractor? <i>If yes, indicate which branch or branches of government the contract is with: _____</i> <input type="checkbox"/> Executive <input type="checkbox"/> Legislative <input checked="" type="checkbox"/> No					
Method of Contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order			Date Received 9/30/2021		Aggregate Contributions \$120.00		
Last Name Day			First Virginia			MI	
Residential Street Address 680 Steamboat Road, #6			City Greenwich		State CT	Zip Code 06830	
Principal Occupation Retired			Name of Employer None				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				<b>Amount of Contribution</b>  \$1,000.00	
Is this contribution associated with an event reported in Section L1? <i>If yes, list Event # _____</i> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a principal of a state contractor or prospective state contractor? <i>If yes, indicate which branch or branches of government the contract is with: _____</i> <input type="checkbox"/> Executive <input type="checkbox"/> Legislative <input checked="" type="checkbox"/> No					
Method of Contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order			Date Received 9/30/2021		Aggregate Contributions \$2,000.00		
Last Name Silver			First Keith			MI	
Residential Street Address 525 West Hill Road			City Stamford		State CT	Zip Code 06902	
Principal Occupation Financial Advisor			Name of Employer Morgan Stanley				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				<b>Amount of Contribution</b>  \$100.00	
Is this contribution associated with an event reported in Section L1? <i>If yes, list Event # _____</i> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a principal of a state contractor or prospective state contractor? <i>If yes, indicate which branch or branches of government the contract is with: _____</i> <input type="checkbox"/> Executive <input type="checkbox"/> Legislative <input checked="" type="checkbox"/> No					
Method of Contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order			Date Received 9/30/2021		Aggregate Contributions \$100.00		
<b>SUBTOTAL Section B — This Page</b>						\$1,125.00	
<b>TOTAL of additional Section B Pages</b>							
<b>TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B)</b> <i>(Enter total on Line 13, Column A of Summary Page Totals)</i>						\$148,954	



NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)				TYPE OF REPORT			
Caroline Simmons for Mayor				October 10 filing			
<b>A. Total Contributions from Small Contributors-Received this Period ONLY</b> (See instructions for definition of Small Contributor)				SUBTOTAL SECTION A			
				\$ 0.00			
<b>B. Itemized Contributions from Individuals</b>							
Last Name Ecker			First Charlesanna			MI	
Residential Street Address 226 Dundee Rd			City Stamford			State CT	Zip Code 06903
Principal Occupation retired			Name of Employer retired				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				<b>Amount of Contribution</b>  \$100.00	
Is this contribution associated with an event reported in Section L1? If yes, list Event # _____ <input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No					
Method of Contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order			Date Received 9/30/2021		Aggregate Contributions \$750.00		
Last Name Lee			First Mary			MI	
Residential Street Address 104 Burgess Road			City Yorktown Heights			State NY	Zip Code 10598
Principal Occupation Executive Assistant			Name of Employer RCN				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				<b>Amount of Contribution</b>  \$50.00	
Is this contribution associated with an event reported in Section L1? If yes, list Event # _____ <input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No					
Method of Contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order			Date Received 9/30/2021		Aggregate Contributions \$100.00		
Last Name Schenck			First Kim			MI	
Residential Street Address 35 Saint George Avenue			City Stamford			State CT	Zip Code 06905
Principal Occupation Strategic media planner			Name of Employer Self employed - KKS Communications				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				<b>Amount of Contribution</b>  \$100.00	
Is this contribution associated with an event reported in Section L1? If yes, list Event # _____ <input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No					
Method of Contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order			Date Received 9/30/2021		Aggregate Contributions \$150.00		
<b>SUBTOTAL Section B — This Page</b>					\$250.00		
<b>TOTAL of additional Section B Pages</b>							
<b>TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B)</b> (Enter total on Line 13, Column A of Summary Page Totals)					\$148,854		

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)				TYPE OF REPORT			
Caroline Simmons for Mayor				October 10 filing			
<b>A. Total Contributions from Small Contributors-Received this Period ONLY</b> (See instructions for definition of Small Contributor)				<b>SUBTOTAL SECTION A</b>			
				\$ 0.00			
<b>B. Itemized Contributions from Individuals</b>							
Last Name Mattei			First Christopher			MI	
Residential Street Address 176 North Beacon St.			City Hartford		State CT	Zip Code 06105	
Principal Occupation Attorney			Name of Employer Koskoff, Koskoff & Bieder				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				<b>Amount of Contribution</b>  \$500.00	
Is this contribution associated with an event reported in Section L1? If yes, list Event # _____ <input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No					
Method of Contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order			Date Received 9/30/2021		Aggregate Contributions \$500.00		
Last Name Pittoni			First Mary Jo			MI	
Residential Street Address 283 Quarry Road			City Stamford		State CT	Zip Code 06903	
Principal Occupation Retired SPS teacher and administrator			Name of Employer N/a				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				<b>Amount of Contribution</b>  \$100.00	
Is this contribution associated with an event reported in Section L1? If yes, list Event # _____ <input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No					
Method of Contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order			Date Received 9/30/2021		Aggregate Contributions \$250.00		
Last Name Augustyn			First Laura			MI	
Residential Street Address 444 Bedford St, 1N			City Stamford		State CT	Zip Code 06901	
Principal Occupation ESL TEACHER			Name of Employer Laura J Augustyn dba Laura J Augustyn				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				<b>Amount of Contribution</b>  \$25.00	
Is this contribution associated with an event reported in Section L1? If yes, list Event # _____ <input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No					
Method of Contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order			Date Received 9/30/2021		Aggregate Contributions \$25.00		
<b>SUBTOTAL Section B — This Page</b>						\$625.00	
<b>TOTAL of additional Section B Pages</b>							
<b>TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B)</b> (Enter total on Line 13, Column A of Summary Page Totals)						<b>\$48,854</b>	

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)				TYPE OF REPORT			
Caroline Simmons for Mayor				October 10 filing			
<b>A. Total Contributions from Small Contributors-Received this Period ONLY</b> (See instructions for definition of Small Contributor)				<b>SUBTOTAL SECTION A</b>			
				\$ 0.00			
<b>B. Itemized Contributions from Individuals</b>							
Last Name			First			MI	
Horowitz			Dana				
Residential Street Address			City		State	Zip Code	
16 Dunn Ave			Stamford		CT	06905	
Principal Occupation			Name of Employer				
Office Adminsitrator			Integrated Protection Services				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000?			<b>Amount of Contribution</b>  \$100.00	
			<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				
Is this contribution associated with an event reported in Section L1?		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Is contributor a principal of a state contractor or prospective state contractor?				
If yes, list Event # _____			If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative				
Method of Contribution:			Date Received	Aggregate Contributions			
<input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order			9/30/2021	\$200.00			
Last Name			First			MI	
Belfiore			Matthew				
Residential Street Address			City		State	Zip Code	
13 Saint Charles Ave.			Stamford		CT	06907	
Principal Occupation			Name of Employer				
Teacher			Stamford Public Schools				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000?			<b>Amount of Contribution</b>  \$100.00	
			<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				
Is this contribution associated with an event reported in Section L1?		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Is contributor a principal of a state contractor or prospective state contractor?				
If yes, list Event # _____			If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative				
Method of Contribution:			Date Received	Aggregate Contributions			
<input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order			9/30/2021	\$250.00			
Last Name			First			MI	
Lord-Sharma			Lois				
Residential Street Address			City		State	Zip Code	
141 Club Rd			Stamford		CT	06905	
Principal Occupation			Name of Employer				
Marketing			Weill Cornell Medicine				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000?			<b>Amount of Contribution</b>  \$25.00	
			<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				
Is this contribution associated with an event reported in Section L1?		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Is contributor a principal of a state contractor or prospective state contractor?				
If yes, list Event # _____			If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative				
Method of Contribution:			Date Received	Aggregate Contributions			
<input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order			9/30/2021	\$125.00			
<b>SUBTOTAL Section B — This Page</b>						\$225.00	
<b>TOTAL of additional Section B Pages</b>							
<b>TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B)</b> (Enter total on Line 13, Column A of Summary Page Totals)						\$ 148,854	

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)				TYPE OF REPORT				
Caroline Simmons for Mayor				October 10 filing				
<b>A. Total Contributions from Small Contributors-Received this Period ONLY</b> (See instructions for definition of Small Contributor)				SUBTOTAL SECTION A				
				\$ 0.00				
<b>B. Itemized Contributions from Individuals</b>								
Last Name Hoak			First David			MI		
Residential Street Address 31 Pepper Ridge Place			City Stamford			State CT	Zip Code 06905	
Principal Occupation Unemployed			Name of Employer Unemployed					
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000?			<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<b>Amount of Contribution</b>  \$100.00
Is this contribution associated with an event reported in Section L1? If yes, list Event # _____		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative			<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
Method of Contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order			Date Received 9/30/2021		Aggregate Contributions \$185.00			
Last Name Rosenberg			First Meira			MI		
Residential Street Address 52 Boulder Brook Drive			City Stamford			State CT	Zip Code 06903	
Principal Occupation Professor, Lawyer, Writer			Name of Employer UConn, NCC, and self					
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000?			<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<b>Amount of Contribution</b>  \$100.00
Is this contribution associated with an event reported in Section L1? If yes, list Event # _____		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative			<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
Method of Contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order			Date Received 9/30/2021		Aggregate Contributions \$175.00			
Last Name Linares			First Luis			MI		
Residential Street Address 38 North Main st Unit 3			City Essex			State CT	Zip Code 06426	
Principal Occupation Real estate investor			Name of Employer Linares Realty Group LLC					
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000?			<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<b>Amount of Contribution</b>  \$1,000.00
Is this contribution associated with an event reported in Section L1? If yes, list Event # _____		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative			<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
Method of Contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order			Date Received 9/30/2021		Aggregate Contributions \$2,000.00			
<b>SUBTOTAL Section B — This Page</b>						<b>\$1,200.00</b>		
<b>TOTAL of additional Section B Pages</b>								
<b>TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B)</b> (Enter total on Line 13, Column A of Summary Page Totals)						<b>\$148,854</b>		

NAME OF COMMITTEE <i>(Provide Complete Name as Registered with Filing Repository)</i>				TYPE OF REPORT	
Caroline Simmons for Mayor				October 10 filing	
<b>A. Total Contributions from Small Contributors-Received this Period ONLY</b> <i>(See instructions for definition of Small Contributor)</i>				\$ 0.00	
<b>B. Itemized Contributions from Individuals</b>					
Last Name		First		MI	
Stein		David			
Residential Street Address		City		State	Zip Code
83 Boulder Brook Drive		Stamford		CT	06903
Principal Occupation		Name of Employer			
Attorney		David Stein, Esq.			
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	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		\$500.00	
Is this contribution associated with an event reported in Section L1? <i>If yes, list Event #</i> <u>4</u>		Is contributor a principal of a state contractor or prospective state contractor? <i>If yes, indicate which branch or branches of government the contract is with:</i> <input type="checkbox"/> Executive <input type="checkbox"/> Legislative			
Method of Contribution:		Date Received	Aggregate Contributions		
<input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		9/30/2021	\$500.00		
Last Name		First		MI	
Goldberg		Phyllis			
Residential Street Address		City		State	Zip Code
168 Belltown Rd, Unit 16		Stamford		CT	06905
Principal Occupation		Name of Employer			
Office Assistant		Hedgeye Risk Management			
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	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		\$25.00	
Is this contribution associated with an event reported in Section L1? <i>If yes, list Event #</i> _____		Is contributor a principal of a state contractor or prospective state contractor? <i>If yes, indicate which branch or branches of government the contract is with:</i> <input type="checkbox"/> Executive <input type="checkbox"/> Legislative			
Method of Contribution:		Date Received	Aggregate Contributions		
<input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		9/30/2021	\$45.00		
Last Name		First		MI	
Branca		Marcella			
Residential Street Address		City		State	Zip Code
5 Verplank Ave		stamford		CT	06902
Principal Occupation		Name of Employer			
Freelance translator		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?		Amount of Contribution	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		\$1,000.00	
Is this contribution associated with an event reported in Section L1? <i>If yes, list Event #</i> _____		Is contributor a principal of a state contractor or prospective state contractor? <i>If yes, indicate which branch or branches of government the contract is with:</i> <input type="checkbox"/> Executive <input type="checkbox"/> Legislative			
Method of Contribution:		Date Received	Aggregate Contributions		
<input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		9/30/2021	\$1,150.00		
<b>SUBTOTAL Section B — This Page</b>				\$1,525.00	
<b>TOTAL of additional Section B Pages</b>					
<b>TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B)</b> <i>(Enter total on Line 13, Column A of Summary Page Totals)</i>				8148,584	

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)				TYPE OF REPORT			
Caroline Simmons for Mayor				October 10 filing			
<b>A. Total Contributions from Small Contributors-Received this Period ONLY</b> <i>(See instructions for definition of Small Contributor)</i>				<b>SUBTOTAL SECTION A</b>			
				\$ 0.00			
<b>B. Itemized Contributions from Individuals</b>							
Last Name Hendry			First Debra			MI	
Residential Street Address 55 Nichols Ave			City Stamford			State CT	Zip Code 06905
Principal Occupation retired			Name of Employer retired				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				<b>Amount of Contribution</b>  \$50.00	
Is this contribution associated with an event reported in Section L1? <i>If yes, list Event # _____</i> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a principal of a state contractor or prospective state contractor? <i>If yes, indicate which branch or branches of government the contract is with:</i> <input type="checkbox"/> Executive <input type="checkbox"/> Legislative <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No					
Method of Contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order			Date Received 9/30/2021		Aggregate Contributions \$100.00		
Last Name Kapasouris			First Reischea			MI	
Residential Street Address 13 Ogden Road			City Stamford			State CT	Zip Code 06905
Principal Occupation Homemaker			Name of Employer Homemaker				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				<b>Amount of Contribution</b>  \$20.00	
Is this contribution associated with an event reported in Section L1? <i>If yes, list Event # _____</i> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a principal of a state contractor or prospective state contractor? <i>If yes, indicate which branch or branches of government the contract is with:</i> <input type="checkbox"/> Executive <input type="checkbox"/> Legislative <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No					
Method of Contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order			Date Received 9/30/2021		Aggregate Contributions \$33.00		
Last Name Lapine			First Mark			MI	
Residential Street Address 171 Hardesty Rd			City Stamford			State CT	Zip Code 06903
Principal Occupation Retired			Name of Employer Retired				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				<b>Amount of Contribution</b>  \$1,000.00	
Is this contribution associated with an event reported in Section L1? <i>If yes, list Event # _____</i> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a principal of a state contractor or prospective state contractor? <i>If yes, indicate which branch or branches of government the contract is with:</i> <input type="checkbox"/> Executive <input type="checkbox"/> Legislative <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No					
Method of Contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order			Date Received 9/30/2021		Aggregate Contributions \$1,000.00		
<b>SUBTOTAL Section B — This Page</b>					\$1,070.00		
<b>TOTAL of additional Section B Pages</b>							
<b>TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B)</b> <i>(Enter total on Line 13, Column A of Summary Page Totals)</i>					\$148,854		

Section B ADDITIONAL PAGE 116 of 124

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)				TYPE OF REPORT			
Caroline Simmons for Mayor				October 10 filing			
<b>A. Total Contributions from Small Contributors-Received this Period ONLY</b> (See instructions for definition of Small Contributor)				<b>SUBTOTAL SECTION A</b>			
				\$ 0.00			
<b>B. Itemized Contributions from Individuals</b>							
Last Name Rullman			First Donald			MI	
Residential Street Address 100 Toms Road			City Stamford		State CT	Zip Code 06906	
Principal Occupation Retired			Name of Employer Retired				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				<b>Amount of Contribution</b>  \$50.00	
Is this contribution associated with an event reported in Section L1? If yes, list Event # _____ <input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No					
Method of Contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order			Date Received 9/30/2021		Aggregate Contributions \$125.00		
Last Name Nolan Jr.			First Robert			MI	
Residential Street Address 602 North Street			City Greenwich		State CT	Zip Code 06830	
Principal Occupation Financier			Name of Employer Self employed. North street capital LLC				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				<b>Amount of Contribution</b>  \$1,000.00	
Is this contribution associated with an event reported in Section L1? If yes, list Event # _____ <input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No					
Method of Contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order			Date Received 9/30/2021		Aggregate Contributions \$2,000.00		
Last Name Agatstein			First Marlyn			MI	
Residential Street Address 600 Westover Road			City Stamford		State CT	Zip Code 06902	
Principal Occupation Retired			Name of Employer Retired				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				<b>Amount of Contribution</b>  \$25.00	
Is this contribution associated with an event reported in Section L1? If yes, list Event # _____ <input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No					
Method of Contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order			Date Received 9/30/2021		Aggregate Contributions \$25.00		
<b>SUBTOTAL Section B — This Page</b>					<b>\$1,075.00</b>		
<b>TOTAL of additional Section B Pages</b>							
<b>TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B)</b> (Enter total on Line 13, Column A of Summary Page Totals)					<b>\$148,854</b>		

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)				TYPE OF REPORT			
Caroline Simmons for Mayor				October 10 filing			
<b>A. Total Contributions from Small Contributors-Received this Period ONLY</b> (See instructions for definition of Small Contributor)				SUBTOTAL SECTION A			
				\$ 0.00			
<b>B. Itemized Contributions from Individuals</b>							
Last Name Tang			First Emily			MI	
Residential Street Address 604 Hope Street, 1			City Stamford		State CT	Zip Code 06907	
Principal Occupation Sr. Manager, D&I			Name of Employer Charter Communications				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				Amount of Contribution  \$100.00	
Is this contribution associated with an event reported in Section L1? If yes, list Event # _____ <input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No					
Method of Contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order			Date Received 9/30/2021		Aggregate Contributions \$620.00		
Last Name Wolf			First Robert			MI	
Residential Street Address 9 Westerleigh Road			City Purchase		State NY	Zip Code 10577	
Principal Occupation finance			Name of Employer 32 Advisors				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				Amount of Contribution  \$500.00	
Is this contribution associated with an event reported in Section L1? If yes, list Event # _____ <input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No					
Method of Contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order			Date Received 9/30/2021		Aggregate Contributions \$1,000.00		
Last Name Amsellem			First Marni			MI	
Residential Street Address 30 Eliot Ln			City Stamford		State CT	Zip Code 06903	
Principal Occupation healthcare			Name of Employer				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				Amount of Contribution  \$50.00	
Is this contribution associated with an event reported in Section L1? If yes, list Event # _____ <input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No					
Method of Contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order			Date Received 9/30/2021		Aggregate Contributions \$125.00		
<b>SUBTOTAL Section B — This Page</b>					\$650.00		
<b>TOTAL of additional Section B Pages</b>							
<b>TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B)</b> (Enter total on Line 13, Column A of Summary Page Totals)					\$148,854		



NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)				TYPE OF REPORT			
Caroline Simmons for Mayor				October 10 filing			
<b>A. Total Contributions from Small Contributors-Received this Period ONLY</b> (See instructions for definition of Small Contributor)				<b>SUBTOTAL SECTION A</b>			
				\$ 0.00			
<b>B. Itemized Contributions from Individuals</b>							
Last Name Weller			First Eva			MI	
Residential Street Address 310 Wire Mill Rd.			City Stamford			State CT	Zip Code 06903
Principal Occupation Retired/volunteer community leader			Name of Employer retired				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				<b>Amount of Contribution</b>  \$50.00	
Is this contribution associated with an event reported in Section L1? If yes, list Event # _____ <input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No					
Method of Contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order			Date Received 9/30/2021	Aggregate Contributions \$50.00			
Last Name Druckman			First Robin			MI	
Residential Street Address 94 Fieldstone terrace			City Stamford			State CT	Zip Code 06902
Principal Occupation retired			Name of Employer retired				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				<b>Amount of Contribution</b>  \$100.00	
Is this contribution associated with an event reported in Section L1? If yes, list Event # _____ <input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No					
Method of Contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order			Date Received 9/30/2021	Aggregate Contributions \$320.00			
Last Name Linares			First Robin			MI	
Residential Street Address 38 North Main Street			City Essex			State CT	Zip Code 06426
Principal Occupation Realtor			Name of Employer William Pitt Sothebys				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				<b>Amount of Contribution</b>  \$1,000.00	
Is this contribution associated with an event reported in Section L1? If yes, list Event # _____ <input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No					
Method of Contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order			Date Received 9/30/2021	Aggregate Contributions \$2,000.00			
<b>SUBTOTAL Section B — This Page</b>						\$1,150.00	
<b>TOTAL of additional Section B Pages</b>							
<b>TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B)</b> (Enter total on Line 13, Column A of Summary Page Totals)						\$1,48,854	

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)				TYPE OF REPORT	
Caroline Simmons for Mayor				October 10 filing	
<b>A. Total Contributions from Small Contributors-Received this Period ONLY</b> (See instructions for definition of Small Contributor)				SUBTOTAL SECTION A	
				\$	0.00
<b>B. Itemized Contributions from Individuals</b>					
Last Name		First		MI	
Landman		Fred			
Residential Street Address		City		State	Zip Code
146 Clapboard Ridge Road		Greenwich		CT	06831
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?		Amount of Contribution	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		\$1,000.00	
Is this contribution associated with an event reported in Section L1? If yes, list Event # _____		Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative			
Method of Contribution:		Date Received	Aggregate Contributions		
<input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		9/30/2021	\$1,000.00		
Last Name		First		MI	
Turco		Gary			
Residential Street Address		City		State	Zip Code
98 Williamstown Court		Newington		CT	06111
Principal Occupation		Name of Employer			
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	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		\$25.00	
Is this contribution associated with an event reported in Section L1? If yes, list Event # _____		Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative			
Method of Contribution:		Date Received	Aggregate Contributions		
<input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		9/30/2021	\$25.00		
Last Name		First		MI	
Luxenberg		Geoffrey			
Residential Street Address		City		State	Zip Code
93 Plymouth Lane		Manchester		CT	06040
Principal Occupation		Name of Employer			
State Legislator		State of CT			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?		If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000?		Amount of Contribution	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		\$100.00	
Is this contribution associated with an event reported in Section L1? If yes, list Event # _____		Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative			
Method of Contribution:		Date Received	Aggregate Contributions		
<input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		9/30/2021	\$700.00		
<b>SUBTOTAL Section B — This Page</b>				\$1,125.00	
<b>TOTAL of additional Section B Pages</b>					
<b>TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B)</b> (Enter total on Line 13, Column A of Summary Page Totals)				\$148,854	

Section B ADDITIONAL PAGE 120 of 124

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)	TYPE OF REPORT
Caroline Simmons for mayor	October 10 filing
<b>A. Total Contributions from Small Contributors-Received this Period ONLY</b> <i>(See instructions for definition of Small Contributor)</i>	\$
<b>SUBTOTAL SECTION A</b>	

**B. Itemized Contributions from Individuals**

Last Name Budd		First Anira		MI	
Residential Street Address 215 Ocean Drive West			City Stamford	State CT	Zip Code 06902
Principal Occupation retired attorney			Name of Employer		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution  \$500	
Is this contribution associated with an event reported in Section L1? <i>If yes, list Event #</i>		Is contributor a principal of a state contractor or prospective state contractor? <i>If yes, indicate which branch or branches of government the contract is with:</i>			
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Executive <input type="checkbox"/> Legislative <input checked="" type="checkbox"/> No			
Method of Contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order			Date Received 9/30/21	Aggregate Contributions \$500	

Last Name Dolan		First Helen		MI	
Residential Street Address 119 Cove Neck Road			City Oyster Bay	State NY	Zip Code 11771
Principal Occupation no retired			Name of Employer retired		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution  \$1000	
Is this contribution associated with an event reported in Section L1? <i>If yes, list Event #</i>		Is contributor a principal of a state contractor or prospective state contractor? <i>If yes, indicate which branch or branches of government the contract is with:</i>			
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Executive <input type="checkbox"/> Legislative <input checked="" type="checkbox"/> No			
Method of Contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order			Date Received 9/30/21	Aggregate Contributions \$2000	

Last Name Kent		First Jerald		MI	
Residential Street Address 13251 Buckland Hall Road			City St. Louis	State MO	Zip Code 63131
Principal Occupation Chairman CEO			Name of Employer Sequel III		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution  \$1000	
Is this contribution associated with an event reported in Section L1? <i>If yes, list Event #</i>		Is contributor a principal of a state contractor or prospective state contractor? <i>If yes, indicate which branch or branches of government the contract is with:</i>			
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Executive <input type="checkbox"/> Legislative <input checked="" type="checkbox"/> No			
Method of Contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order			Date Received 9/30/21	Aggregate Contributions	

<b>SUBTOTAL Section B — This Page</b>	\$2500
<b>TOTAL of additional Section B Pages</b>	
<b>TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B)</b> <i>(Enter total on Line 13, Column A of Summary Page Totals)</i>	\$148,854

Section B ADDITIONAL PAGE 121 of 126

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)				TYPE OF REPORT	
Candine Simmons for mayor				October 10 filing	
<b>A. Total Contributions from Small Contributors-Received this Period ONLY</b> <i>(See instructions for definition of Small Contributor)</i>				<b>SUBTOTAL SECTION A</b>	
				\$	
<b>B. Itemized Contributions from Individuals</b>					
Last Name		First		MI	
Murphy		Patrick			
Residential Street Address		City		State	Zip Code
103 Kilhe Dr		New Hope		PA	18938
Principal Occupation		Name of Employer			
engineer		Patriot Media Consulting			
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	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		\$1000	
Is this contribution associated with an event reported in Section L1? <i>If yes, list Event #</i>		Is contributor a principal of a state contractor or prospective state contractor? <i>If yes, indicate which branch or branches of government the contract is with:</i>			
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Executive <input type="checkbox"/> Legislative <input checked="" type="checkbox"/> No			
Method of Contribution:			Date Received	Aggregate Contributions	
<input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order			9/22/21		
Last Name		First		MI	
Hardin		Ernst			
Residential Street Address		City		State	Zip Code
34 Wilder Rd South		Stamford		CT	06905
Principal Occupation		Name of Employer			
Reiki practitioner		Stamford Hospital			
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	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		\$200	
Is this contribution associated with an event reported in Section L1? <i>If yes, list Event #</i>		Is contributor a principal of a state contractor or prospective state contractor? <i>If yes, indicate which branch or branches of government the contract is with:</i>			
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Executive <input checked="" type="checkbox"/> Legislative <input type="checkbox"/> No			
Method of Contribution:			Date Received	Aggregate Contributions	
<input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order			9/22/21		
Last Name		First		MI	
Rich		Thomas			
Residential Street Address		City		State	Zip Code
1 Rogers Road		Stamford		CT	06902
Principal Occupation		Name of Employer			
Business Executive		FD Rich Company			
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	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		\$1000	
Is this contribution associated with an event reported in Section L1? <i>If yes, list Event #</i>		Is contributor a principal of a state contractor or prospective state contractor? <i>If yes, indicate which branch or branches of government the contract is with:</i>			
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Executive <input type="checkbox"/> Legislative <input checked="" type="checkbox"/> No			
Method of Contribution:			Date Received	Aggregate Contributions	
<input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order			9/24/21		
<b>SUBTOTAL Section B — This Page</b>				\$2200	
<b>TOTAL of additional Section B Pages</b>					
<b>TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B)</b> <i>(Enter total on Line 13, Column A of Summary Page Totals)</i>				\$148,854	

Section B ADDITIONAL PAGE 122 of 126

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)				TYPE OF REPORT	
Caroline Simmons for mayor				October 10 filing	
<b>A. Total Contributions from Small Contributors-Received this Period ONLY</b> (See instructions for definition of Small Contributor)				<b>SUBTOTAL SECTION A</b>	
				\$	
<b>B. Itemized Contributions from Individuals</b>					
Last Name		First		MI	
Goldblum		Marilyn			
Residential Street Address		City		State	Zip Code
76 North Lake Drive		Stamford		CT	06903
Principal Occupation		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 officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000?		Amount of Contribution	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		\$1,000	
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: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative			
Method of Contribution:		Date Received	Aggregate Contributions		
<input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		9/11/21	\$1,000		
Last Name		First		MI	
Goldblum		Irving			
Residential Street Address		City		State	Zip Code
76 North Lake Drive		Stamford		CT	06903
Principal Occupation		Name of Employer			
		Stamford Wrecking Company			
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	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		\$1,000	
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: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative			
Method of Contribution:		Date Received	Aggregate Contributions		
<input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		9/11/21	\$1,000		
Last Name		First		MI	
Goldblum		Stephen			
Residential Street Address		City		State	Zip Code
243 Jonathan Drive		Stamford		CT	06903
Principal Occupation		Name of Employer			
		Stamford Demolition Service			
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	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		\$1,000	
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: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative			
Method of Contribution:		Date Received	Aggregate Contributions		
<input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		9/11/21	\$1,000		
<b>SUBTOTAL Section B — This Page</b>				\$ 3000	
<b>TOTAL of additional Section B Pages</b>					
<b>TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B)</b> (Enter total on Line 13, Column A of Summary Page Totals)				\$148,854	

Section B ADDITIONAL PAGE 23 of 26

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)				TYPE OF REPORT	
Camline Simmons for Mayor				October 10 Filing	
<b>A. Total Contributions from Small Contributors-Received this Period ONLY</b> (See instructions for definition of Small Contributor)				<b>SUBTOTAL SECTION A</b>	
				\$	
<b>B. Itemized Contributions from Individuals</b>					
Last Name		First		MI	
Kiplinger		Knight		A.	
Residential Street Address		City		State	Zip Code
4101 Applemarket St NW Apt 646		Washington		DC	20016
Principal Occupation		Name of Employer			
Investor		Outlook, 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?		Amount of Contribution	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		\$/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:			
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Executive <input type="checkbox"/> Legislative			
Method of Contribution:		Date Received	Aggregate Contributions		
<input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		9/30/21			
Last Name		First		MI	
Mehra		Karen			
Residential Street Address		City		State	Zip Code
44 Mayfair Lane		Greenwich		CT	06831
Principal Occupation		Name of Employer			
Volunteer		homemaker			
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	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		\$1000	
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:			
<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Executive <input type="checkbox"/> Legislative			
Method of Contribution:		Date Received	Aggregate Contributions		
<input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		9/30/21			
Last Name		First		MI	
Budd		Marty			
Residential Street Address		City		State	Zip Code
215 Ocean Drive West		Stamford		CT	06902
Principal Occupation		Name of Employer			
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?		Amount of Contribution	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		\$500	
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:			
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Executive <input type="checkbox"/> Legislative			
Method of Contribution:		Date Received	Aggregate Contributions		
<input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		9/30/21	\$500		
<b>SUBTOTAL Section B — This Page</b>				\$ 2500	
<b>TOTAL of additional Section B Pages</b>					
<b>TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B)</b> (Enter total on Line 13, Column A of Summary Page Totals)				\$148,854	

Section B ADDITIONAL PAGE 124 of 126

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)	TYPE OF REPORT
CAROLINE SIMMONS FOR MAYOR	OCTOBER 10 FILING
<b>A. Total Contributions from Small Contributors-Received this Period ONLY</b> (See instructions for definition of Small Contributor)	\$
<b>SUBTOTAL SECTION A</b>	

**B. Itemized Contributions from Individuals**

Last Name Wagner		First Bonitz	MI
Residential Street Address 50 Glenbrook Road 12G		City Stamford	State CT
		Zip Code 06902	
Principal Occupation retired		Name of Employer retired	
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution  \$25
Is this contribution associated with an event reported in Section L1? If yes, list Event # _____ <input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
Method of Contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		Date Received 9/26/21	

Last Name Tsiralidis		First Luz	MI
Residential Street Address 5 Derry Street		City Stamford	State CT
		Zip Code 06905	
Principal Occupation head teacher		Name of Employer childrens learnings center	
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution  \$50
Is this contribution associated with an event reported in Section L1? If yes, list Event # _____ <input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
Method of Contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		Date Received 9/21/21	

Last Name Kiplinger		First Ann	MI
Residential Street Address 4101 Ablemarle St NW		City Washington	State DC
		Zip Code 20016	
Principal Occupation Substitute teacher		Name of Employer Horace mann Elem. School	
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution  \$1000
Is this contribution associated with an event reported in Section L1? If yes, list Event # _____ <input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
Method of Contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		Date Received 9/30/21	

<b>SUBTOTAL Section B — This Page</b>	\$ 1075
<b>TOTAL of additional Section B Pages</b>	
<b>TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B)</b> (Enter total on Line 13, Column A of Summary Page Totals)	\$148,854

Section B ADDITIONAL PAGE 125 of 126

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)				TYPE OF REPORT	
Caroline Simmons for mayor				October 10 filing	
A. Total Contributions from Small Contributors-Received this Period ONLY (See instructions for definition of Small Contributor)				SUBTOTAL SECTION A	
				\$	
<b>B. Itemized Contributions from Individuals</b>					
Last Name		First		MI	
Bader		Cheryl			
Residential Street Address		City		State	Zip Code
243 Jonathan Drive		Stamford		CT	06903
Principal Occupation			Name of Employer		
			Fordham University		
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	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		\$1000	
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:			
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Executive <input type="checkbox"/> Legislative <input checked="" type="checkbox"/> No			
Method of Contribution:		Date Received	Aggregate Contributions		
<input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		9/11/21	\$1000		
Last Name		First		MI	
Passaro		Francis Jr.		R	
Residential Street Address		City		State	Zip Code
133 Joffre Ave.		Stamford		CT	06905
Principal Occupation			Name of Employer		
Singer/Writer			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	
<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		\$25	
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:			
<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Executive <input type="checkbox"/> Legislative <input checked="" type="checkbox"/> No			
Method of Contribution:		Date Received	Aggregate Contributions		
<input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		9/10/21	\$25		
Last Name		First		MI	
Ayer		Ramani			
Residential Street Address		City		State	Zip Code
PO 22 Horseshoe Lane		South Orleans		MA	02662
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?		Amount of Contribution	
<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No		\$1000	
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:			
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Executive <input type="checkbox"/> Legislative <input checked="" type="checkbox"/> No			
Method of Contribution:		Date Received	Aggregate Contributions		
<input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		9/20/21			
<b>SUBTOTAL Section B — This Page</b>				\$ 2025	
<b>TOTAL of additional Section B Pages</b>					
<b>TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B)</b> (Enter total on Line 13, Column A of Summary Page Totals)				\$ 148,854	



Section B ADDITIONAL PAGE 126 of 126

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)				TYPE OF REPORT				
Candice Simmons for Mayor								
<b>A. Total Contributions from Small Contributors-Received this Period ONLY</b> (See instructions for definition of Small Contributor)				<b>SUBTOTAL SECTION A</b>				
				\$				
<b>B. Itemized Contributions from Individuals</b>								
Last Name Dolan			First Charles			MI		
Residential Street Address 119 Cove Neck Road			City Oyster Bay			State NY	Zip Code 11771	
Principal Occupation			Name of Employer					
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000?			<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution  \$1000
Is this contribution associated with an event reported in Section L1? If yes, list Event # _____		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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:			<input type="checkbox"/> Executive <input type="checkbox"/> Legislative		
Method of Contribution:			Date Received		Aggregate Contributions			
<input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order			9/20/21		\$2000			
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?		<input type="checkbox"/> Yes <input type="checkbox"/> 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?			<input type="checkbox"/> Yes <input type="checkbox"/> No		Amount of Contribution
Is this contribution associated with an event reported in Section L1? If yes, list Event # _____		<input type="checkbox"/> Yes <input type="checkbox"/> 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:			<input type="checkbox"/> Executive <input type="checkbox"/> Legislative		
Method of Contribution:			Date Received		Aggregate Contributions			
<input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> 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?		<input type="checkbox"/> Yes <input type="checkbox"/> 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?			<input type="checkbox"/> Yes <input type="checkbox"/> No		Amount of Contribution
Is this contribution associated with an event reported in Section L1? If yes, list Event # _____		<input type="checkbox"/> Yes <input type="checkbox"/> 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:			<input type="checkbox"/> Executive <input type="checkbox"/> Legislative		
Method of Contribution:			Date Received		Aggregate Contributions			
<input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order								
<b>SUBTOTAL Section B — This Page</b>								
<b>TOTAL of additional Section B Pages</b>								
<b>TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B)</b> (Enter total on Line 13, Column A of Summary Page Totals)						\$1418,854		

**I. MONETARY RECEIPTS (Sections A—K)**

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)						TYPE OF REPORT	
Candidates' support for mayor						Oct 10 filing	
<b>C1. Contributions from Other Committees</b>							
Name of Committee				Name of Treasurer			
Connecticut Healthcare District 1199							
Address			Is this contribution associated with an event reported in Section L1?			Amount of Contribution	
77 Huyshope Ave			<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event # _____			\$1000	
City	State	Zip Code	Date Received	Aggregate Contributions			
Hartford	CT	06106	9/6/21	\$1000			
Name of Committee				Name of Treasurer			
IUBE Local 478 PAC							
Address			Is this contribution associated with an event reported in Section L1?			Amount of Contribution	
1965 Dixwell Avenue			<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event # _____			\$1000	
City	State	Zip Code	Date Received	Aggregate Contributions			
Hamden	CT	06518	9/13/21	\$1000			
Name of Committee				Name of Treasurer			
Stamford Firefighters PAC Fund				Chanel Cackowski			
Address			Is this contribution associated with an event reported in Section L1?			Amount of Contribution	
629 Main Street			<input type="checkbox"/> Yes <input type="checkbox"/> No If yes, list Event # _____			\$1500	
City	State	Zip Code	Date Received	Aggregate Contributions			
Stamford	CT	06901	9/6/21	\$1500			
<b>C2. Reimbursements or Surplus Distributions from other Committees</b>							
Name of Committee				Name of Treasurer			
Address			City		State	Zip Code	
Date Received	Expenditure # (if applicable)	Payment Type				Amount of Receipt	
		<input type="checkbox"/> Reimbursement for shared expense <input type="checkbox"/> Surplus Distribution					
Description							
Name of Committee				Name of Treasurer			
Address			City		State	Zip Code	
Date Received	Expenditure # (if applicable)	Payment Type				Amount of Receipt	
		<input type="checkbox"/> Reimbursement for shared expense <input type="checkbox"/> Surplus Distribution					
Description							
<b>SUBTOTAL Section C — This Page</b>						\$ 3500	
<b>TOTAL of additional Section C Pages</b>							
<b>TOTAL OF ALL COMMITTEE CONTRIBUTIONS AND RECEIPTS</b> (Sections C1 + C2) (Enter total on Line 14, Column A of Summary Page Totals)						\$ 3,750	

**Section C1. ADDITIONAL PAGE** 1 of 1

NAME OF COMMITTEE <i>(Provide Complete Name as Registered with Filing Repository)</i> <span style="font-size: 1.2em;">Candice Simmons for Mayor</span>	TYPE OF REPORT <span style="font-size: 1.2em;">October 10 filings</span>
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**C1. Contributions from Other Committees**

Name of Committee <span style="font-size: 1.2em;">Democrats Victory PAC</span>			Name of Treasurer <span style="font-size: 1.2em;">Mary Lou Rinaldi</span>		
Address <span style="font-size: 1.2em;">56 Magnolia Road</span>		Is this contribution associated with an event reported in Section L1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>If yes, list Event # _____</i>		<b>Amount of Contribution</b> <span style="font-size: 1.5em;">250</span>	
City <span style="font-size: 1.2em;">Stamford</span>	State <span style="font-size: 1.2em;">CT</span>	Zip Code	Date Received <span style="font-size: 1.2em;">9/28/21</span>	Aggregate Contributions <span style="font-size: 1.2em;">250</span>	

Name of Committee			Name of Treasurer		
Address		Is this contribution associated with an event reported in Section L1? <input type="checkbox"/> Yes <input type="checkbox"/> No <i>If yes, list Event # _____</i>		<b>Amount of Contribution</b>	
City	State	Zip Code	Date Received	Aggregate Contributions	

Name of Committee			Name of Treasurer		
Address		Is this contribution associated with an event reported in Section L1? <input type="checkbox"/> Yes <input type="checkbox"/> No <i>If yes, list Event # _____</i>		<b>Amount of Contribution</b>	
City	State	Zip Code	Date Received	Aggregate Contributions	

**C2. Reimbursements or Surplus Distributions from other Committees**

Name of Committee			Name of Treasurer		
Address		City		State	Zip Code
Date Received	Expenditure # <i>(if applicable)</i>	Payment Type <input type="checkbox"/> Reimbursement for shared expense <input type="checkbox"/> Surplus Distribution		<b>Amount of Receipt</b>	
Description					

Name of Committee			Name of Treasurer		
Address		City		State	Zip Code
Date Received	Expenditure # <i>(if applicable)</i>	Payment Type <input type="checkbox"/> Reimbursement for shared expense <input type="checkbox"/> Surplus Distribution		<b>Amount of Receipt</b>	
Description					

<b>SUBTOTAL Section C — This Page</b>	<span style="font-size: 1.5em;">\$ 250</span>
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**I. MONETARY RECEIPTS (Sections A—K)**

NAME OF COMMITTEE <i>(Provide Complete Name as Registered with Filing Repository)</i>				TYPE OF REPORT	
Caroline Simmons for Mayor				October 10 filing	
<b>D. Loans Received this Period</b>					
Name of Lender			Source of Loan: <input type="checkbox"/> Bank <input type="checkbox"/> Candidate <input type="checkbox"/> Individual <input type="checkbox"/> Other Committee		Date of Receipt
Street Address		City	State	Zip Code	Is there a Cosigner or Guarantor of this loan? <input type="checkbox"/> Yes <input type="checkbox"/> No
Name of Cosigner/Guarantor <i>(if applicable)</i>					Amount Received
Street Address		City	State	Zip Code	
Name of Lender			Source of Loan: <input type="checkbox"/> Bank <input type="checkbox"/> Candidate <input type="checkbox"/> Individual <input type="checkbox"/> Other Committee		Date of Receipt
Street Address		City	State	Zip Code	Is there a Cosigner or Guarantor of this loan? <input type="checkbox"/> Yes <input type="checkbox"/> No
Name of Cosigner/Guarantor <i>(if applicable)</i>					Amount Received
Street Address		City	State	Zip Code	
Name of Lender			Source of Loan: <input type="checkbox"/> Bank <input type="checkbox"/> Candidate <input type="checkbox"/> Individual <input type="checkbox"/> Other Committee		Date of Receipt
Street Address		City	State	Zip Code	Is there a Cosigner or Guarantor of this loan? <input type="checkbox"/> Yes <input type="checkbox"/> No
Name of Cosigner/Guarantor <i>(if applicable)</i>					Amount Received
Street Address		City	State	Zip Code	
<b>TOTAL SECTION D</b>					

<b>E. Receipts from Entities other than Individuals or Other Committees (Referendum Committees ONLY)</b>					
Name of Entity					
Street Address			Date Received		Amount Received
City	State	Zip Code	Aggregate Contributions		
Name of Entity					
Street Address			Date Received		Amount Received
City	State	Zip Code	Aggregate Contributions		
Name of Entity					
Street Address			Date Received		Amount Received
City	State	Zip Code	Aggregate Contributions		
<b>TOTAL SECTION E</b>					
					50

**I. MONETARY RECEIPTS (Sections A—K)**

NAME OF COMMITTEE <i>(Provide Complete Name as Registered with Filing Repository)</i> <i>Caroline Simmons for Mayor</i>	TYPE OF REPORT <i>October 10 filing</i>
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**F. Amount Transferred from Affiliated Business Treasury (Business Entity Committees ONLY)**

Date of Receipt	Is this transaction associated with an event reported in Section L1? <input type="checkbox"/> Yes <i>If yes, list Event #</i> <input type="checkbox"/> No	Amount
<b>TOTAL SECTION F</b>		

**G. Amount Transferred from Affiliated Labor Union or Other Organization Treasury (Organization Committees ONLY)**

Date of Receipt	Date of Receipt	Date of Receipt
Amount	Amount	Amount
<b>TOTAL SECTION G</b>		

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

Date of Receipt	Method of payment: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card	Amount
<b>TOTAL SECTION H</b>		

**I. Anonymous Contributions**

Per Public Act 11-48, Anonymous Contributions may no longer be deposited in *any* amount. If a committee receives an anonymous contribution, the campaign treasurer shall immediately remit the contribution to the State Elections Enforcement Commission for deposit in the General Fund.

**I. MONETARY RECEIPTS (Sections A—K)**

NAME OF COMMITTEE <i>(Provide Complete Name as Registered with Filing Repository)</i>	TYPE OF REPORT
<i>Caroline Simmons for mayor</i>	<i>October 10 filings</i>

**J. Interest from Deposits in Authorized Accounts**

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

**TOTAL SECTION J**

**K. Miscellaneous Monetary Receipts not Considered Contributions**

Name	Date of Transaction	Amount Received	
Street Address	City	State	Zip Code
Description			
Name	Date of Transaction	Amount Received	
Street Address	City	State	Zip Code
Description			
Name	Date of Transaction	Amount Received	
Street Address	City	State	Zip Code
Description			
Name	Date of Transaction	Amount Received	
Street Address	City	State	Zip Code
Description			

**TOTAL SECTION K**

**SUMMARY OF OTHER MONETARY RECEIPTS (Sections D through K)**

Total Loans Received this Period (Section D)		
Total Receipts from Entities other than Individuals or Other Committees (Section E)	+	
Total Amount Transferred from Affiliated Business Treasury (Section F)	+	
Total Amount Transferred from Affiliated Labor Union or Other Organization Treasury (Section G)	+	
Total Amount of Personal Funds of the Candidate Received this Period (Section H)	+	
Total Amount of Interest from Deposits in Authorized Accounts (Section J)	+	
Total Miscellaneous Monetary Receipts not Considered Contributions (Section K)	+	

**Total of Other Monetary Receipts**  
(Add Sections D through K) *(Enter total on Line 15, Column A of Summary Page Totals)*

*\$ 0*

**II. EVENT ACTIVITY (Sections L1—L5)**

NAME OF COMMITTEE <i>(Provide Complete Name as Registered with Filing Repository)</i>		TYPE OF REPORT	
Caroline Simmons for Mayor		October 10 5:15 PM	
<b>L1. Event Information</b>			
Event # Date of Event	Letter	Description	Was this a fundraising event? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
9/12/21	3	phonebank + fundraiser for Caroline Simmons	
Location: Street Address		City	State      Zip Code
35 Duncan Drive		Greenwich	CT      06831
<b>Subpart 1: (All Committees)</b>			
Was this event hosted at a personal residence?		<input checked="" type="checkbox"/> Yes <i>(If yes, go to Section L5 In-Kind Donations not Considered Contributions Associated with a House Party and complete required information for any purchases made by host(s) for food, beverage and invitations.)</i> <input type="checkbox"/> No	
Did this fundraiser include goods or services donated by a business entity of up to \$200 or items donated by an individual of up to \$100?		<input type="checkbox"/> Yes <i>(If yes, go to Section L4 In-Kind Donations not Considered Contributions and complete required information.)</i> <input checked="" type="checkbox"/> No	
Was this fundraiser a tag sale, auction, or other sale of donated items with purchases from an individual of up to \$100?		<input type="checkbox"/> Yes <i>(If yes, enter Total Receipts here.)</i> → \$ <input type="text"/> <input checked="" type="checkbox"/> No	
<b>Subpart 2: (Party Committees, Municipal Candidates and Political Committees other than Exploratory Committees)</b>			
Were there purchases of advertising space in a program book or on a sign associated with this fundraiser?		<input type="checkbox"/> Yes <i>(If yes, go to Section L3 Purchases of Advertising Space in a Program Book or on a Sign and complete required information.)</i> <input checked="" type="checkbox"/> No	
<b>Subpart 3: (Town Committees ONLY)</b>			
Did your committee sell food or beverage at a fair or similar mass gathering held within the state with this fundraiser?		<input type="checkbox"/> Yes <i>(If yes, enter Total Receipts here.)</i> → \$ <input type="text"/> <input type="checkbox"/> No	
Event # Date of Event	Letter	Description	Was this a fundraising event? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
10/12/21	4	house party for Caroline Simmons	
Location: Street Address		City	State      Zip Code
20 Bobolink Lane		Greenwich	CT      06830
<b>Subpart 1: (All Committees)</b>			
Was this event hosted at a personal residence?		<input checked="" type="checkbox"/> Yes <i>(If yes, go to Section L5 In-Kind Donations not Considered Contributions Associated with a House Party and complete required information for any purchases made by host(s) for food, beverage and invitations.)</i> <input type="checkbox"/> No	
Did this fundraiser include goods or services donated by a business entity of up to \$200 or items donated by an individual of up to \$100?		<input type="checkbox"/> Yes <i>(If yes, go to Section L4 In-Kind Donations not Considered Contributions and complete required information.)</i> <input checked="" type="checkbox"/> No	
Was this fundraiser a tag sale, auction, or other sale of donated items with purchases from an individual of up to \$100?		<input type="checkbox"/> Yes <i>(If yes, enter Total Receipts here.)</i> → \$ <input type="text"/> <input checked="" type="checkbox"/> No	
<b>Subpart 2: (Party Committees, Municipal Candidates and Political Committees other than Exploratory Committees)</b>			
Were there purchases of advertising space in a program book or on a sign associated with this fundraiser?		<input type="checkbox"/> Yes <i>(If yes, go to Section L3 Purchases of Advertising Space in a Program Book or on a Sign and complete required information.)</i> <input type="checkbox"/> No	
<b>Subpart 3: (Town Committees ONLY)</b>			
Did your committee sell food or beverage at a fair or similar mass gathering held within the state with this fundraiser?		<input type="checkbox"/> Yes <i>(If yes, enter Total Receipts here.)</i> → \$ <input type="text"/> <input type="checkbox"/> No	
<b>SUBTOTAL Section L1—Subpart 1 (All Committees) Total Receipts from Sale of Donated Items — This Page</b>			
<b>SUBTOTAL Section L1—Subpart 3 (Town Committees ONLY) Total Receipts from Food Purchases — This Page</b>			
<b>TOTAL of additional Section L1 Pages</b>			
<b>TOTAL OF ALL RECEIPTS FROM SMALL PURCHASES</b> <i>(Enter total on Line 16a, Column A of Summary Page Totals)</i>			50

## II. EVENT ACTIVITY (Sections L1—L5)

Per Public Act 11-48, effective January 1, 2012 committees are no longer required to itemize small individual purchases from a committee tag sale, auction, or a sale of donated items. *Section L2. removed*

NAME OF COMMITTEE <i>(Provide Complete Name as Registered with Filing Repository)</i>	TYPE OF REPORT
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### L3. Purchases of Advertising in a Program Book or on a Sign

Name of Purchaser		Purchase Made By: <input type="checkbox"/> Business Entity <input type="checkbox"/> Other <input type="checkbox"/> Individual/Sole Proprietorship	
Street Address	City	State	Zip Code

Date Received	Event #	Aggregate Purchases for All Events	Amount of Program Ad Purchase	Amount of Sign Purchase
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Name of Purchaser		Purchase Made By: <input type="checkbox"/> Business Entity <input type="checkbox"/> Other <input type="checkbox"/> Individual/Sole Proprietorship	
Street Address	City	State	Zip Code

Date Received	Event #	Aggregate Purchases for All Events	Amount of Program Ad Purchase	Amount of Sign Purchase
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Name of Purchaser		Purchase Made By: <input type="checkbox"/> Business Entity <input type="checkbox"/> Other <input type="checkbox"/> Individual/Sole Proprietorship	
Street Address	City	State	Zip Code

Date Received	Event #	Aggregate Purchases for All Events	Amount of Program Ad Purchase	Amount of Sign Purchase
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Name of Purchaser		Purchase Made By: <input type="checkbox"/> Business Entity <input type="checkbox"/> Other <input type="checkbox"/> Individual/Sole Proprietorship	
Street Address	City	State	Zip Code

Date Received	Event #	Aggregate Purchases for All Events	Amount of Program Ad Purchase	Amount of Sign Purchase
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Name of Purchaser		Purchase Made By: <input type="checkbox"/> Business Entity <input type="checkbox"/> Other <input type="checkbox"/> Individual/Sole Proprietorship	
Street Address	City	State	Zip Code

Date Received	Event #	Aggregate Purchases for All Events	Amount of Program Ad Purchase	Amount of Sign Purchase
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<b>SUBTOTAL Section L3 Total Purchases of Advertising in Program Book — This Page</b>	
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<b>SUBTOTAL Section L3 Total Purchases of Advertising on a Sign — This Page</b>	
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<b>TOTAL of additional Section L3 Pages</b>	
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<b>TOTAL OF ALL PURCHASES OF ADVERTISING IN A PROGRAM BOOK or ON A SIGN</b> <i>(Enter total on Line 16c, Column A of Summary Page Totals)</i>	
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## II. EVENT ACTIVITY (Sections L1—L5)

NAME OF COMMITTEE <i>(Provide Complete Name as Registered with Filing Repository)</i>				TYPE OF REPORT			
<b>L4. In-Kind Donations Not Considered Contributions</b>							
Name of Donor							
Street Address			City		State	Zip Code	
Donation Given By: <input type="checkbox"/> Business Entity <input type="checkbox"/> Individual <input type="checkbox"/> Sole Proprietorship	Description of Donation				Fair Market Value of Donation		
	Date Received	Event #	Aggregate Value for this Event				
Name of Donor							
Street Address			City		State	Zip Code	
Donation Given By: <input type="checkbox"/> Business Entity <input type="checkbox"/> Individual <input type="checkbox"/> Sole Proprietorship	Description of Donation				Fair Market Value of Donation		
	Date Received	Event #	Aggregate Value for this Event				
Name of Donor							
Street Address			City		State	Zip Code	
Donation Given By: <input type="checkbox"/> Business Entity <input type="checkbox"/> Individual <input type="checkbox"/> Sole Proprietorship	Description of Donation				Fair Market Value of Donation		
	Date Received	Event #	Aggregate Value for this Event				
Name of Donor							
Street Address			City		State	Zip Code	
Donation Given By: <input type="checkbox"/> Business Entity <input type="checkbox"/> Individual <input type="checkbox"/> Sole Proprietorship	Description of Donation				Fair Market Value of Donation		
	Date Received	Event #	Aggregate value for this Event				
<b>SUBTOTAL Section L4 — This Page</b>							
<b>TOTAL of additional Section L4 Pages</b>							
<b>TOTAL OF ALL IN-KIND DONATIONS NOT CONSIDERED CONTRIBUTIONS</b>							
<i>(Enter total on Line 21, Column A of Summary Page Totals)</i>							

**II. EVENT ACTIVITY (Sections L1—L5)**

NAME OF COMMITTEE <i>(Provide Complete Name as Registered with Filing Repository)</i>				TYPE OF REPORT	
Caroline Simmons for Mayor				October 10 filings	
<b>L5. In-Kind Donations Not Considered Contributions Associated with a House Party</b>					
Name of Host			Is this event supporting more than one candidate or committee? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
Laura Craumer			If yes, complete Itemization in Addendum L5		
Street Address		City		State	Zip Code
35 Duncan Drive		Greenwich		CT	06831
Description of Donation				Fair Market Value of Donation	
Food & beverages for event guests				\$400	
Event #	Aggregate Value of this Event—all hosts	Aggregate Value of all Events—this host/candidate			
3	\$400				
Name of Host			Is this event supporting more than one candidate or committee? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
Sue Mandel			If yes, complete Itemization in Addendum L5		
Street Address		City		State	Zip Code
20 Bdooint Lane		Greenwich		CT	06830
Description of Donation				Fair Market Value of Donation	
Food & water				\$400	
Event #	Aggregate Value of this Event—all hosts	Aggregate Value of all Events—this host/candidate			
4					
Name of Host			Is this event supporting more than one candidate or committee? <input type="checkbox"/> Yes <input type="checkbox"/> No		
			If yes, complete Itemization in Addendum L5		
Street Address		City		State	Zip Code
Description of Donation				Fair Market Value of Donation	
Event #	Aggregate Value of this Event—all hosts	Aggregate Value of all Events—this host/candidate			
Name of Host			Is this event supporting more than one candidate or committee? <input type="checkbox"/> Yes <input type="checkbox"/> No		
			If yes, complete Itemization in Addendum L5		
Street Address		City		State	Zip Code
Description of Donation				Fair Market Value of Donation	
Event #	Aggregate Value of this Event—all hosts	Aggregate Value of all Events—this host/candidate			
<b>SUBTOTAL Section L5 — This Page</b>					\$ 800
<b>TOTAL of additional Section L5 Pages</b>					
<b>TOTAL OF ALL IN-KIND DONATIONS NOT CONSIDERED CONTRIBUTIONS ASSOCIATED WITH A HOUSE PARTY</b> <i>(Enter total on Line 22, Column A of Summary Page Totals)</i>					\$ 800.

NAME OF COMMITTEE <i>(Provide Complete Name as Registered with Filing Repository)</i>					TYPE OF REPORT	
<b>M. In-Kind Contributions</b>						
Name						
Street Address				City		State    Zip Code
Type of contributor: <input type="checkbox"/> Committee <input type="checkbox"/> Individual / Sole Proprietorship <input type="checkbox"/> Other	Date Received	Aggregate Contributions	Description of In-Kind Contribution			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input type="checkbox"/> 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? <input type="checkbox"/> Yes <input type="checkbox"/> No					<b>Fair Market Value of this Contribution</b>
Is this contribution associated with an event reported in Section L1? <input type="checkbox"/> Yes <input type="checkbox"/> No <i>If yes, list Event # _____</i>	Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input type="checkbox"/> No <i>If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative</i>					
Name						
Street Address				City		State    Zip Code
Type of contributor: <input type="checkbox"/> Committee <input type="checkbox"/> Individual / Sole Proprietorship <input type="checkbox"/> Other	Date Received	Aggregate Contributions	Description of In-Kind Contribution			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input type="checkbox"/> 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? <input type="checkbox"/> Yes <input type="checkbox"/> No					<b>Fair Market Value of this Contribution</b>
Is this contribution associated with an event reported in Section L1? <input type="checkbox"/> Yes <input type="checkbox"/> No <i>If yes, list Event # _____</i>	Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input type="checkbox"/> No <i>If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative</i>					
Name						
Street Address				City		State    Zip Code
Type of contributor: <input type="checkbox"/> Committee <input type="checkbox"/> Individual / Sole Proprietorship <input type="checkbox"/> Other	Date Received	Aggregate Contributions	Description of In-Kind Contribution			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input type="checkbox"/> 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? <input type="checkbox"/> Yes <input type="checkbox"/> No					<b>Fair Market Value of this Contribution</b>
Is this contribution associated with an event reported in Section L1? <input type="checkbox"/> Yes <input type="checkbox"/> No <i>If yes, list Event # _____</i>	Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input type="checkbox"/> No <i>If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative</i>					
Name						
Street Address				City		State    Zip Code
Type of contributor: <input type="checkbox"/> Committee <input type="checkbox"/> Individual / Sole Proprietorship <input type="checkbox"/> Other	Date Received	Aggregate Contributions	Description of In-Kind Contribution			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input type="checkbox"/> 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? <input type="checkbox"/> Yes <input type="checkbox"/> No					<b>Fair Market Value of this Contribution</b>
Is this contribution associated with an event reported listed in Section L1? <input type="checkbox"/> Yes <input type="checkbox"/> No <i>If yes, list Event # _____</i>	Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input type="checkbox"/> No <i>If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative</i>					
<b>SUBTOTAL Section M — This Page</b>						
<b>TOTAL of additional Section M Pages</b>						
<b>TOTAL OF ALL IN-KIND CONTRIBUTIONS</b> <i>(Enter total on Line 23, Column A of Summary Page Totals)</i>						

<b>N. Refundable Deposit to Telephone Company</b>						
Last Name of Individual			First	MI	Date Deposit Made	
Residential Street Address				City	State	Zip Code
Name of Telephone Company						
Street Address				City	State	Zip Code
<b>TOTAL SECTION N</b> <i>(Enter total on Line 24, Column A of Summary Page Totals)</i>						

**IV. EXPENDITURES (Sections P—T)**

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)		TYPE OF REPORT	
Caroline Simmons & Mayo		October 10 filings	
<b>P. Expenses Paid by Committee</b>			
Name of Payee		Date of Payment	Method of Payment:
C/O Lily Marrone		9/14/21	<input checked="" type="checkbox"/> Check # 362 <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT
Street Address		City	State Zip Code
135 East Elm Street		Greenwich	CT 06830
Purpose of Expenditure (by code)	Description	Event #	Amount
CMSLT	Field operations.		\$1500
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked)		
	<input checked="" type="checkbox"/> None of the below <input type="checkbox"/> Coordinated with reimbursement sought (joint expenditure) <input type="checkbox"/> Independent <input type="checkbox"/> Coordinated without reimbursement sought (in-kind contribution) <input type="checkbox"/> Organization: <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D		
Name of Payee		Date of Payment	Method of Payment:
Kenneth Neal			<input checked="" type="checkbox"/> Check # 263 <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT
Street Address		City	State Zip Code
1622 Farmington Ave		Unionville	CT 06085
Purpose of Expenditure (by code)	Description	Event #	Amount
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked)		
	<input type="checkbox"/> None of the below <input type="checkbox"/> Coordinated with reimbursement sought (joint expenditure) <input type="checkbox"/> Independent <input type="checkbox"/> Coordinated without reimbursement sought (in-kind contribution) <input type="checkbox"/> Organization: <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D		
Name of Payee		Date of Payment	Method of Payment:
Bryson Gillette			<input type="checkbox"/> Check # _____ <input type="checkbox"/> Debit Card <input checked="" type="checkbox"/> EFT
Street Address		City	State Zip Code
10 E. Yanonali St.		Santa Barbara	CA 93101
Purpose of Expenditure (by code)	Description	Event #	Amount
CMSLT	CONSULTING RETAINER		\$5000
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked)		
	<input type="checkbox"/> None of the below <input type="checkbox"/> Coordinated with reimbursement sought (joint expenditure) <input type="checkbox"/> Independent <input type="checkbox"/> Coordinated without reimbursement sought (in-kind contribution) <input type="checkbox"/> Organization: <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D		
Name of Payee		Date of Payment	Method of Payment:
E I Sol		9/21/21	<input type="checkbox"/> Check # _____ <input checked="" type="checkbox"/> Debit Card <input type="checkbox"/> EFT
Street Address		City	State Zip Code
40 Midland Avenue		Stamford	CT 06906
Purpose of Expenditure (by code)	Description	Event #	Amount
A-New	print advertisements		700
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked)		
	<input checked="" type="checkbox"/> None of the below <input type="checkbox"/> Coordinated with reimbursement sought (joint expenditure) <input type="checkbox"/> Independent <input type="checkbox"/> Coordinated without reimbursement sought (in-kind contribution) <input type="checkbox"/> Organization: <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D		
<b>SUBTOTAL Section P — This Page</b>			\$ 8700
<b>TOTAL of additional Section P Pages</b>			.
<b>TOTAL OF ALL EXPENSES PAID BY COMMITTEE</b> (Enter total on Line 19, Column A of Summary Page Totals)			\$ 36,548.07

Section P ADDITIONAL PAGE

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NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)			TYPE OF REPORT	
Caroline Simmons for mayor			October 10 filings	
<b>P. Expenses Paid by Committee</b>				
Name of Payee		Date of Payment	Method of Payment:	
Half Full Brewery		9/9/21	<input type="checkbox"/> Check # _____ <input checked="" type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address		City	State	Zip Code
43 Homestead Avenue		Stamford	CT	06902
Purpose of Expenditure (by code)	Description	Event #	<b>Amount</b>	
FOOD	primary nishr deposit		\$ 250	
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked)			
	<input checked="" type="checkbox"/> None of the below <input type="checkbox"/> Coordinated with reimbursement sought (joint expenditure) <input type="checkbox"/> Independent <input type="checkbox"/> Coordinated without reimbursement sought (in-kind contribution) <input type="checkbox"/> Organization: <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D			
Name of Payee		Date of Payment	Method of Payment:	
Half Full Brewery		9/22/21	<input type="checkbox"/> Check # _____ <input checked="" type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address		City	State	Zip Code
43 Homestead Avenue		Stamford	CT	06902
Purpose of Expenditure (by code)	Description	Event #	<b>Amount</b>	
FOOD	primary night		\$ 1,185.10	
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked)			
	<input checked="" type="checkbox"/> None of the below <input type="checkbox"/> Coordinated with reimbursement sought (joint expenditure) <input type="checkbox"/> Independent <input type="checkbox"/> Coordinated without reimbursement sought (in-kind contribution) <input type="checkbox"/> Organization: <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D			
Name of Payee		Date of Payment	Method of Payment:	
Lindsey mulholland		9/17/21	<input checked="" type="checkbox"/> Check # 91367 <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address		City	State	Zip Code
542 W. 142nd St. Apt 2		New York	NY	10031
Purpose of Expenditure (by code)	Description	Event #	<b>Amount</b>	
CNSLT	Field and fundraising		\$ 1,750	
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked)			
	<input checked="" type="checkbox"/> None of the below <input type="checkbox"/> Coordinated with reimbursement sought (joint expenditure) <input type="checkbox"/> Independent <input type="checkbox"/> Coordinated without reimbursement sought (in-kind contribution) <input type="checkbox"/> Organization: <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D			
Name of Payee		Date of Payment	Method of Payment:	
Lindsey mulholland		9/17/21	<input checked="" type="checkbox"/> Check # 366 <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address		City	State	Zip Code
542 W. 142nd St Apt 2		New York	NY	10031
Purpose of Expenditure (by code)	Description	Event #	<b>Amount</b>	
CNSLT	Field + fundraising		\$ 1,750	
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked)			
	<input checked="" type="checkbox"/> None of the below <input type="checkbox"/> Coordinated with reimbursement sought (joint expenditure) <input type="checkbox"/> Independent <input type="checkbox"/> Coordinated without reimbursement sought (in-kind contribution) <input type="checkbox"/> Organization: <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D			
<b>SUBTOTAL Section P — This Page</b>			\$ 4,935.10	
<b>TOTAL of additional Section P Pages</b>				
<b>TOTAL OF ALL EXPENSES PAID BY COMMITTEE</b> <small>(Enter total on Line 19, Column A of Summary Page Totals)</small>			636,548.07	

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NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)			TYPE OF REPORT		
Caroline Simmon for mayor			October 10 filing		
P. Expenses Paid by Committee					
Name of Payee		Date of Payment	Method of Payment:		
Lindsey Mulholland		9/27/21	<input checked="" type="checkbox"/> Check # <u>371</u> <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT		
Street Address		City	State	Zip Code	
542 W. 142 <sup>nd</sup> St Apt 2		New York	NY	10031	
Purpose of Expenditure (by code)	Description	Event #		Amount	
CNSLT	fundraising field			\$1750	
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked)				
	<input type="checkbox"/> None of the below <input type="checkbox"/> Coordinated with reimbursement sought (joint expenditure) <input type="checkbox"/> Independent <input type="checkbox"/> Coordinated without reimbursement sought (in-kind contribution) <input type="checkbox"/> Organization: <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D				
Name of Payee		Date of Payment	Method of Payment:		
Accurate mailing services		9/29/21	<input checked="" type="checkbox"/> Check # <u>354</u> <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT		
Street Address		City	State	Zip Code	
123 Union City Road		Prospect	CT	06712	
Purpose of Expenditure (by code)	Description	Event #		Amount	
POST	postage for mailer			\$3,471.22	
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked)				
	<input type="checkbox"/> None of the below <input type="checkbox"/> Coordinated with reimbursement sought (joint expenditure) <input type="checkbox"/> Independent <input type="checkbox"/> Coordinated without reimbursement sought (in-kind contribution) <input type="checkbox"/> Organization: <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D				
Name of Payee		Date of Payment	Method of Payment:		
Sheila Payne		9/14/21	<input checked="" type="checkbox"/> Check # <u>357</u> <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT		
Street Address		City	State	Zip Code	
100 Liberty Street		Stamford	CT	06902	
Purpose of Expenditure (by code)	Description	Event #		Amount	
CNSLT	Poll standing			\$210	
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked)				
	<input checked="" type="checkbox"/> None of the below <input type="checkbox"/> Coordinated with reimbursement sought (joint expenditure) <input type="checkbox"/> Independent <input type="checkbox"/> Coordinated without reimbursement sought (in-kind contribution) <input type="checkbox"/> Organization: <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D				
Name of Payee		Date of Payment	Method of Payment:		
Clarice Wilson		9/14/21	<input checked="" type="checkbox"/> Check # <u>358</u> <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT		
Street Address		City	State	Zip Code	
41 Virgil St. 2nd floor		Stamford	CT	06902	
Purpose of Expenditure (by code)	Description	Event #		Amount	
CNSLT	Poll standing			\$210	
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked)				
	<input type="checkbox"/> None of the below <input type="checkbox"/> Coordinated with reimbursement sought (joint expenditure) <input type="checkbox"/> Independent <input type="checkbox"/> Coordinated without reimbursement sought (in-kind contribution) <input type="checkbox"/> Organization: <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D				
SUBTOTAL Section P — This Page			\$5,641.22		
TOTAL of additional Section P Pages					
TOTAL OF ALL EXPENSES PAID BY COMMITTEE (Enter total on Line 19, Column A of Summary Page Totals)			\$36,548.07		

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NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)			TYPE OF REPORT		
Caroline Simmons for Mayor			October 10 filing		
<b>P. Expenses Paid by Committee</b>					
Name of Payee		Date of Payment	Method of Payment:		
Rose many Fortt		9/14/21	<input checked="" type="checkbox"/> Check # 359 <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT		
Street Address		City	State	Zip Code	
8 Woodland Place		Stamford	CT	06902	
Purpose of Expenditure (by code)	Description	Event #	<b>Amount</b>		
CNSLT	Poll standing		\$210		
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked)				
	<input checked="" type="checkbox"/> None of the below <input type="checkbox"/> Coordinated with reimbursement sought (joint expenditure) <input type="checkbox"/> Independent <input type="checkbox"/> Coordinated without reimbursement sought (in-kind contribution) <input type="checkbox"/> Organization: <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D				
Name of Payee		Date of Payment	Method of Payment:		
Anita mcAdoo		9/17/21	<input checked="" type="checkbox"/> Check # 365 <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT		
Street Address		City	State	Zip Code	
108 Liberty St.		Stamford	CT	06902	
Purpose of Expenditure (by code)	Description	Event #	<b>Amount</b>		
CNSLT	Poll Standings		\$250		
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked)				
	<input type="checkbox"/> None of the below <input type="checkbox"/> Coordinated with reimbursement sought (joint expenditure) <input type="checkbox"/> Independent <input type="checkbox"/> Coordinated without reimbursement sought (in-kind contribution) <input type="checkbox"/> Organization: <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D				
Name of Payee		Date of Payment	Method of Payment:		
Kiyana marsh		9/14/21	<input checked="" type="checkbox"/> Check # 360 <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT		
Street Address		City	State	Zip Code	
310 orchard st.		Greenmch	CT	06830	
Purpose of Expenditure (by code)	Description	Event #	<b>Amount</b>		
CNSLT	Poll standins		\$210		
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked)				
	<input type="checkbox"/> None of the below <input type="checkbox"/> Coordinated with reimbursement sought (joint expenditure) <input type="checkbox"/> Independent <input type="checkbox"/> Coordinated without reimbursement sought (in-kind contribution) <input type="checkbox"/> Organization: <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D				
Name of Payee		Date of Payment	Method of Payment:		
Dons manves		9/14/21	<input checked="" type="checkbox"/> Check # 361 <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT		
Street Address		City	State	Zip Code	
52 Stone St.		stamford	CT	06902	
Purpose of Expenditure (by code)	Description	Event #	<b>Amount</b>		
CNSLT	Poll Standins		\$210		
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked)				
	<input checked="" type="checkbox"/> None of the below <input type="checkbox"/> Coordinated with reimbursement sought (joint expenditure) <input type="checkbox"/> Independent <input type="checkbox"/> Coordinated without reimbursement sought (in-kind contribution) <input type="checkbox"/> Organization: <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D				
<b>SUBTOTAL Section P — This Page</b>			\$880		
<b>TOTAL of additional Section P Pages</b>					
<b>TOTAL OF ALL EXPENSES PAID BY COMMITTEE</b> <small>(Enter total on Line 19, Column A of Summary Page Totals)</small>			\$26,548.07		

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NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)			TYPE OF REPORT	
Caroline Simmons for Mayor			October 10 filing	
<b>P. Expenses Paid by Committee</b>				
Name of Payee Tommi Jackson		Date of Payment 9/1/21	Method of Payment: <input checked="" type="checkbox"/> Check # 356 <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 458 Wre mill road		City Stamford	State CT	Zip Code 06903
Purpose of Expenditure (by code) CN&LT	Description Campaign strategy	Event #	Amount \$ 6,000	
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked)			
	<input checked="" type="checkbox"/> None of the below <input type="checkbox"/> Coordinated with reimbursement sought (joint expenditure) <input type="checkbox"/> Independent <input type="checkbox"/> Coordinated without reimbursement sought (in-kind contribution) <input type="checkbox"/> Organization: <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D			
Name of Payee Raphael Cordina		Date of Payment 9/14/21	Method of Payment: <input checked="" type="checkbox"/> Check # 355 <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 35 Longview Avenue		City Stamford	State CT	Zip Code 06905
Purpose of Expenditure (by code) CN&LT	Description field outreach	Event #	Amount \$ 1200	
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked)			
	<input type="checkbox"/> None of the below <input type="checkbox"/> Coordinated with reimbursement sought (joint expenditure) <input type="checkbox"/> Independent <input type="checkbox"/> Coordinated without reimbursement sought (in-kind contribution) <input type="checkbox"/> Organization: <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D			
Name of Payee Brian De causey		Date of Payment 9/17/21	Method of Payment: <input checked="" type="checkbox"/> Check # 364 <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 108 Liberty St #1FL		City Stamford	State CT	Zip Code 06902
Purpose of Expenditure (by code) CN&LT	Description Poll standards	Event #	Amount \$ 250	
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked)			
	<input checked="" type="checkbox"/> None of the below <input type="checkbox"/> Coordinated with reimbursement sought (joint expenditure) <input type="checkbox"/> Independent <input type="checkbox"/> Coordinated without reimbursement sought (in-kind contribution) <input type="checkbox"/> Organization: <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D			
Name of Payee Raphael Cordina		Date of Payment 9/11/21	Method of Payment: <input checked="" type="checkbox"/> Check # 370 <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 35 Longview Avenue		City Stamford	State CT	Zip Code 06905
Purpose of Expenditure (by code) CN&LT	Description field outreach	Event #	Amount \$ 1200	
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked)			
	<input type="checkbox"/> None of the below <input type="checkbox"/> Coordinated with reimbursement sought (joint expenditure) <input type="checkbox"/> Independent <input type="checkbox"/> Coordinated without reimbursement sought (in-kind contribution) <input type="checkbox"/> Organization: <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D			
<b>SUBTOTAL Section P — This Page</b>			\$ 8,650	
<b>TOTAL of additional Section P Pages</b>				
<b>TOTAL OF ALL EXPENSES PAID BY COMMITTEE</b> <i>(Enter total on Line 19, Column A of Summary Page Totals)</i>			\$ 36,548.07	



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NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)			TYPE OF REPORT		
CAROLINE SIMMONS for mayor			October 10 filing		
<b>P. Expenses Paid by Committee</b>					
Name of Payee			Date of Payment		Method of Payment:
Hears & - Connecticut Post			9/1/21		<input type="checkbox"/> Check # _____ <input checked="" type="checkbox"/> Debit Card <input type="checkbox"/> EFT
Street Address		City		State	Zip Code
301 Meritt 7 suite 1		Norwalk		CT	06851
Purpose of Expenditure (by code)	Description		Event #		Amount
A-WEB	digital advertising				\$1300
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked)				
	<input type="checkbox"/> None of the below <input type="checkbox"/> Coordinated with reimbursement sought (joint expenditure) <input type="checkbox"/> Independent <input type="checkbox"/> Coordinated without reimbursement sought (in-kind contribution) <input type="checkbox"/> Organization: <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D				
Name of Payee			Date of Payment		Method of Payment:
Political marketing international					<input type="checkbox"/> Check # _____ <input checked="" type="checkbox"/> Debit Card <input type="checkbox"/> EFT
Street Address		City		State	Zip Code
4415-C Constitution Lane		mananna		FL	32447
Purpose of Expenditure (by code)	Description		Event #		Amount
A-PH-BNLC	Phone call program				300
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked)				
	<input type="checkbox"/> None of the below <input type="checkbox"/> Coordinated with reimbursement sought (joint expenditure) <input type="checkbox"/> Independent <input type="checkbox"/> Coordinated without reimbursement sought (in-kind contribution) <input type="checkbox"/> Organization: <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D				
Name of Payee			Date of Payment		Method of Payment:
Scale to Win					<input type="checkbox"/> Check # _____ <input checked="" type="checkbox"/> Debit Card <input type="checkbox"/> EFT
Street Address		City		State	Zip Code
13742 Harper St.		Santa Ana		CA	92703
Purpose of Expenditure (by code)	Description		Event #		Amount
A-PH-BNLC	text messaging				\$ 110.23
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked)				
	<input checked="" type="checkbox"/> None of the below <input type="checkbox"/> Coordinated with reimbursement sought (joint expenditure) <input type="checkbox"/> Independent <input type="checkbox"/> Coordinated without reimbursement sought (in-kind contribution) <input type="checkbox"/> Organization: <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D				
Name of Payee			Date of Payment		Method of Payment:
Get Thru			9/16/21		<input type="checkbox"/> Check # _____ <input checked="" type="checkbox"/> Debit Card <input type="checkbox"/> EFT
Street Address		City		State	Zip Code
PO Box 2690		Alameda		CA	94501
Purpose of Expenditure (by code)	Description		Event #		Amount
A-PH-BNLC	phone call service				\$118.25
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked)				
	<input type="checkbox"/> None of the below <input type="checkbox"/> Coordinated with reimbursement sought (joint expenditure) <input type="checkbox"/> Independent <input type="checkbox"/> Coordinated without reimbursement sought (in-kind contribution) <input type="checkbox"/> Organization: <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D				
<b>SUBTOTAL Section P — This Page</b>			\$1828.48		
<b>TOTAL of additional Section P Pages</b>					
<b>TOTAL OF ALL EXPENSES PAID BY COMMITTEE</b> <small>(Enter total on Line 19, Column A of Summary Page Totals)</small>			\$36,548.07		

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NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)			TYPE OF REPORT	
Catherine Simmons for Mayor			October 10 filings	
P. Expenses Paid by Committee				
Name of Payee		Date of Payment	Method of Payment:	
UPS		9/28/21	<input type="checkbox"/> Check # _____ <input checked="" type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address		City	State	Zip Code
1127 High Ridge Road		Stamford	CT	06905
Purpose of Expenditure (by code)	Description	Event #	Amount	
POST	Mailing fees.		\$32.78	
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked)			
	<input type="checkbox"/> None of the below <input type="checkbox"/> Coordinated with reimbursement sought (joint expenditure) <input type="checkbox"/> Independent <input type="checkbox"/> Coordinated without reimbursement sought (in-kind contribution) <input type="checkbox"/> Organization: <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D			
Name of Payee		Date of Payment	Method of Payment:	
Anedot		9/6-9/21/21	<input type="checkbox"/> Check # _____ <input type="checkbox"/> Debit Card <input checked="" type="checkbox"/> EFT	
Street Address		City	State	Zip Code
1340 Poydras St.		New Orleans	LA	70112
Purpose of Expenditure (by code)	Description	Event #	Amount	
WEB	service charge for web direction		\$5,494.46	
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked)			
	<input type="checkbox"/> None of the below <input type="checkbox"/> Coordinated with reimbursement sought (joint expenditure) <input type="checkbox"/> Independent <input type="checkbox"/> Coordinated without reimbursement sought (in-kind contribution) <input type="checkbox"/> Organization: <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D			
Name of Payee		Date of Payment	Method of Payment:	
constant contact			<input type="checkbox"/> Check # _____ <input checked="" type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address		City	State	Zip Code
1601 Trapelo Road		waltham	MA	02451
Purpose of Expenditure (by code)	Description	Event #	Amount	
WEB	service charge		47.86	
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked)			
	<input type="checkbox"/> None of the below <input type="checkbox"/> Coordinated with reimbursement sought (joint expenditure) <input type="checkbox"/> Independent <input type="checkbox"/> Coordinated without reimbursement sought (in-kind contribution) <input type="checkbox"/> Organization: <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D			
Name of Payee		Date of Payment	Method of Payment:	
Basecamp		9/29/21	<input type="checkbox"/> Check # _____ <input checked="" type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address		City	State	Zip Code
2045 W. Grand Ave. Ste B		Chicago	IL	60612
Purpose of Expenditure (by code)	Description	Event #	Amount	
WEB	service charge for internal communications		105.29	
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked)			
	<input type="checkbox"/> None of the below <input type="checkbox"/> Coordinated with reimbursement sought (joint expenditure) <input type="checkbox"/> Independent <input type="checkbox"/> Coordinated without reimbursement sought (in-kind contribution) <input type="checkbox"/> Organization: <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D			
SUBTOTAL Section P — This Page			\$5680.39	
TOTAL of additional Section P Pages				
TOTAL OF ALL EXPENSES PAID BY COMMITTEE (Enter total on Line 19, Column A of Summary Page Totals)			\$36,548.67	

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NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)		TYPE OF REPORT	
Catherine Simmons for Mayor		October 10 filings	
P. Expenses Paid by Committee			
Name of Payee		Date of Payment	Method of Payment:
Zoom		9/20/21	<input type="checkbox"/> Check # _____ <input checked="" type="checkbox"/> Debit Card <input type="checkbox"/> EFT
Street Address		City	State Zip Code
55 Almaden Boulevard		San Jose	CA 95113
Purpose of Expenditure (by code)	Description	Event #	Amount
WEB	videoconferencing fee		
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked)		\$ 31.88
	<input checked="" type="checkbox"/> None of the below <input type="checkbox"/> Coordinated with reimbursement sought (joint expenditure) <input type="checkbox"/> Coordinated without reimbursement sought (in-kind contribution) <input type="checkbox"/> Independent <input type="checkbox"/> Organization: <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D		
Name of Payee		Date of Payment	Method of Payment:
Alphagraphics			<input type="checkbox"/> Check # _____ <input checked="" type="checkbox"/> Debit Card <input type="checkbox"/> EFT
Street Address		City	State Zip Code
16 Dyke Lane		Stamford	CT 06902
Purpose of Expenditure (by code)	Description	Event #	Amount
A-SIGN	1am signs		
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked)		\$ 201
	<input checked="" type="checkbox"/> None of the below <input type="checkbox"/> Coordinated with reimbursement sought (joint expenditure) <input type="checkbox"/> Coordinated without reimbursement sought (in-kind contribution) <input type="checkbox"/> Independent <input type="checkbox"/> Organization: <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D		
Name of Payee		Date of Payment	Method of Payment:
			<input type="checkbox"/> Check # _____ <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT
Street Address		City	State Zip Code
Purpose of Expenditure (by code)	Description	Event #	Amount
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked)		
	<input type="checkbox"/> None of the below <input type="checkbox"/> Coordinated with reimbursement sought (joint expenditure) <input type="checkbox"/> Coordinated without reimbursement sought (in-kind contribution) <input type="checkbox"/> Independent <input type="checkbox"/> Organization: <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D		
Name of Payee		Date of Payment	Method of Payment:
			<input type="checkbox"/> Check # _____ <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT
Street Address		City	State Zip Code
Purpose of Expenditure (by code)	Description	Event #	Amount
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked)		
	<input type="checkbox"/> None of the below <input type="checkbox"/> Coordinated with reimbursement sought (joint expenditure) <input type="checkbox"/> Coordinated without reimbursement sought (in-kind contribution) <input type="checkbox"/> Independent <input type="checkbox"/> Organization: <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D		

SUBTOTAL Section P — This Page

52

TOTAL of additional Section P Pages

TOTAL OF ALL EXPENSES PAID BY COMMITTEE

(Enter total on Line 19, Column A of Summary Page Totals)

**IV. EXPENDITURES (Sections P—T)**

NAME OF COMMITTEE <i>(Provide Complete Name as Registered with Filing Repository)</i>			TYPE OF REPORT	
<b>Q. Campaign Expenses Paid by Candidate</b>				
Name of Payee <i>(Name of Vendor, Person or Entity who candidate paid directly)</i>			Date of Payment	Is reimbursement claimed? <input type="checkbox"/> Yes <input type="checkbox"/> No
Street Address		City		State      Zip Code
Purpose of Expenditure (by code)	Description	Event #	<b>Amount</b>	
Name of Payee <i>(Name of Vendor, Person or Entity who candidate paid directly)</i>			Date of Payment	Is reimbursement claimed? <input type="checkbox"/> Yes <input type="checkbox"/> No
Street Address		City		State      Zip Code
Purpose of Expenditure (by code)	Description	Event #	<b>Amount</b>	
Name of Payee <i>(Name of Vendor, Person or Entity who candidate paid directly)</i>			Date of Payment	Is reimbursement claimed? <input type="checkbox"/> Yes <input type="checkbox"/> No
Street Address		City		State      Zip Code
Purpose of Expenditure (by code)	Description	Event #	<b>Amount</b>	
Name of Payee <i>(Name of Vendor, Person or Entity who candidate paid directly)</i>			Date of Payment	Is reimbursement claimed? <input type="checkbox"/> Yes <input type="checkbox"/> No
Street Address		City		State      Zip Code
Purpose of Expenditure (by code)	Description	Event #	<b>Amount</b>	
Name of Payee <i>(Name of Vendor, Person or Entity who candidate paid directly)</i>			Date of Payment	Is reimbursement claimed? <input type="checkbox"/> Yes <input type="checkbox"/> No
Street Address		City		State      Zip Code
Purpose of Expenditure (by code)	Description	Event #	<b>Amount</b>	
<b>SUBTOTAL Section Q — This Page</b>				
<b>TOTAL of additional Section Q Pages</b>				
<b>TOTAL OF ALL EXPENSES PAID BY CANDIDATE</b> <i>(Enter total on Line 26, Column A of Summary Page Totals)</i>				





### IV. EXPENDITURES (Sections P—T)

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)				TYPE OF REPORT	
<b>T. Itemization of Reimbursements and Secondary Payees</b>					
Last Name of Worker/Consultant		First		MI	Date of Payment to Vendor, Person or Entity
Name of Vendor, Person or Entity Paid by Committee Worker/Consultant				Payment to Reimburse Committee Worker/Consultant as reported in Section P: <input type="checkbox"/> Check # _____ <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address of Vendor, Person or Entity Paid by Committee Worker/Consultant			City		State
Zip Code	Purpose of Expenditure (by code)	Description		Event #	<b>Amount</b>
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum T Required unless "None of the below" is checked) <input type="checkbox"/> None of the below <span style="margin-left: 150px;"><input type="checkbox"/> Independent</span> <input type="checkbox"/> Coordinated with reimbursement sought (joint expenditure) <span style="margin-left: 100px;"><input type="checkbox"/> Organization: <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D</span> <input type="checkbox"/> Coordinated without reimbursement sought (in-kind contribution)				
Last Name of Worker/Consultant		First		MI	Date of Payment to Vendor, Person or Entity
Name of Vendor, Person or Entity Paid by Committee Worker/Consultant				Payment to Reimburse Committee Worker/Consultant as reported in Section P: <input type="checkbox"/> Check # _____ <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address of Vendor, Person or Entity Paid by Committee Worker/Consultant			City		State
Zip Code	Purpose of Expenditure (by code)	Description		Event #	<b>Amount</b>
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum T Required unless "None of the below" is checked) <input type="checkbox"/> None of the below <span style="margin-left: 150px;"><input type="checkbox"/> Independent</span> <input type="checkbox"/> Coordinated with reimbursement sought (joint expenditure) <span style="margin-left: 100px;"><input type="checkbox"/> Organization: <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D</span> <input type="checkbox"/> Coordinated without reimbursement sought (in-kind contribution)				
Last Name of Worker/Consultant		First		MI	Date of Payment to Vendor, Person or Entity
Name of Vendor, Person or Entity Paid by Committee Worker/Consultant				Payment to Reimburse Committee Worker/Consultant as reported in Section P: <input type="checkbox"/> Check # _____ <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address of Vendor, Person or Entity Paid by Committee Worker/Consultant			City		State
Zip Code	Purpose of Expenditure (by code)	Description		Event #	<b>Amount</b>
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum T Required unless "None of the below" is checked) <input type="checkbox"/> None of the below <span style="margin-left: 150px;"><input type="checkbox"/> Independent</span> <input type="checkbox"/> Coordinated with reimbursement sought (joint expenditure) <span style="margin-left: 100px;"><input type="checkbox"/> Organization: <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D</span> <input type="checkbox"/> Coordinated without reimbursement sought (in-kind contribution)				
<b>SUBTOTAL Section T — This Page</b>					
<b>TOTAL of additional Section T Pages</b>					
<b>TOTAL OF ALL REIMBURSEMENT TO COMMITTEE WORKERS AND CONSULTANTS</b>					